



PATIENT SATISFACTION SURVEY

Welcome to Waverly Health Care Urgent Care. Please take a moment to complete the following questions about your visit today.

1. **Overall impression of Waverly Health Care?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
2. **Were the Waverly Health Care hours of operation convenient for you?**
 - a) Yes
 - b) No
3. **Do you believe the location of Waverly Health Care was convenient and easily accessible?**
 - a) Yes
 - b) No
4. **How would you rate Waverly Health Care's telephone prompts?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
5. **How would you rate the scheduling of your appointment?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
6. **Were you able to get an appointment quickly?**
 - a) Yes
 - b) No
7. **Waverly Health Care facility satisfactory for you and your family?**
 - a) Yes
 - b) No
8. **How would you rate our billing services?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
9. **How were you treated by the Waverly Health Care provider?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
10. **How would you rate the care you received from the Waverly Health Care's nurses?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
11. **The comfort of the waiting room?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
12. **The courtesy of the registration staff?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
13. **Length of wait in the reception area?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
14. **With regards to explanations about your illness, treatment, and services were you or members of your family?**
 - a) Well Informed
 - b) Poorly Informed
 - c) Given No Information
15. **Would you recommend Waverly Health Care to others?**
 - a) Yes
 - b) No

What provider did you see today? Dr. Glenn Sara Greisen, PA Becky Saathoff, PA Kelly Thelen, APRN

Comments: _____

Thank you for completing this survey!