

10th Floor Infusion Center Patient Satisfaction Survey

Please circle answers with 5 being most satisfied and 1 being least satisfied.

1. How often was the registration staff helpful? 5 = always 1 = never
5 4 3 2 1
2. How often did the patient care staff treat you with courtesy and respect?
5 4 3 2 1 5= always 1= never
3. How often did the patient care staff do a good job in keeping you informed of delays in care or treatment? 5= always 1=never
5 4 3 2 1
4. How often did the staff treat you as a whole person and not just a medical condition? 5= always 1=never
5 4 3 2 1
5. How satisfied were you with the total amount of time you spent waiting at the facility? 5= very satisfied 1= very dissatisfied
5 4 3 2 1
6. How would you rate the cleanliness of your room? 5 = excellent 1= very poor
5 4 3 2 1
7. With 5 being the best outpatient facility possible and 1 being the worst outpatient facility possible, how would you rate our facility?
5 4 3 2 1
8. Would you recommend this facility to your friends or family? 5 = Definitely yes, and 1 = definitely no.
5 4 3 2 1

Is there a specific person that you would like to see complimented or thanked for the care they provided during the outpatient visit? _____

Thinking of this outpatient visit, what is one thing that the facility could have done better? _____

Comments _____
