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Patient Survey

Please help us understand your needs better by filling out the short survey below. Please rate the following on a scale from 1-5 using the scale as follows:


1=Strongly Disagree 2=Somewhat Disagree 3=Not Sure 4=Somewhat Agree 5=Strongly Agree

 I found the staff friendly and caring. _____


Example: _____

 I found the office hours convenient. _____


Example: _____

 My visit was completed in a timely manner. _____


Example: _____

 I was satisfied with my examination and how the Doctor explained my options. _____

Example: _____

 My treatment was explained well and all of my concerns were addressed. _____

Example: _____

 I was happy with the selection of frames. _____

Example: _____

What did you like most about your visit today? _____

What, if anything, could we have improved about your visit? _____

Would you, or do you feel, confident to refer your friends and family members to our office? Why or why not?

Other Comments: _____

Name (optional) _____ Thank you for taking the time to give us your input. We will do our best to implement your suggestions as soon as possible.