



Central Indiana Orthopedics and Sports Medicine is working to deliver services that are recognized as being of the highest quality. We want to provide our patients with the best possible medical care. This survey will gather information **relating to your perception of the care you received from our physicians and staff, and the professionalism we project.** All responses will be kept strictly confidential and your signature is not required, so please feel free to answer the questions candidly.

1. Please provide the name of the physician you most recently saw in our office:

adequately explain the examination and any upcoming procedures?

- Yes
- No

If no, please explain _____

2. When you arrived at our office, how long after your scheduled appointment time did you wait before being taken to an exam room?

- Less than 10 minutes
- 10 to 20 minutes
- More than 20 minutes

3. After being taken to an exam room, how long did you wait before seeing your physician?

- Less than 10 minutes
- 10 to 20 minutes
- More than 20 minutes

4. If you visited our **walk-in clinic**, was the amount of time you waited acceptable?

- Yes
- No
- Non-applicable (Did not go to walk-in clinic. Had a scheduled appointment).

If no, please explain _____

8. How well did the physician listen to your questions, concerns, opinions and ideas?

- Very well
- Adequately
- Not very well
- Not at all

9. During your consultation, do you think the physician adequately answered all of your questions?

- Yes
- No

If no, please explain _____

5. Are you satisfied with the amount of time the physician spent with you during your visit?

- Yes
- No

If no, please explain _____

10. What is your general impression of the way the office is run?

- Above average
- Average
- Below average

11. During your appointment, how would you describe the attitude of the patient registration/front desk staff?

- Friendly and courteous
- Pleasant
- Indifferent
- Cold

6. Please rate the physician's interest in you as a person.

- The physician was *very* interested and concerned.
- The physician was *somewhat* interested and concerned.
- The physician *sometimes* seemed indifferent.
- The physician *did not* seem to have enough time for me.

12. During your appointment, how would you describe the skill level of the patient registration/front desk staff?

- Excellent
- Good
- Fair
- Poor

7. During your consultation, did the physician

13. During your appointment, how would you describe the attitude of the nurse or athletic trainer toward you?

- Friendly and courteous
- Pleasant
- Indifferent
- Unpleasant

14. During your appointment, how would you describe the skill level of the nurse or athletic trainer staff?

- Excellent
- Good
- Fair
- Poor

15. During your appointment, how would you describe the attitude of the x-ray staff toward you?

- Friendly and courteous
- Pleasant
- Indifferent
- Unpleasant
- Non-applicable (Did not have an x-ray)

16. During your appointment, how would you describe the skill level of the x-ray staff?

- Excellent
- Good
- Fair
- Poor
- Non-applicable (Did not have an x-ray)

17. Overall, were you satisfied with your visit to our office?

- Yes
- No

If no, please explain _____

18. Would you recommend this facility to a friend?

- Yes
- No

If no, please explain _____

19. Do you have any other comments or suggestions which might help improve the facility's/physician's service to you?

*Thank you for taking time to share your opinion.
Please return in the enclosed envelope.*