



ASHEVILLE ORTHOPAEDIC ASSOCIATES

setting the pace of orthopaedic care



Dear Patient,

Please take a few minutes of your time to help us. Our goal is comfort, convenience, and satisfaction as well as quality medical care for all our patients. Please tell us about our medical services, including staff and physicians. Complete this survey and return it to the box in the lobby area, mail it to us at your convenience, or reply on our website at www.ashevilleortho.com. Give us your opinion freely. You may use the blank lines below and continue on the backside if needed. Thank you for choosing Asheville Orthopaedic Associates!

| Doctor | Date |
|--------|------|
| | |

Please rate the following:

Excellent ← → Poor

| | 6 | 5 | 4 | 3 | 2 | 1 |
|---|-----|---|----|---|---|---|
| Your arrival | | | | | | |
| 1. Was it easy for you to make an appointment? | | | | | | |
| 2. Was the check-in process fast and efficient? | | | | | | |
| 3. Was the waiting time in the reception area and exam room reasonable? | | | | | | |
| 4. Did you see the doctor within 15 minutes of your appointment? | | | | | | |
| 5. If your appointment time was delayed, were you informed? | | | | | | |
| 6. When calling the office, were you able to reach staff in a reasonable amount of time? | | | | | | |
| Our Staff | | | | | | |
| 7. Was check-in and checkout staff friendly and courteous? | | | | | | |
| 8. Were the nurses/medical assistants caring and concerned? | | | | | | |
| 9. Were your results reported in a reasonable amount of time? | | | | | | |
| Your visit with the doctor | | | | | | |
| 10. Did the doctor listen carefully to you? | | | | | | |
| 11. Did the doctor take time to answer your questions? | | | | | | |
| 12. Did the doctor spend enough time with you overall? | | | | | | |
| 13. Did the doctor treat you with courtesy and respect? | | | | | | |
| 14. Are you satisfied with the way your doctor is treating your condition? | | | | | | |
| Our facility | | | | | | |
| 15. Overall comfort | | | | | | |
| 16. Hours of operation | | | | | | |
| 17. Parking | | | | | | |
| Overall satisfaction | | | | | | |
| 18. Our practice | | | | | | |
| 19. The quality of your medical care | | | | | | |
| 20. Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor? | | | | | | |
| 21. Would you recommend this doctor to others? | Yes | | No | | | |
| 22. Would you recommend Asheville Orthopaedic to family and friends? | Yes | | No | | | |
| 23. Please tell us about anything that was done well or anything that could have improved the care and services you received at your most recent visit. Use the space below and back of this page if you need more space. | | | | | | |
| Your Name (Optional) | | | | | | |
