



Patient name: \_\_\_\_\_  
 Name of Provider (if known): \_\_\_\_\_

Office Visited: Montgomery      Prattville      Tallassee      Urgent Ortho  
 Date of Visit (if known): \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer the following questions based on your experience at Southern Orthopaedic Surgeons.

**Appointment**

- |   |                       |                     |                                   |                 |                          |
|---|-----------------------|---------------------|-----------------------------------|-----------------|--------------------------|
| 1. I found it easy to make my appointment by phone.   | <u>Strongly Agree</u> | <u>Agree</u>        | <u>Neither Agree Nor Disagree</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
| 2. Length of time it took to schedule initial appointment.  | <u>5-Excellent</u>    | <u>4- Very Good</u> | <u>3-Good</u>                     | <u>2-Fair</u>   | <u>1-Poor</u>            |
| 3. The manner in which I was treated by the staff making the appointment by phone:                              | <u>5-Excellent</u>    | <u>4- Very Good</u> | <u>3-Good</u>                     | <u>2-Fair</u>   | <u>1-Poor</u>            |
| 4. I was promptly greeted and given instruction on what to do for my appointment when I walked into the office. | <u>Strongly Agree</u> | <u>Agree</u>        | <u>Neither Agree Nor Disagree</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
| 5. The manner in which I was treated by the front desk staff at the office:                                     | <u>5-Excellent</u>    | <u>4- Very Good</u> | <u>3-Good</u>                     | <u>2-Fair</u>   | <u>1-Poor</u>            |
| 6. I was seen by the provider in a reasonable amount of time to my scheduled appointment.                       | <u>Strongly Agree</u> | <u>Agree</u>        | <u>Neither Agree Nor Disagree</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
| 7. The manner in which I was treated by the clinical staff during my appointment:                               | <u>5-Excellent</u>    | <u>4- Very Good</u> | <u>3-Good</u>                     | <u>2-Fair</u>   | <u>1-Poor</u>            |
| 8. The amount of time spent with provider:  | <u>5-Excellent</u>    | <u>4- Very Good</u> | <u>3-Good</u>                     | <u>2-Fair</u>   | <u>1-Poor</u>            |
| 9. The check-out staff was helpful and courteous.   | <u>Strongly Agree</u> | <u>Agree</u>        | <u>Neither Agree Nor Disagree</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |

**Communication**

- |   |                       |                     |                                   |                 |                          |
|---|-----------------------|---------------------|-----------------------------------|-----------------|--------------------------|
| 1. The provider listened to my concerns and/or requests.  | <u>Strongly Agree</u> | <u>Agree</u>        | <u>Neither Agree Nor Disagree</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
| 2. The provider was easy to understand and explained my condition and treatment in a way that I could understand. | <u>Strongly Agree</u> | <u>Agree</u>        | <u>Neither Agree Nor Disagree</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
| 3. Timeliness of returned phone calls by office staff for my requests.  | <u>5-Excellent</u>    | <u>4- Very Good</u> | <u>3-Good</u>                     | <u>2-Fair</u>   | <u>1-Poor</u>            |
| 4. Practice website was helpful and easy to navigate.   | <u>Strongly Agree</u> | <u>Agree</u>        | <u>Neither Agree Nor Disagree</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |

**Satisfaction**

- |  |                    |                     |               |               |               |
|--|--------------------|---------------------|---------------|---------------|---------------|
| 1. Satisfaction with overall visit:                        | <u>5-Excellent</u> | <u>4- Very Good</u> | <u>3-Good</u> | <u>2-Fair</u> | <u>1-Poor</u> |
| 2. Overall satisfaction with the quality of care provided: | <u>5-Excellent</u> | <u>4- Very Good</u> | <u>3-Good</u> | <u>2-Fair</u> | <u>1-Poor</u> |

**Our Facility**

- |                                  |                    |                     |               |               |               |
|----------------------------------|--------------------|---------------------|---------------|---------------|---------------|
| 1. Appearance of the office was: | <u>5-Excellent</u> | <u>4- Very Good</u> | <u>3-Good</u> | <u>2-Fair</u> | <u>1-Poor</u> |
| 2. Ease of finding the office:   | <u>5-Excellent</u> | <u>4- Very Good</u> | <u>3-Good</u> | <u>2-Fair</u> | <u>1-Poor</u> |

Would you recommend Southern Orthopaedic Surgeons to others?    Yes    No  
 Please tell us why?

Is there any way we can improve our services to you? If so, please let us know.

How did you find out about Southern Orthopaedic Surgeons?

- |                           |                             |                           |
|---------------------------|-----------------------------|---------------------------|
| • Doctor referral         | • Friend or family referral | • Website (sos-ortho.com) |
| • Emergency room referral | • Advertisement             | • Other: _____            |