Kashif Qureshi, M.D., P.C.

**Patient Satisfaction Survey**

We want to continue to provide you the absolute best care and treatment. We would appreciate you taking the time to complete this survey in order for us to better your future experience. **All responses will be kept confidential and anonymous**. Thank you for your time.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please circle how well you think we are doing in the following areas:** | **GREAT**  **5** | **GOOD**  **4** | **OK**  **3** | **FAIR**  **2** | **POOR**  **1** |
| **Ease of getting care:** |  |  |  |  |  |
| Ability to get in to be seen | 5 | 4 | 3 | 2 | 1 |
| Hours office is open | 5 | 4 | 3 | 2 | 1 |
| Prompt return on calls by staff | 5 | 4 | 3 | 2 | 1 |
| Prompt return on calls by doctor | 5 | 4 | 3 | 2 | 1 |
| **Waiting:** |  |  |  |  |  |
| Time spent in waiting room | 5 | 4 | 3 | 2 | 1 |
| Time spent in exam room | 5 | 4 | 3 | 2 | 1 |
| **Staff** |  |  |  |  |  |
| **Provider: (Dr. Qureshi)** |  |  |  |  |  |
| Listens to you | 5 | 4 | 3 | 2 | 1 |
| Takes enough time with you | 5 | 4 | 3 | 2 | 1 |
| Explains what you want to know | 5 | 4 | 3 | 2 | 1 |
| Gives good advice and treatment | 5 | 4 | 3 | 2 | 1 |
| Professional, friendly and courteous | 5 | 4 | 3 | 2 | 1 |
| **Staff:** |  |  |  |  |  |
| Friendly and helpful to you | 5 | 4 | 3 | 2 | 1 |
| Answers your questions | 5 | 4 | 3 | 2 | 1 |
| Professional, friendly and courteous | 5 | 4 | 3 | 2 | 1 |
| Greeted me in a pleasant manner | 5 | 4 | 3 | 2 | 1 |
| **Facility** |  |  |  |  |  |
| Neat and clean building | 5 | 4 | 3 | 2 | 1 |
| Clean exam rooms | 5 | 4 | 3 | 2 | 1 |
| Clean and pleasant waiting room | 5 | 4 | 3 | 2 | 1 |
| Privacy in exam rooms | 5 | 4 | 3 | 2 | 1 |
| **The likelihood of referring your friends and relatives to us:** | 5 | 4 | 3 | 2 | 1 |

|  |  |
| --- | --- |
| **Did any one individual provide you with excellent service today:** Yes \_\_\_ No \_\_\_ | **If so, whom:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Your appointment preference:** \_\_\_\_ Morning \_\_\_\_ Afternoon \_\_\_\_ Evening \_\_\_\_\_ Late Evening |

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**What do you like best about our office?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**What do you like least about our office?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Suggestions for improvement?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.