

How are we doing? Please tell us your opinion about the service you received from our office.

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(5) Excellent (4) Very Good (3) Good (2) Fair (1) Poor (N/A) Does Not Apply

**A. YOUR APPOINTMENT:**

- 1.) Ease of making appointments by phone 5) 4) 3) 2) 1) N/A)
- 2.) The efficiency of the check-in process 5) 4) 3) 2) 1) N/A)
- 3.) Waiting time in the reception area 5) 4) 3) 2) 1) N/A)
- 4.) Waiting time in the exam room 5) 4) 3) 2) 1) N/A)

**B. OUR STAFF:**

- 1.) The courtesy of the person who took your call 5) 4) 3) 2) 1) N/A)
- 2.) The friendliness and courtesy of the receptionist 5) 4) 3) 2) 1) N/A)
- 3.) The caring concern of our medical assistants 5) 4) 3) 2) 1) N/A)
- 4.) The helpfulness of our billing staff 5) 4) 3) 2) 1) N/A)

**C. YOUR VISIT WITH THE PROVIDER:**

- 1.) Willingness to listen carefully to you 5) 4) 3) 2) 1) N/A)
- 2.) Taking time to answer your questions 5) 4) 3) 2) 1) N/A)
- 3.) Amount of time spent with you 5) 4) 3) 2) 1) N/A)
- 4.) Explaining things in a way you could understand 5) 4) 3) 2) 1) N/A)

**E: OUR FACILITY:**

- 1.) Hours of operation convenient for you 5) 4) 3) 2) 1) N/A)
- 2.) Overall comfort 5) 4) 3) 2) 1) N/A)
- 3.) Adequate parking 5) 4) 3) 2) 1) N/A)

**Would you recommend Beaver Sports Medicine to others?** \_\_\_\_\_

**If no, please tell us why:** \_\_\_\_\_

**How can we improve?** \_\_\_\_\_

Can we use your comments on our website? Yes  No

Visit us at [beaversportsmedicine.com](http://beaversportsmedicine.com)