

## Inland Orthopaedic Surgery and Sports Medicine Patient Satisfaction Survey

In order to provide you with the best services possible, we want to know how well we are doing now and what we might do better in the future. Please take a couple minutes to rate the following areas that you experienced as a patient of our clinic; **a rating of one being poor and a rating of five being excellent**. Once complete, please mail back the survey to us in the enclosed prepaid envelope. Thank you for taking the time to help us better serve you and improve patient care.

Which provider did you see in our office?						
Dr. Jacobson ☐ Dr. Pennington ☐ Dr. Tingstad ☐ Dr. Hazelwo	ood [	]	Jorda	ın Cad	le, PA	-C 🗌
At which location were you seen today? Pullman location Moscow location						
	1	2	3	4	5	N/A
Friendliness of front office staff:	0	0	0	0	0	0
Ease of making appointments:	0	0	0	0	0	0
Scheduling or referral questions were answered to my satisfaction:	0	0	0	0	0	0
Convenient hours of operation:	0	0	0	0	0	0
Appointments available within a reasonable amount of time:	0	0	0	0	0	0
Efficiency of the check-in process:	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\circ$	0
Waiting time in the reception area:	0	0	0	0	0	0
If delayed, reasons for appointment delay clearly communicated:	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$
Respectfulness of staff when dealing with sensitive financial issues:	$\circ$	0	$\circ$	$\circ$	0	0
Billing and insurance questions answered clearly and to my satisfaction:	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	0
Clarity of billing statement:	$\circ$	0	$\circ$	$\circ$	0	0
Provider was willing to listen and answer questions:	$\circ$	0	$\circ$	0	0	0
Provider spent adequate time with me:	0	0	0	0	0	0
Informational and educational materials were provided:	$\circ$	0	0	0	0	0
Questions were answered in a manner that was easy to understand:	0	0	0	0	0	0
Thorough instructions regarding medication and follow up care were given:	0	0	$\circ$	0	0	0
Prescription refills were easy to obtain as needed:	0	0	0	0	0	0
Surgery was scheduled within a reasonable amount of time:	0	0	$\circ$	0	0	0
Surgical procedure was discussed to my satisfaction:	0	0	0	0	0	0
Overall quality of medical care:	$\circ$	0	$\circ$	$\circ$	0	0
Overall satisfaction with the practice:	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	0	0