



Leawood
Family Care

Patient Satisfaction Survey

At Leawood Family Care, patient satisfaction is very important to us, and we want to make sure we are meeting your needs and exceeding your expectations. We hope you will complete this survey to provide feedback on what we're doing well and which areas need improvement. Your candid responses are very important to us, and please know that all responses are anonymous and will be kept confidential. Thank you for your participation!

Provider you are seeing **today** (choose one): Brack Campbell Christifano Horton Jordan Logan Pioli Winkler Cooper
 Brown Cordisco DiCapo

Your age (choose one): 15-25 26-40 41-65 66+
 Parent or Guardian

Please rate the following statements (circle one choice):	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NO OPINION	SOMEWHAT AGREE	STRONGLY AGREE	NOT APPLICABLE
Medical Provider you saw in the office today (i.e., provider you marked above):						
The medical provider answered my questions and explained my health care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The medical provider had a friendly, caring, respectful manner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The medical provider spent an appropriate amount of time for your problem	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
I received high-quality health care from my medical provider	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Primary Nurses (nurses you see in the office):						
The primary nurses demonstrate knowledge and skill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The primary nurses answer my questions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The primary nurses have a friendly, caring, respectful manner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
I get my test results in a timely manner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Call Nurses (nurses who call you back if you call in with a question):						
Return calls are made in a timely manner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The call nurses demonstrate knowledge and skill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The call nurses answer my questions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The call nurses have a friendly, caring, respectful manner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Front office:						
I am able to get an appointment when I want it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
It is easy to make an appointment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The check-in process is easy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The front office staff answers my questions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The front office staff has a friendly, caring, respectful manner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The check-out process is easy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Billing office:						
The billing statements are easy to understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

Please rate the following statements (circle one choice):	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NO OPINION	SOMEWHAT AGREE	STRONGLY AGREE	NOT APPLICABLE
I like the payment options available to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
It is easy to make a payment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The billing staff answers my questions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The billing staff has a friendly, caring, respectful manner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The office hours are convenient for me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The office locations are convenient for me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
It is easy to reach someone when I need something or have a question	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The reception and consulting areas are comfortable, attractive and well-kept	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The office is clean	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
I feel that my privacy/confidentiality is maintained in this office	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
There is good organization and efficiency within this office	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The amount of time I wait in the office to see my doctor is appropriate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
The amount of times my appointment has been rescheduled, if any, is appropriate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Overall, I am satisfied with this office	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
I would refer my family and friends to this office	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Are you aware of our web site? If so, do you use it?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

Please expand on any statements that you rated "disagree" (1 or 2 rating): _____

How did you **find out** about our practice? _____

What do you like **best** about our practice? _____

What do you like **least** about our practice? _____

How can we **improve** or make your overall experience at LFC a better one? _____

Your name (optional): _____ Phone number (optional): _____

Would you like someone to contact you? Yes No

We will hold weekly drawings for \$50 gift cards! Survey **must** be completed in order to win. We will call you if you win!

Thank you!

www.leaewoodfamilycare.com

Please leave your completed survey in the collection box at the check-out desk, or you may mail it to
Leaewood Family Care, P.A. 11301 ASH Leaewood Kansas 66211