



PATIENT QUESTIONNAIRE

You or a loved one was recently a patient in the **Clinic** at Sheridan Memorial Clinic. So that we may evaluate the quality of our care and continue to provide the best possible healthcare, we would appreciate it if you would take a few moments to complete the enclosed questionnaire. We depend on patients and family members like you to provide us with information about how well we are doing our job. Any additional comments and suggestions are important to us, so please feel free to include them on your survey. We thank you for taking the time to complete this questionnaire and for your interest in Sheridan Memorial Clinic.

		Circle One	
1	I was able to make an appointment that was convenient for me	YES	NO
2	I was treated courteously when making the appointment	YES	NO
3	I was greeted courteously upon arrival in the clinic	YES	NO
4	I found the facility to be clean and tidy	YES	NO
5	The nursing staff was friendly and courteous	YES	NO
6	The wait time before I saw the provider was adequate	YES	NO
7	The amount of time the provider spent with me was adequate	YES	NO
8	I felt confident with the care I received	YES	NO
9	I was treated courteously by the provider	YES	NO
10	Did your visit require a blood draw? If NO, please skip to question #13	YES	NO
11	I was treated courteously by the person performing the blood draw	YES	NO
12	I was notified of lab results within 10 days of my appointment	YES	NO
13	Did you visit the Imaging department during your clinic visit? If NO, please skip to question #16	YES	NO
14	I was treated courteously by Imaging department staff	YES	NO
15	I was notified of Imaging results within 10 days of my appointment	YES	NO
16	Overall I am satisfied with the visit	YES	NO
17	I would return to Sheridan Memorial Clinic if I had another health problem	YES	NO

Any additional comments here:

OPTIONAL: Name _____ Telephone _____

If you would like to speak with our CEO about your care or the way you were treated at your last visit, please call 406-765-3700.