**Patient and Caregiver Survey**

Our patients are always at the forefront of our mind. Your satisfaction on the overall care you and your loved one have received is important to us. Please help us continue to improve the care we provide by completing the following brief survey. We welcome your comments and encourage you to let us know how we are doing. Please return the completed survey to [Insert Company Name and mailing address here].

*NOTE TO PROVIDER: If sending via mail included prepaid postage envelope for return. You may also want to consider conducting this survey by phone.*

Thank you,

[Insert Primary Provider Name]

[Insert Primary Provider Title]

Which provider or provider(s) have you seen in the past 12 months?

🞏 Provider #1 🞏 Provider #3 🞏 Provider #5

🞏 Provider #2 🞏 Provider #4 🞏 Provider #6

Please respond to the following questions based upon your experience during the last 12 months.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Uncertain | No |
| 1. [Company Name] informed me about how to contact a provider during evenings, weekends and holidays.
 | 🞏 | 🞏 | 🞏 |
| 1. [Company Name] services have reduced my trips to the Emergency Room and/or hospital
 | 🞏 | 🞏 | 🞏 |
| 1. [Company Name] services have helped me achieve my goals
 | 🞏 | 🞏 | 🞏 |
| 1. Would you recommend [Company Name] to your family and friends?
 | 🞏 | 🞏 | 🞏 |

Based on your most recent visit from [Company Name], please rate the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Fair | Poor |
| 1. Level of support provided to your family and/or caregiver
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Provider spending adequate time with you and not seeming rushed
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Provider’s level of courtesy and friendliness
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Provider’s explanation of your medical condition and treatment
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Provider’s level of trustworthiness
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Provider’s level of compassion and caring
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Ability to obtain a timely house call for an urgent problem
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Staffs’ level of courtesy and caring when the office is called
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Courtesy and friendliness of nursing staff
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Overall quality of care provided by [Company Name]
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

Is there anything about your experience with [Company Name] that you would like to share?

**Thank you. Please return your response to the office in the postage-paid envelope provided.**