



Central Indiana Orthopedics is working to deliver services that are recognized as being of the highest quality. Today, we would like your opinion about the accessibility of our office.

1. Why did you decide to seek medical treatment in this facility?

Check all that apply.

- Referred here by another physician or Emergency Room.
- Referred here by another patient/friend.
- Located near home or business.
- Advertisement in \_\_\_\_\_
- Other

2. Did you have any difficulties setting up this appointment?

- Yes
- No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

3. How long did you have to wait for an appointment (after your initial call or your referring physician's)?

- Less than 1 week
- 1 to 2 weeks
- More that 2 weeks

4. When you telephoned our office, were you treated courteously by our staff?

- Yes
- No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

5. When you telephoned our office, did staff provide you with good directions to our facility?

- Yes
- No
- Non-applicable

6. Is our facility conveniently located?

- Yes
- No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

7. Is there adequate parking available near our facility?

- Yes
- No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

8. Do the hours offered by our facility meet your needs?

- Yes
- No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

9. What is your general impression regarding the appearance of our office?

- Above average
- Average
- Below average

10. What is your general impression of the way our office is run?

- Organized and efficient
- Adequately organized
- Disorganized

11. What is the likelihood that you would recommend this center to family and friends?

- Very likely
- Likely
- Not likely

**Thank you for taking time to share your opinion.**