

We Appreciate Your  
Confidential Opinion Of  
Our Services.

The care and comfort of our  
patients is our primary concern.

We are always working to  
improve the services we provide.  
You can help us by kindly taking  
a few minutes to complete this  
confidential questionnaire.

Please rate each of the items  
listed, and feel free to express  
your opinions frankly.

Thank you for your time.



Central Washington Podiatry Service  
307 S. 12th Ave., Ste. 9  
Yakima, WA 98902  
(509) 248-4900

REV 10/2010

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WE VALUE  
YOUR  
OPINION

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CENTRAL WASHINGTON  

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PODIATRY SERVICE

# Central Washington Podiatry Service

## Patient Satisfaction Survey

We are interested in your impression of your care. Your overall satisfaction is our goal during your health care visits. Please complete the evaluation. We consider it a privilege to participate in your health care.

INSTRUCTIONS: Please check the box, which most closely indicates your opinion about the statements below. If any question does NOT APPLY to you, leave it blank.

	Agree	Neither Agree or Disagree	Disagree
1. My initial contact with the office appointment process was efficient and timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I was satisfied with the care provided by:			
A. Front Office Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The waiting area was clean and comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The doctor gave clear explanations about my condition and choice of treatment and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I was seen in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. For surgery patients:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. My surgery expectations were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. My care in the office surgical suite was satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I would use this service again and recommend it to my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS: Please assist us in improving our services. Tell us ways we can better serve you, or tell us what we are doing right. It will be most beneficial to us if you are specific. Thank You.

Thank you for your participation. Your input is very valuable.