



Patient Satisfaction Survey

Please provide feedback regarding your visit in order to allow us to improve our services to you and future customers. Thank you for your time.

Office Location: _____ UNC Hospitals (101 Manning Dr) _____ UNCH Prosthetics (200 Timberhill Pl)

Items Received: _____

Arrival

What is the name of the person who first assisted you? _____

Was the comfort/cleanliness of the entrance and waiting area appealing? ___Yes ___No

Office Staff/Receptionist

Was our office staff courteous and attentive to your needs? ___Yes ___No

Did the office staff help you understand all financial aspects about your visit? ___Yes ___No

Did the office staff help in arranging your appointment(s)? ___Yes ___No

Treating Practioner

Was the practioner willing to listen to your concerns and able to help you? ___Yes ___No

Was the practioner knowledgeable regarding your services? ___Yes ___No

Did the practioner spend an appropriate amount of time with you? ___Yes ___No

Information

Was the plan of care clearly explained? ___Yes ___No

Were you satisfied with the written and verbal instructions provided to you? ___Yes ___No

Do you understand the wear schedule and appropriate use of your device? ___Yes ___No

Personal

Did you feel safe and respected while working with us? ___Yes ___No

Did you receive verbal and/or written patient privacy information? ___Yes ___No

Did our staff show concern for your privacy (physical and informational)? ___Yes ___No

Overall Assessment

Did the services/device that you received meet or exceed your expectations? ___Yes ___No

Would you recommend this facility and /or its staff to another person? ___Yes ___No

Are you pleased with the services/device that you received? ___Yes ___No

Wait Time

If you were seen as a walk-in, how long did you wait before you were seen? _____

For a scheduled appointment, how long did you wait before you were seen? _____

What was the date of your most recent visit? _____

Additional Comments (please list below or on the back of the form for more space)

Name (optional): _____ **Would you like us to respond to you?** ___Yes ___No