

# GulfView Medical Institute Patient Survey

Name (optional): \_\_\_\_\_

Date: \_\_\_\_\_

1	Poor
2	Fair
3	Good
4	Very Good
5	Excellent

**For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the scale above to select the quality number.**

All patients are asked to complete a satisfaction survey so that we can better understand their needs and expectations.

Personnel and Staff Performance	Scale					
1. Courtesy and friendliness of our staff on the telephone	1	2	3	4	5	n/a
2. Timeliness in scheduling an appointment	1	2	3	4	5	n/a
3. Knowledge of staff	1	2	3	4	5	n/a
4. Billing process	1	2	3	4	5	n/a
5. Answers to your questions by staff	1	2	3	4	5	n/a
6. Physician's willingness to listen and answer questions	1	2	3	4	5	n/a
7. Courtesy and friendliness of our staff during your office visit	1	2	3	4	5	n/a
Office Visit Experience	Scale					
8. Convenience of office hours	1	2	3	4	5	n/a
9. Wait time in office	1	2	3	4	5	n/a
10. Initial visit experience	1	2	3	4	5	n/a
11. Quality of Patient Care	1	2	3	4	5	n/a
12. Overall quality of our service	1	2	3	4	5	n/a
13. Overall consultation performed by your physician	1	2	3	4	5	n/a
14. Likelihood you would recommend us to someone else	1	2	3	4	5	n/a

**Additional comments or concerns:**

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