

WELCOME TO THE GATEWAY WOMEN'S CLINIC

You are very important to us and we value your opinion and comments regarding our practice. A moment of your time is requested to answer the following questions about your visit today. After you fill it out, you can return it to the box in the reception area, or mail or fax it to us. Your comments will assist us in continuing to provide quality care. You do not need to give us your name, but if you would like to do so, all answers will be held in the strictest of confidence and used only for Quality Assurance purposes.

A scale of 1 to 5 (1 being the least satisfied and 5 being the most satisfied) has been provided to rate your experience with us. For those items that are not applicable, circle the NA. If you want to make additional comments, please do so in the area at the bottom.

1. When I telephoned to make an appointment, I was greeted pleasantly	5	4	3	2	1	NA
2. I was assisted in finding a suitable appointment time	5	4	3	2	1	NA
3. When I telephoned to make my appointment, I did not have to remain on hold for more than three minutes before I spoke to a staff member	5	4	3	2	1	NA
4. I received adequate instructions on how to find the office	5	4	3	2	1	NA
5. The reception area is neat and comfortable	5	4	3	2	1	NA
6. There is adequate seating available	5	4	3	2	1	NA
7. There is current and interesting material to read	5	4	3	2	1	NA
8. When I arrived for my appointment the staff were pleasant and helpful and explained any forms that I needed to fill out	5	4	3	2	1	NA
9. Confidential conversations were not audible from the reception area	5	4	3	2	1	NA
10. The staff maintained my privacy by not using my full name	5	4	3	2	1	NA
11. The front staff members had a neat and professional appearance	5	4	3	2	1	NA
12. Billing issues were clearly explained	5	4	3	2	1	NA
13. The front staff members were able to answer my questions	5	4	3	2	1	NA
14. The staff member who escorted me to the treatment room was pleasant, respectful and professional in manner and neat and professional in appearance	5	4	3	2	1	NA
15. When my doctor greeted me, he/she made me feel important	5	4	3	2	1	NA
16. My doctor explained what was being done to me during the exam	5	4	3	2	1	NA
17. My doctor answered all my questions completely	5	4	3	2	1	NA
18. The procedure for receiving labwork or tests was explained to me	5	4	3	2	1	NA
19. My doctor clearly explained the need for follow up tests or visits	5	4	3	2	1	NA
20. I did not have to wait too long to see the doctor	5	4	3	2	1	NA
21. I was given the opportunity to schedule my next visit before I left	5	4	3	2	1	NA
22. I would tell someone else about the positive experience I had	5	4	3	2	1	NA
23. I would refer a friend or relative to Gateway Women's Clinic	5	4	3	2	1	NA

Other comments:

Patient name (optional) _____ Date _____