

Patient Satisfaction Survey: Woodland Hills Medical Clinic & Urgent Care

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better! Thank you for your time.

Please indicate your level of satisfaction with the following items related to your visit. Use a scale of 1 to 5, with 5 being Great and 1 being Poor. If an item is not related to your care, choose N/A.

	Poor (1)	(2)	(3)	(4)	Great (5)	N/A
Ease of getting care	0	0	0	0	0	0
Ability to get in to be seen	0	0	0	0	0	0
Convenience of Center's locations	0	0	0	0	0	0
Waiting-time in waiting room	0	0	0	0	0	0
Waiting for tests to be performed	0	0	0	0	0	0
Hours Center is open	0	0	0	0	0	0
Time in exam room	0	0	0	0	0	0
Waiting for test results	0	0	0	0	0	0

Provider: (Physician)

	Poor (1)	(2)	(3)	(4)	Great (5)	N/A
Listens to you	0	0	0	0	0	0
Takes enough time with you	0	0	0	0	0	0
Explains what you want to know	0	0	0	0	0	0
Gives you good advice and treatment	0	0	0	0	0	0

Nurses and Medical Assistants

	Poor (1)	(2)	(3)	(4)	Great (5)	N/A
Friendly and helpful to you	0	0	0	0	0	0
Answers your questions	0	0	0	0	0	0

All Others

	Poor (1)	(2)	(3)	(4)	Great (5)	N/A
Friendly and helpful to you	0	0	0	0	0	0
Payment: What you pay	0	0	0	0	0	0
Collection of payment/money	0	0	0	0	0	0
Ease of finding where to go	0	0	0	0	0	0
Answers your questions	0	0	0	0	0	0
Explanation of charges	0	0	0	0	0	0
Facility: Neat and clean building	0	0	0	0	0	0
Comfort and Safety while waiting	0	0	0	0	0	0
Explanation of charges	0	0	0	0	0	0
Privacy	0	0	0	0	0	0
Confidentiality	0	0	0	0	0	0
The likelihood of referring us	0	0	0	0	0	0

1. What do you like best about our center?

2. What do you like least about our center?

3. Suggestions for improvement? Or a short testimonial of the service you received.

4. May we use the information and/ or testimonials you provide on our website etc?

Thank you for completing our Survey!