

**Patient Satisfaction Survey***For Better Services, Please Cooperate With Us by filling this Survey*

Patient :	man	<input type="checkbox"/>	woman	<input type="checkbox"/>	child	<input type="checkbox"/>		
Age :	less than 20	<input type="checkbox"/>	21-35	<input type="checkbox"/>	36-45	<input type="checkbox"/>	above 45	<input type="checkbox"/>

You are a:	patient	<input type="checkbox"/>	escort	<input type="checkbox"/>	visitor	<input type="checkbox"/>
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<b>If you are a patient, then the main reason for today's visit is:</b>							
annual exam	<input type="checkbox"/>	prosthesis	<input type="checkbox"/>	cleaning	<input type="checkbox"/>	endodontic	<input type="checkbox"/>
filling	<input type="checkbox"/>	periodontics	<input type="checkbox"/>	oral surgery	<input type="checkbox"/>	emergency	<input type="checkbox"/>

<b>General</b>								
Is this your first visit to these clinics :	yes	<input type="checkbox"/>	no	<input type="checkbox"/>				
You heard about these clinics from :	friend	<input type="checkbox"/>	dentist	<input type="checkbox"/>	work	<input type="checkbox"/>	add.	<input type="checkbox"/>
Was it difficult to find these clinics :	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	a little	<input type="checkbox"/>		
Was it difficult to find a parking :	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	a little	<input type="checkbox"/>		

<b>Reception</b>								
Comfort at the reception area :	excellent	<input type="checkbox"/>	good	<input type="checkbox"/>	fair	<input type="checkbox"/>	poor	<input type="checkbox"/>
Welcome of receptionists :	excellent	<input type="checkbox"/>	good	<input type="checkbox"/>	fair	<input type="checkbox"/>	poor	<input type="checkbox"/>
Receptionists help & service :	fast	<input type="checkbox"/>	careless	<input type="checkbox"/>	slow	<input type="checkbox"/>		
Cleanness of reception area :	perfect	<input type="checkbox"/>	good	<input type="checkbox"/>	fair	<input type="checkbox"/>	poor	<input type="checkbox"/>
Got appointment to your request :	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	approximately	<input type="checkbox"/>		
Did you inter clinic on time :	prompt	<input type="checkbox"/>	delay 10 minute	<input type="checkbox"/>	delay 20 minute	<input type="checkbox"/>		

<b>Treatments</b>								
Are you satisfied with dentist' work :	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	ok	<input type="checkbox"/>		
Dentist deals with you :	excellent	<input type="checkbox"/>	good	<input type="checkbox"/>	not bad	<input type="checkbox"/>	poor	<input type="checkbox"/>
Quality of dentist performance :	excellent	<input type="checkbox"/>	good	<input type="checkbox"/>	not bad	<input type="checkbox"/>	poor	<input type="checkbox"/>
Pain at treatment :	too much	<input type="checkbox"/>	bearable	<input type="checkbox"/>	little	<input type="checkbox"/>	no	<input type="checkbox"/>
You prefer :	intern	<input type="checkbox"/>	student	<input type="checkbox"/>	no mater	<input type="checkbox"/>		
Tools replaced before treatment :	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	not sure	<input type="checkbox"/>		
Staff behavior after treatment :	excellent	<input type="checkbox"/>	good	<input type="checkbox"/>	poor	<input type="checkbox"/>		

<b>If this is not your first visit ..</b>						
Have the services been improved :	too much	<input type="checkbox"/>	a little	<input type="checkbox"/>	no	<input type="checkbox"/>
<b>If the services have been improved, in what area? :</b>						
	dentist care	<input type="checkbox"/>	reception care	<input type="checkbox"/>		
	cleanness in general	<input type="checkbox"/>	dental quality	<input type="checkbox"/>		
	prosthesis services	<input type="checkbox"/>	x-ray services	<input type="checkbox"/>		
	nurse help	<input type="checkbox"/>				
Give a rate (out of 5) for services improvements .. (rate 1 is poor improvement) : _____						

Name of dentist (student) :	_____
Suggestions :	_____
	_____