

Dear Patient:

Please take a moment to fill out the following questionnaire. We strive to provide you with the highest quality care and your comments will help us to better meet your needs.

After you complete this survey, please drop in the comment box or mail it to our office.

Thank you for your assistance with this survey.

Stephen M. Rouse, M.D., F.A.C.S.

Steven J. Green, M.D., F.A.C.S.

Jerilyn S. Allen, M.D.

William T. Culviner, M.D., F.A.C.S.

Your Opinion Matters . . .

1. How did you choose **EASTERN CONNECTICUT EAR, NOSE & THROAT, P.C.?**

Name

- Physician referral _____
- Patient referral _____
- Employee _____
- Yellow pages _____
- Other _____

2. Was the date and time of your appointment convenient for you?

- Yes No

3. Was the office clean and neat?

- Yes No

4. Were you seen within 15 minutes of your scheduled time?

- Yes No

5. If you experienced a delay, were you informed why there was a delay?

- Yes No

6. Was the recommended treatment plan explained to your satisfaction?

- Yes No

7. Did you feel that you received quality care?

- Yes No

How would you rate our service?

*Please check one box for each line.
(1=Best and 5=Worse)*

	1	2	3	4	5	N/A
Receptionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

OPTIONAL (NAME & DATE)