



How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. Denmark Medical Centre (**DMC**) welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

General Patient Information

In general, what is the quality of your health?

- Outstanding Good Some chronic issues Poor

How would you rate our concern for your privacy?

- Outstanding Good Adequate Needs improvement Poor N/A

How often have you visited DMC within the past year?

- First Visit 2-5 Visits More than 6

Scheduling Your Appointment

Did you schedule an appointment by phone or did you drop in?

- Scheduled by phone Dropped in

If you scheduled an appointment, did you have to wait longer than expected to get scheduled?

- Yes No

How easy was it to make an appointment by telephone?

Very easy Very difficult

How long did you wait to speak to a scheduling staff member?

0 to 2 minutes 3 to 5 minutes 5 to 7 minutes Longer

Was the person who scheduled your appointment courteous and helpful?

Very courteous Rude

Day of Your Appointment

How would you rate the courtesy of the staff at the reception desk?

Very courteous Rude

How long did you wait in the reception area beyond your scheduled appointment time?

0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other _____

How long did you wait in the exam room before your GP appeared?

0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other _____

The Nursing Staff

How would you rate the competence of the nurse who helped you?

Outstanding Good Adequate Needs improvement Poor N/A

How would you characterise the concern that the nurse showed for your problem?

Outstanding Good Adequate Needs improvement Poor N/A

Did the nurse respond to your requests within a reasonable period?

- Yes No

The Doctor

Were you able to see the doctor of your choice?

- Yes No N/A

Did you feel that your doctor spent an adequate amount of time with you?

- Yes No N/A

Mark the boxes that characterise the demeanour of your doctor:

- Attentive Concerned Friendly Distracted Rushed Inconsiderate

How would you rate the competence of your doctor?

- Outstanding Good Adequate Needs improvement Poor N/A

Did you feel that your doctor's examination was thorough?

- Yes No N/A

Please rate the clarity of the doctor's explanation of your condition and treatment options:

- Outstanding Good Adequate Needs improvement Poor N/A

How well did your doctor include you in healthcare decisions?

- Outstanding Good Adequate Needs improvement Poor N/A

Were your questions answered to your satisfaction?

- Yes No N/A

Would you recommend this facility and its staff to your family and friends?

- Yes No N/A

Additional Feedback

Please list any areas in which our service could be improved.

Please share any additional comments.

Personal Information

Providing the following information is optional.

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Postcode: _____ Telephone: _____

Mobile: _____ Consent to receive sms reminders: Yes No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.