Tennessee Department of Health
Bureau of Health Services
425 5th Ave. North
Cordell Hull Building
Nashville, TN 37243

Patient Satisfaction Survey

Date:_____ County/Site_____

Dear patient: We want to know about the care you received during your visit today. Please express your satisfaction/dissatisfaction with the services you received. Your answers will be confidential. Thank you!

Why are you here TODAY? _____

(write in or circle below)

Birth/Death Certificate Dental Environmental EPSDT Family Planning Prenatal Shots
Sexually Transmited Disease Sick Visit TNBreast&Cerv. Tuberculosis WIC Pharmacy

Who did you see today? (write in or circle below) _____
Doctor Nurse Practitioner Nurse Dentist Dental Assistant Receptionist Nutritionist
Social Counselor Case Manager Pharmacist Public Health Rep. Environmentalist
WIC/Voucher Clerk

Was the waiting time for service satisfactory? Yes No Did you have an appointment? Yes No
How long did you wait before you were seen today? _____
How was calling in to get an appointment. NA Poor Fair Good Excellent

Based upon your visit <u>today</u> how satisfied are you with the following?
(Circle questions that apply to the staff you saw today.)

	Not Applicable	CLINIC RATING			
1. Respecting your privacy	NA	Poor	Fair	Good	Excellent
2. Courteous treatment	NA	Poor	Fair	Good	Excellent
3. Cleanliness of Building	NA	Poor	Fair	Good	Excellent
4. Clinic Hours met your needs	NA	Poor	Fair	Good	Excellent
5. Experience with Receptionist	NA	Poor	Fair	Good	Excellent
6. Experience with Doctor	NA	Poor	Fair	Good	Excellent
7. Experience with Nurse Practitioner	NA	Poor	Fair	Good	Excellent
8. Experience with Nurse	NA	Poor	Fair	Good	Excellent
9. Experience with Dentist	NA	Poor	Fair	Good	Excellent
10. Experience with Dental Assistant	NA	Poor	Fair	Good	Excellent
11. Experience with WIC clerk	NA	Poor	Fair	Good	Excellent
12. Experience with Nutritionist	NA	Poor	Fair	Good	Excellent
13. Experience with other: Write in:	NA	Poor	Fair	Good	Excellent

How would you rate your overall satisfaction of today's visit? Circle

Not Satisfied				Extremely Satisfied
1	2	3	4	5

If you wish: Name_____ Phone#_____
May we contact you regarding the survey? Yes No

Please feel free to give us any comments. You may use the back of the form to write them.

_____
_____
_____
_____
_____
_____

COMMENTS