

Thank you for choosing to visit the Renaissance Women's Group. Please help us improve our service to you by filling out this questionnaire. Your responses will be confidential and not a part of your medical record. We would prefer that you give us your name, however this is optional if you prefer not to identify yourself.

*PLEASE RETURN THIS SURVEY TO US BY MAIL OR FAX 425 3888*

Date of your visit: \_\_\_\_\_

What doctor or nurse practitioner or physician's assistant did you see? \_\_\_\_\_

**Please rate the following areas of your experience with us (1 = poor ;3 =average; 5 = excellent):**

How was your experience on the phone to schedule your appt.....

Were you able to get through on the phone easily to schedule? 1 2 3 4 5

Did the person you spoke with .....

Greet you in a warm/friendly manner? 1 2 3 4 5

Listen to you? 1 2 3 4 5

Seem to be knowledgeable? 1 2 3 4 5

Were you able to schedule an appointment with the physician or provider you wanted? Yes No

Upon your arrival in our office, did the receptionist.....

Greet you with a pleasant attitude? 1 2 3 4 5

Listen to you? 1 2 3 4 5

Seem to be knowledgeable? 1 2 3 4 5

Keep you informed as to any delays in seeing you? 1 2 3 4 5

Was your time in the waiting room... minimal acceptable excessive

How long did you wait in the waiting room? \_\_\_\_\_

Once brought to the clinical area, did the medical assistant.....

Greet you with a pleasant attitude? 1 2 3 4 5

Show interest in you as a person? 1 2 3 4 5

Answer your questions adequately? 1 2 3 4 5

Seem professional and knowledgeable? 1 2 3 4 5

Was your waiting time in the exam room... minimal acceptable excessive

How long did you wait in the exam room before seeing your provider? \_\_\_\_\_

How was your doctor or nurse practitioner/physician assistant at.....

Calling you by name? 1 2 3 4 5

Not talking down or being condescending to you? 1 2 3 4 5

Listening to you and not interrupting you? 1 2 3 4 5

Showing interest in you, never acting bored/ignoring you? 1 2 3 4 5

Showing concern for your mental/emotional well being? 1 2 3 4 5

Explaining what is being done during your exam? 1 2 3 4 5

Explaining your diagnosis and treatment plan? 1 2 3 4 5

Discussing any options for treatment? 1 2 3 4 5

Using language you could understand instead of medical terms? 1 2 3 4 5

Did you feel that your problems were adequately addressed? 1 2 3 4 5

When talking with or trying to reach a nurse by phone.....

How easy was it to reach the nurse or leave a message? 1 2 3 4 5

Was your call returned in a reasonable amount of time? 1 2 3 4 5

Was the nurse friendly, courteous and professional? 1 2 3 4 5

Was the nurse knowledgeable? 1 2 3 4 5

How well did the nurse listen to your problems? 1 2 3 4 5

If RWG offered the following procedures, which would you be interested in: (circle)

1. Hair removal
2. Photo rejuvenation (treats age spots/broken capillaries)
3. Leg vein trmt
4. Micro-derm-abrasion (exfoliation, reduces fine lines/wrinkles/pores)

Overall, did you feel like you received personalized individual attention during your visit? Yes No

Would you recommend your doctor or NP/PA to friends or family? Yes No

Are there any issues you would like us to contact you about?

Name: (optional)

Phone: (optional)