

Patient Satisfaction Survey

We at Central Carolina Foot & Ankle Associates are committed to not only meeting, but exceeding your expectations. The purpose of this survey is to find out how well we are doing, and to give you, our patient, the opportunity to offer constructive and valuable feedback. The results are strictly confidential and the information will be used to help us know how we can make improvements, and to tell our staff "well done" when so warranted.

Please be open and honest with your feedback.

Scale key: P=Poor F=Fair G=Good VG=Very Good E=Excellent

BUSINESS OFFICE:

	P	F	G	VG	E
1. The ability to get through, by phone, to the person you want to reach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The ability to schedule an appointment at a convenient time without a long wait	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The friendliness, concern and courtesy shown to you by the front desk personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Efficiency of the check in/check out process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The helpfulness of our insurance and business staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CLINICAL:

6. The friendliness, concern and courtesy shown to you by the clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The friendliness, concern and courtesy shown to you by your physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The amount of time the physician spent with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The thoroughness of the examination and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Explanation of your condition and treatment options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which Provider Did You See: ☐ Dr. Hill ☐ Dr. Liao ☐ Dr. Sotelo

FACILITY:

11. The comfort and cleanliness of our facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Location and office hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which Office Did You Go To: ☐ North Duke St. ☐ Southpark Dr.

13. Would you recommend us to family members and friends? ☐ YES ☐ NO

Please feel free to make additional comments or suggestions in the space provided below:

Please mail this back to Practice Manager, 2609 N. Duke Street Suite 301, Durham NC 27704. Thank you!

Thank you for helping us improve our services!