

Confidential Patient Satisfaction Survey

Thank you for choosing Doctors On Sight for your vision care. Your satisfaction with the services that we provide is important to us. Our goal is to provide you with an exceptional experience when you visit our offices. Please complete the short anonymous survey below to help us provide the best vision care possible.

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|---|---|---|--|
| 1. Convenience of our office hours | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| 2. Ease of making an appointment | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| 3. Promptness with which you were seen by the doctor | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| 4. Thoroughness of care you received | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| 5. Clarity of Doctor's explanations | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| 6. Doctor's friendliness and courtesy | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| 7. Staff's friendliness and courtesy | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| 8. Help with understanding your insurance coverage, if applicable | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| 9. Selection of eyeglass frames | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| 10. Knowledge/assistance of optical staff | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| <i>Fold here</i> | | | <i>Fold here</i> |
| 11. Cleanliness of office | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| 12. Eyewear delivered as promised with proper fit and instruction | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| 13. Overall satisfaction with your visit | <input type="radio"/> <i>Excellent/Good</i> | <input type="radio"/> <i>Average/Acceptable</i> | <input type="radio"/> <i>Fair/Needs Improvement</i> |
| 14. Will you be returning to see us? | | <input type="radio"/> <i>Yes</i> | <input type="radio"/> <i>No</i> <input type="radio"/> <i>Uncertain</i> |
| 15. Would you recommend us to others? | | <input type="radio"/> <i>Yes</i> | <input type="radio"/> <i>No</i> <input type="radio"/> <i>Uncertain</i> |

How can we improve? Please enter your comments and suggestions below:

What is your name?
(Optional, but it helps us provide better services)

What is the name of the doctor and/or staff members that assisted you?