

MERCY CLINICS SHARED MEDICAL VISIT

Patient Satisfaction Survey

PLEASE GIVE US YOUR OPINION OF YOUR SHARED VISIT TODAY

(Check one box on each line)

	Poor	Fair	Good	Very Good	Excellent
1. The check-in process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Comfort of the meeting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The respect and courtesy you were shown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Value of the information you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Usefulness of group interaction and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Please rate this visit overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Too Long		Too Short		Just Right
7. Length of the visit	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	Definitely Not	Probably Not	Probably Yes	Definitely Yes	
8. Would you recommend a shared visit to your family or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. Additional comments: