



CLINIC PATIENT SATISFACTION SURVEY

Date: _____
 Doctor: _____

Dear Patient,

We appreciate you choosing our Cancer and Blood Specialty Clinic for your healthcare needs. Your feedback is vital to us as we strive to provide exceptional care and continuously improve our services. Please take a few moments to complete this patient satisfaction survey. Your responses will remain confidential and anonymous.

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
OVERALL SATISFACTION					
Overall satisfaction with the Cancer and Blood Specialty Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL CLINIC					
Scheduling of appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait times in the office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to the office by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort and cleanliness of the environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINIC STAFF					
Professionalism and friendliness of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication regarding your diagnosis, treatment, and care plan from the clinic staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The extent to which staff respected your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How prepared the staff and physician/provider were for your visit (records and educational material readily available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTHCARE PROFESSIONALS					
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of procedures, diagnosis, or treatment regimen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal manner (courtesy, respect, sensitivity, friendliness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical skills (thoroughness, carefulness, competence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share any additional comments or suggestions to help us improve our services:

Thank you for taking the time to complete this survey. Your valuable feedback will aid us in enhancing the care and services we provide. If you have any immediate concerns or questions, please feel free to contact us directly.

Sincerely,
 Cancer and Blood Specialty Clinic