

**Patient Satisfaction Survey created for Newton Family Physicians, P.A.  
Summer 2010**

To Our Patients:

We are interested in receiving your feedback about the care that you received when you were here. Please take a few moments to complete the survey and return it to us. Your opinion is important to us and it will help us to better take care of you!

<b>SURVEY QUESTION</b>	<b>Extremely Satisfied</b>	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Very Dissatisfied</b>	<b>Extremely Dissatisfied</b>
Was it easy to make an appointment?					
Was our office convenient?					
Was our office clean?					
How long did you have to wait before you were called back?					
How was your overall care at our office?					
How caring is your doctor?					
How caring is our staff?					
Was it easy to understand your instructions about your medicines or follow-up care?					
How caring is our front desk, telephone Nurses or our insurance department?					
Would you recommend your doctor to your family and friends?					

**Would you mind telling us your age?** \_\_\_\_\_

**Male or Female?** \_\_\_\_\_

**How many times have you been to the doctor this year?** \_\_\_\_\_

**Thank you for taking time to help us improve our service to you! Please feel free to tell us any ways that we can "DO BETTER".** \_\_\_\_\_

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