



11120 New Hampshire Ave
Suite 411
Silver Spring, MD 20904
301-754-0505

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Age: _____

Sex: _____

Race/Ethnicity:

- _____ Asian
- _____ Pacific Islander
- _____ Black/African American
- _____ American Indian/Alaska Native
- _____ White (Not Hispanic or Latino)
- _____ Hispanic or Latino (All Races)
- _____ Other

Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of getting care:					
Ease of getting an appointment	5	4	3	2	1
Hours that office is open	5	4	3	2	1
Convenience of office location	5	4	3	2	1
Prompt return of calls	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1
Provider (Physician, Physician Assistant, Nurse Practitioner):					
Listens to your concerns and questions	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains the answers to your concerns and questions	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Nurses and Medical Assistants:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1

Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Other Staff:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Payment:					
Cost of visit	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment	5	4	3	2	1
Facility:					
Neat and clean building	5	4	3	2	1
Ease of navigating the building	5	4	3	2	1
Comfort and safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
Confidentiality:					
Keeping my personal information private	5	4	3	2	1
Answers your questions	5	4	3	2	1
Likelihood or referring friends and relatives to us:	5	4	3	2	1

Do you consider this center you regular source of care? Yes _____ No _____

What do you like best our center? _____

What do you like least about our center? _____

Suggestions for improvement? _____

Thank you for completing our survey!