QUALITY CARE SURVEY

Please circle your answers, using a scale of 1 to 5:

1	2	3	4	(5)
Fell far short of my expectations	Partially met my expectations	Met my expectations	Exceeded my expectations	Greatly exceeded my expectations

expe	ectations	my expectations	expectations	my expec	เลเเบกร	illy expect	lations	
1.	When you called for an appointment, were you satisfied with the response from the person who answered the telephone?							
			1	2	3	4	5	
2.	When you	arrived at the office	e, did you find the r	eceptionist	to be:			
	Friendly ar	nd courteous?	1	2	3	4	5	
	Helpful?		1	2	3	4	5	
3.	•	table was the amo re seeing the docto	•	n the recept	ion area	and exam	ining	
			1	2	3	4	5	
4.	When you were called to the examining room, did you find our ophthalmic assistant to be:							
	Friendly an	nd courteous?	1	2	3	4	5	
	Competent	t and professional?	1	2	3	4	5	
	Sympathet	ic and caring?	1	2	3	4	5	
5.	During your examination, did you find the doctor to be:							
	Friendly an	nd courteous?	1	2	3	4	5	
	Competent	t and professional?	1	2	3	4	5	
	Sympathet	ic and caring?	1	2	3	4	5	
6.	Did the doo	ctor spend an appr	opriate amount of t	ime with yo	u, answ	er your que	estions	

and explain medical procedures to your satisfaction?

1 2 3

4

5

PLEASE ANSWER QUESTIONS ON REVERSE SIDE

QUALITY CARE SURVEY

Please circle your answers, using a scale of 1 to 5:

Fell far short of my expectations		2	3	Exceeded my expectations		Greatly exceeded my expectations		
		Partially met my expectations	Met my expectations					
7.	7. How satisfied were you with the doctor's diagnosis and treatment recommendations?							
			1	2	3	4	5	
8.			l, did the doctor/nur recommended proc		with you	ı in detail,		
			1	2	3	4	5	
9.	If you had	surgery, were you	satisfied with your p	oost-operat	ive care	?		
			1	2	3	4	5	
10.	If you used Julia Optical, did you find the optician to be:							
	Friendly a	nd courteous?	1	2	3	4	5	
	Helpful?		1	2	3	4	5	
11.	11. Rate your overall experience with the practice:							
			1	2	3	4	5	
12.	Would you	ı recommend our p	ractice to your frien	ds and fam	nily?			
					No	Maybe	Yes	
Please	tell us how v	ve can improve your	experience or include	e any additio	onal comr	nents:		

Thank you! OPTIONAL

Name: _____

Mitchel Ashkanazy, M.D. Phone: