

Patient Satisfaction Survey

Thank you for taking the time to complete our patient satisfaction survey. Please return your completed survey either by email or mail:

1. **By Email:** Please send to Michelle Naugle at:
 mnaugle@nomshhealthcare.com

2. **By Mail:** Please send to the address stated below:
 NOMS Healthcare
 Marketing Dept. C/O Michelle Naugle, RMA
 2500 W. Strub Rd., Suite 360
 Sandusky, Ohio 44870

TELL US ABOUT YOUR APPOINTMENT	Extremely Dissatisfied	Very Dissatisfied	Satisfied	Very Satisfied	Extremely Satisfied
Ease of making appointments for checkups (physical exams, well visits, routine follow-up appointments)? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of making appointments for sickness? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TELL US ABOUT OUR OFFICE AND STAFF	Extremely Dissatisfied	Very Dissatisfied	Satisfied	Very Satisfied	Extremely Satisfied
Ease in contacting your doctor when our office is closed (nights and weekends)? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease in speaking directly with your doctor by telephone when you call during office hours? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The time it takes someone from our office to respond when you call the office with an urgent problem? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting time in our office? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease in obtaining follow-up information and care (test results, medicines, care instructions)? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall medical care at your doctor's office? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our office's appearance? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our office's convenience (location, parking, hours, office layout)? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way we teach you about improving your health? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way your doctor involves other doctors and caregivers in your care when needed? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LEVEL OF CARE	Extremely Uncaring	Very Uncaring	Caring	Very Caring	Extremely Caring
How caring is your doctor? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How caring is our medical staff? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How caring is our office staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RECOMMENDATIONS

Definitely Would Not Probably Would Not Not Sure Probably Would Defintely Would

Would you recommend your doctor to your family or friends? *

Which Provider did you see:

Your age in years:

Less than 1 10-19 40-49 66-75
 1-4 20-29 50-59 More than 75
 5-9 30-39 60-65

Your gender:

Male Transgender (Male to Female) Asexual
 Female Transgender (Female to Male) Other

Please select your level of education:

8th Grade or Less High School Graduate College Graduate
 Some High School Some College Post Graduate Degree

How long have you been a patient of this doctor?

Less than 1 yr 1-4 yrs 5-9 yrs 10 yrs or more

How many times have you visited this doctor's office in the past 12 months for medical care?

0 times 2 times 4 times 6 or more times
 1 time 3 times 5 times

If there is any way we can improve our services to you, please tell us:

First Name

Last Name

Email Address
