

# Patient Satisfaction

## SURVEY

Please take a few minutes to give us feedback about your dental visit. Your comments will be strictly confidential. Thank you.

### ABOUT YOU: THE PATIENT

#### Section 1

##### 1. Which member of the household visited the dentist? Was it the...

- Male head of household
- Female head of household
- A child (under age 9)
- A child (age 10 – 17)
- A child age 17 or older (not head of household)

##### 2. How often has this patient visited a dentist in the past year?

- Once or twice
- Three or four times
- Five or six times
- More than six times

##### 3. In general, how would you rate your/the patient's dental health?

- Excellent
- Good
- Fair
- Poor
- Don't Know

##### 4. Who did you/the patient see primarily on this visit – the dentist, the hygienist, or both equally?

- Saw dentist primarily
- Saw hygienist primarily
- Saw both equally

##### 5. What was the primary type of dental work performed on this visit?

- Preventive and diagnostic, such as exam, cleaning or x-rays
- Basic services such as fillings, an extraction, root canal, periodontal care (that is, gum treatment)
- Major restorative services such as crowns, inlays or bridges
- Orthodontic work (braces)
- Other (PLEASE SPECIFY) \_\_\_\_\_

# SURVEY

## ABOUT YOUR VISIT

### Section 2

	Does Not Apply	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
<b>1. Please rate the following aspects of our dental practice:</b>					
Convenience of the office location to your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convenience of the office location to your work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to get an appointment for routine dental care within a reasonable amount of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of time waiting in the office to see the dentist/hygienist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to get an appointment for emergency dental care within a reasonable amount of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours when the visit could be scheduled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleanliness, appearance and comfort of the office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
<b>2. Please rate the quality of care you/ the patient received:</b>					
Thoroughness of treatment by the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist's ability to conduct the dental work as painlessly as possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendliness and courtesy of the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist's sincere interest in your/the patient's dental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist's explanation of procedures that were conducted during the visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist's explanation of procedures that may be needed in follow-up visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to ask questions and have them answered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall care you received from the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall care you received from the hygienist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What was the best part of your dentist visit? \_\_\_\_\_

If you could change one thing about our dental practice, what would it be \_\_\_\_\_

Is there anything else you would like us to know \_\_\_\_\_