

Patient Satisfaction Survey

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.

Please rate our services (5-Almost Always, 1-Almost Never)

Your Primary Care Provider					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Takes your symptoms and care seriously	5	4	3	2	1
Is knowledgeable about depression	5	4	3	2	1
Answers your questions	5	4	3	2	1
Provides you with educational materials and other resources about depression	5	4	3	2	1
Other Providers in Our Practice that Help with Your Care					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Takes your symptoms and care seriously	5	4	3	2	1
Is knowledgeable about depression	5	4	3	2	1
Answers your questions	5	4	3	2	1
Provides you with educational materials and other resources about depression	5	4	3	2	1
Please let us know in what areas we could improve:					