



Central Indiana Orthopedics is working to deliver services that are recognized as being of the highest quality. We want to provide our patients with the best possible medical care. This survey will gather information **relating to your perception of the care you received from our physicians and staff, and the professionalism we project**. All responses will be kept strictly confidential and your signature is not required, so please feel free to answer the questions candidly.

1. Please provide the name of the physician you most recently saw in our office:

\_\_\_\_\_

2. When you arrived at our office, how long after your scheduled appointment time did you wait before being taken to an exam room?

- Less than 10 minutes
- 10 to 20 minutes
- More than 20 minutes

3. After being taken to an exam room, how long did you wait before seeing your physician?

- Less than 10 minutes
- 10 to 20 minutes
- More than 20 minutes

4. If you visited our **walk-in clinic**, was the amount of time you waited acceptable?

- Yes
- No
- Non-applicable (Did not go to walk-in clinic. Had a scheduled appointment.)

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

\_\_\_\_\_

5. Are you satisfied with the amount of time the doctor spent with you during your visit?

- Yes
- No

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

\_\_\_\_\_

6. Please rate the doctor's interest in you as a person

- The doctor was very interested and concerned.
- The doctor was somewhat interested and concerned.
- The doctor sometimes seemed indifferent.
- The physician did not seem to have enough time for me.

7. During your consultaion, did the doctor adequately explain the examination and any upcoming procedures?

- Yes
- No

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

\_\_\_\_\_

8. How well did the doctor listen to your question, concerns, opinion, and ideas?

- Very well
- Adequately
- Not very well
- Not at all

9. During your consultation, do you think the doctor adequately answered all of your questions?

- Yes
- No

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

\_\_\_\_\_

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

- Above average
- Average
- Below average

11. During your appointment, how would you describe the attitude of the patient registration/front desk staff?

- Friendly
- Pleasant
- Indifferent
- Cold

12. During your appointment, how would you describe the skill level of the patient registration/front desk staff?

- Excellent
- Good
- Fair
- Poor



13. During your appointment, how would you describe the attitude of the nurse or athletic trainer toward you?

- Friendly and courteous
- Pleasant
- Indifferent
- Cold

14. During your appointment, how would you describe the skill level of the nurse or athletic trainer staff?

- Excellent
- Good
- Fair
- Poor

15. During your appointment, how would you describe the attitude of the X-ray staff toward you?

- Friendly and courteous
- Pleasant
- Indifferent
- Unpleasant
- Non-applicable (Did not have an X-ray)

16. During your appointment, how would you describe the skill level of the X-ray staff?

- Excellent
- Good
- Fair
- Poor
- Non-applicable (Did not have an X-ray)

17. Overall, were you satisfied with your visit to our office?

- Yes
- No

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

\_\_\_\_\_

18. Would you recommend this facility to a friend?

- Yes
- No

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

\_\_\_\_\_

19. Do you have any other comments or suggestions which might help improve the facility's/doctor's service to you?

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**Thank you for taking time to share your opinion.  
Please return in the enclosed envelope.**