

Kara Wallace, MD, PC

4650 Whitesburg Drive
Suite 204
Huntsville, AL 35802-1671
256-533-5211
256-533-5084 fax
drkarawallace.com

Date: ____/____/____

Survey completed by: Patient Other

Name: (optional) _____

- | | YES | or | NO |
|---|--|----|--|
| 1) Do you find our location convenient? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 2) Do you find the waiting room comfortable and inviting? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 3) Do you have trouble getting through to our office on the telephone? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 4) Do you have trouble getting an appointment with our office in a reasonable amount of time? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 5) Are your phone calls handled promptly? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 6) Is your wait in the reception area an extensive amount of time? (< 30 minutes) (>30 minutes) | <input type="checkbox"/> | | <input type="checkbox"/> |
| 7) Do you find our front office receptionists: Friendly Courteous Indifferent | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 8) Do you find our medical assistants: Friendly Courteous Knowledgeable Compassionate Indifferent | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 9) Do you find the nurse practitioner: Friendly Courteous Knowledgeable Compassionate Indifferent | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 10) Do you find the physician: Friendly Courteous Knowledgeable Compassionate Indifferent | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 11) Are you seeing: your regular physician the nurse practitioner | <input type="checkbox"/> | | <input type="checkbox"/> |
| 12) Are you pleased with the specialist you are referred to by our office? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 13) Are you satisfied enough with the care we provide to refer others to our office? | <input type="checkbox"/> | | <input type="checkbox"/> |