

## PATIENT SURVEY

*Thank you for being our patient, we would like to hear from you. Would you please take a moment to complete the following questionnaire. For each question, circle the numeral to the right-hand that most accurately reflects your answer. Thank you for your time.*

- PLEASE  
CIRCLE**
1. Whenever I telephone the dentist's office I receive immediate, courteous attention. 1 2 3 4
  2. Every member of the office staff is friendly, courteous and helpful. 1 2 3 4
  3. The dentist always listens to me. 1 2 3 4
  4. The dentist spends enough time with me at each visit. 1 2 3 4
  5. The dentist clearly explains things to me in simple English. 1 2 3 4
  6. I would not consider going to another dentist. 1 2 3 4
  7. I never have to wait very long after arriving at the office. 1 2 3 4
  8. The dentist and staff always helps me control my fear and anxiety about treatment 1 2 3 4
  9. The office offers convenient hours. 1 2 3 4
  10. The office is easy to find. 1 2 3 4
  11. When I come to the office I am greeted promptly, pleasantly and by name. 1 2 3 4
  12. The hygienist is gentle, thorough, concerned and helpful. 1 2 3 4
  13. Fees are always discussed with me before treatment begins. 1 2 3 4
  14. The office payment terms are reasonable. 1 2 3 4
  15. The dentist is gentle, careful and competent. 1 2 3 4
  16. The dental assistants are gentle, careful and competent. 1 2 3 4
  17. The dentist and staff have taught me a great deal about taking good care of my teeth. 1 2 3 4
  18. Overall, I am quite satisfied with the care I receive at this dental practice. 1 2 3 4

1	TRUE
2	SOME TIMES TRUE
3	SOME TIMES FALSE
4	FALSE

1	TRUE
2	SOME TIMES TRUE
3	SOME TIMES FALSE
4	FALSE

busy signal.

- 20. The dentist always remembers me from visit to visit. 1 2 3 4
- 21. The dentist looks very neat, clean and professional. 1 2 3 4
- 22. The dental staff looks very neat, clean and professional. 1 2 3 4
- 23. The office location is convenient. 1 2 3 4
- 24. It's easy to find parking close to the office. 1 2 3 4
- 25. The office is neat and clean. 1 2 3 4
- 26. The reception area is comfortable. 1 2 3 4
- 27. I don't mind the way the dentist and his staff collect personal information 1 2 3 4
- 28. If I have an emergency, I am able to get in that day. 1 2 3 4
- 29. The dentist's fees are reasonable. 1 2 3 4
- 30. The office is willing to discuss payment terms. 1 2 3 4

• **I visit the dentist:**

- \_\_\_\_\_ every 3 or 4 months                      \_\_\_\_\_ every 6 months
- \_\_\_\_\_ every 12 months                         \_\_\_\_\_ every 18 months
- \_\_\_\_\_ every 2 years                                \_\_\_\_\_ less than every 2 years

• **Do you refer friends and relatives to our office?    o Yes    o No**

If "Yes" why? \_\_\_\_\_  
If "No" why? \_\_\_\_\_

• The things I like most about this dental practice are:

---

---

• The things I like most about this dental practice are:

---

---

• If the office had different hours, I would like to have appointments:

Early morning (7-9 am)    \_\_\_\_\_  
Early evenings (5-7pm)    \_\_\_\_\_

NEW PATIENTS:

How did you hear about our practice? \_\_\_\_\_

---

**THANK YOU FOR YOUR TIME AND COOPERATION!**