Patient Satisfaction Survey:

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

Your physician/provider:

I saw Dr Eric Arp/ Misty Davis PPMAC

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone. The time between your call to schedule an	O	O	О	0	O	0
appointment and your appointment date. The manners of the person(s) who scheduled your	O	О	0	О	О	0
appointment. Clarity of directions to the office and the time of	O	O	O	О	O	0
your appointment. The professionalism and helpfulness of your	O	O	O	0	O	0
reception.	O	O	O	O	O	0
Your wait time in the office. The comfort, cleanliness and amenities of the	Ο	Ο	0	0	0	0
reception area.	O	O	O	O	O	0
The extent to which staff respected your privacy.	O	O	0	O	O	0

2. Please rate the following items related to the delivery of your care. Use a scale of 1 to 5, with 5 being Excellent and 1 being Poor. If an item is not related to your care, choose N/A.

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.	O	O	O	O	0	0
His or her explanation of procedures, diagnoses or treatment regimen.	O	0	O	O	О	0
His/her personal manner (courtesy, respect, sensitivity, friendliness).	0	0	О	O	O	0
Other staff's personal manner (courtesy, respect, sensitivity, friendliness).	O	O	О	O	О	0
Technical skills (thoroughness, carefulness, competence) of the physician/practitioner.	0	О	O	O	O	0
How prepared (records and educational materials readily available) the staff and physician/provider were for your visit.	0	0	O	0	0	0

Please indicate the extent to which you agree or disagree with each of the following statements. Use a 3. scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/A. Strongly Somewhat Somewhat Strongly Disagree Disagree Neutral Agree Agree N/A (1) (2) (3) (4) (5) My physician/provider spent adequate time with 0 0 0 0 0 0 The service/care provided was valuable to improving my health. 0 0 0 0 0 0 The educational information I received was helpful. 0 0 0 0 0 0 I clearly understand the next steps in my plan of care. 0 0 0 0 0 0 If lab work was done, did you receive your lab results in a timely manner following your office visit? 4. O Yes O No O Not applicable 5. Would you return to see this physician/practitioner for further care? O Yes O No Would you recommend this practice to family and friends? 6. O Yes O No 7. a. Did any specific staff member stand out? O Yes O No b. If yes, who and why? 8. Was there any aspect of your care that could be improved? a. O Yes O No b. If yes, please explain. 9. Please tell us what you like best about the care you received.

10. Please tell us what you like least about the care you received.