



Pediatric Wizards Patient Satisfaction Survey

At Pediatric Wizards, we are committed to evaluating and improving the service we provide to you child. In order to do this, we need your feedback. We want to hear about your experience with us at your last visit, what we are doing well and how we can improve.

If you are willing to help us, please answer the following questions about the care you have received from the doctor and our office in the last 12 months. You will not be asked for your name and your answers will remain anonymous. This questionnaire should take about 5 minutes or less of your time.

Thank you for helping to make healthcare at Pediatric Wizards better for the whole community!



Pediatric Wizards Satisfaction Survey

1. How did you hear about Pediatric Wizards?

2. Which provider did you see at your child's most recent visit?

Dr. Helft Nurse Practitioner Comer

3. Is this the provider you usually see if your child needs a check-up, has a health problem, or gets sick or hurt?

Yes No

4. How long has it been since your child's most recent visit with us?

- Less than a month
 At least 1 month but less than 3 months
 At least 3 months but less than 6 months
 At least 6 months but less than 12 months
 12 months or more

5. Physician

	Strongly Agree	Agree	No Opinion/ N/A	Disagree	Strongly Disagree
Listened carefully to you and your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained things in a way that was easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactorily answered all your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Medical Assistants

	Strongly Agree	Agree	No Opinion/ N/A	Disagree	Strongly Disagree
Were friendly and helpful to you & your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answered all your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintained professional manner throughout your visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Ease of Getting Care

	Strongly Agree	Agree	No Opinion/ N/A	Disagree	Strongly Disagree
Receptionists were friendly and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received appointment at desired time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return on non-emergency phone calls was prompt (less than 6 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saw physician of your choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showed concern for patient privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Waiting

	Strongly Agree	Agree	No Opinion/ N/A	Disagree	Strongly Disagree
Time in waiting room was less than 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time in exam room was less than 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time waiting for test results was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Facility

	Strongly Agree	Agree	No Opinion/ N/A	Disagree	Strongly Disagree
Building was neat and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was easy to find where to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child and I were comfortable while waiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Have you used our after hours and weekend services?

Yes No

11. If you answered "Yes" to the previous question, please rate the following concerning our after hours and weekend services.

	Strongly Agree	Agree	No Opinion/ N/A	Disagree	Strongly Disagree
Had no trouble reaching us for a question or appt during afterhours and weekend times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services provided during these times met your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answering service was provided when closed was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Would you recommend this office to family and friends?

Yes No

How can we improve?
