



Patient Satisfaction Survey

Dear patient,

According to our records, you recently visited Abington Neurological Associates. Please tell us your opinion about the service you received from your provider. Your responses will be kept strictly confidential. Thank you for helping us provide exemplary care.

Which provider did you see?

- | | | |
|---|---|---|
| <input type="checkbox"/> James M. Burke, MD | <input type="checkbox"/> John Houry, MD | <input type="checkbox"/> David C. Weisman, MD |
| <input type="checkbox"/> James H. Cook, MD | <input type="checkbox"/> Brad Klein, MD | <input type="checkbox"/> Maureen Bogut, PA-C |
| <input type="checkbox"/> Dan Gzesh, MD | <input type="checkbox"/> Kandan Kulandaivel, MD | <input type="checkbox"/> Jaime Brisendine, PA-C |
| <input type="checkbox"/> Lee J. Harris, MD | <input type="checkbox"/> Kartik Sivaraaman MD | <input type="checkbox"/> Cynthia Ferrari, PA-C |

Where did you visit us?

- Abington Hospital office Willow Grove office

Evaluate our performance on a scale of 1 to 5.

1: Poor **2:** Fair **3:** Good **4:** Very Good **5:** Excellent

Rate your appointment:

- ___ Ease of making appointments by phone
- ___ Availability of appointment within a reasonable amount of time
- ___ Getting after-hours care when you needed it
- ___ Efficiency of the check-in process
- ___ Waiting time in the reception area
- ___ Waiting time in the exam room
- ___ Keeping you informed if your appointment time was delayed

Rate our staff:

- ___ Courtesy of person who took your call
- ___ Friendliness and courtesy of receptionist
- ___ The caring concern of our nurses/ medical assistants
- ___ Helpfulness of people who assisted you with billing or insurance

Rate our communication with you:

- ___ Promptly answering your phone calls
- ___ Getting advice or help when needed during office hours
- ___ Explanation of your procedure (if applicable)
- ___ Test results reported in a reasonable amount of time
- ___ Effectiveness of our health information materials
- ___ Returning your calls in a timely manner
- ___ Your ability to contact us after hours
- ___ Your ability to obtain prescription refills by phone

Continued on the next page...

Rate your visit with your provider (doctor, physician assistant, or nurse practitioner):

- ___ Willingness to listen carefully to you
- ___ Taking time to answer your questions
- ___ Amount of time spent with you
- ___ Explaining things in a way you could understand
- ___ Instructions regarding medication / follow-up care
- ___ Thoroughness of the examination

Rate our facility:

- ___ Hours of operation convenient for you
- ___ Overall comfort
- ___ Adequate parking
- ___ Signage and directions easy to follow

Rate your overall satisfaction:

- ___ Satisfaction with our practice
- ___ Satisfaction with the quality of your medical care
- ___ Satisfaction with care from your provider

Would you recommend your provider to others?

- Yes
- No

If you answered No, please tell us why:

If there is any way we can improve our service, please tell us how:

This form is anonymous, but we'd like to know some information about you.

What is your gender?

- Male
- Female
- Other / No Answer

What is your age group?

- Under 18
- 18-30
- 31-40
- 41-50
- 51-60
- Over 60

Was this your first visit, or have you visited us before?

- New patient
- Returning patient

Thank you for filling out this form. We look carefully at all of the feedback we receive.