

## Patient Satisfaction Survey

Thank you for visiting The Vein and Laser Center of New Jersey. We would like to know how you feel about your venous care. Your assistance in completing the following patient satisfaction survey will be held in confidence and will help us improve upon our services. Please add any comments you feel are important. *This form is available to submit online or you may return it to our office via mail, fax or in person.*

Please describe yourself:

Age:    | 18-25 | 26-40 | 41-65 | over 65

Gender:   |Male            |Female

Your treatment was:

          | excellent                            | satisfactory                            | unsatisfactory

Please Check Each Item:

| <b>Appointments</b>                                 | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|-----------------------------------------------------|----------------|-------|---------|----------|-------------------|----------------|
| It was easy to make an appointment                  |                |       |         |          |                   |                |
| The appointment secretary was courteous and helpful |                |       |         |          |                   |                |

| <b>Staff</b>                                              | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|-----------------------------------------------------------|----------------|-------|---------|----------|-------------------|----------------|
| The physician was professional and courteous.             |                |       |         |          |                   |                |
| The ultrasound technician was professional and courteous. |                |       |         |          |                   |                |
| Other staff was professional and courteous                |                |       |         |          |                   |                |
| The staff was considerate and sensitive to my needs.      |                |       |         |          |                   |                |

| <b>Treatment</b>                                                     | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|----------------------------------------------------------------------|----------------|-------|---------|----------|-------------------|----------------|
| The proposed treatment was clearly explained to me.                  |                |       |         |          |                   |                |
| All my questions were answered.                                      |                |       |         |          |                   |                |
| Treatment alternatives were given.                                   |                |       |         |          |                   |                |
| The venous treatment was completed in a timely and efficient manner. |                |       |         |          |                   |                |
| I am pleased with the quality of my venous treatment.                |                |       |         |          |                   |                |

In the future would you consider referring us to your friends and family    I Yes                            I No

Comments:

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