

**MICHAEL J. HUETHER, M.D., P.C.**  
**PATIENT SURVEY**

**SCHEDULING**

	Very Poor	Poor	Fair	Good	Very Good
1. Courtesy of the person who scheduled you	1	2	3	4	5
2. Knowledge/effectiveness of the person who scheduled you	1	2	3	4	5
3. Speed in answering and simplicity of phone system	1	2	3	4	5
4. Helpfulness & adequacy of pre-op information/brochures	1	2	3	4	5

**SUGGESTIONS**

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**UPON YOUR ARRIVAL**

	Very Poor	Poor	Fair	Good	Very Good
1. Helpfulness of directions in finding our office	1	2	3	4	5
2. Courtesy of the person who checked you in	1	2	3	4	5
3. Comfort of waiting area	1	2	3	4	5
4. Magazine selection	1	2	3	4	5
5. Selection of refreshments for waiting area	1	2	3	4	5
6. Ease of registration process/forms	1	2	3	4	5
7. How long from your scheduled appointment time did you wait to see the doctor					
	under 15 minutes	<input type="checkbox"/>	15-30 min	<input type="checkbox"/>	over 30 min <input type="checkbox"/>

**SUGGESTIONS**

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**NURSES/MEDICAL ASSISTANTS**

	Very Poor	Poor	Fair	Good	Very Good
1. Friendliness/courtesy of the nurses/medical assistants	1	2	3	4	5
2. Nursing staff attitude toward your requests	1	2	3	4	5
3. Amount of attention paid to your needs	1	2	3	4	5
4. How well staff kept you informed of progress	1	2	3	4	5
5. Skill of the nurses/medical assistants	1	2	3	4	5
6. Ability of staff to anticipate your needs	1	2	3	4	5
7. Appearance of the staff	1	2	3	4	5
8. Degree to which you were treated as a person	1	2	3	4	5

**SUGGESTIONS**

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PHYSICIAN	Very				Very
	Poor	Poor	Fair	Good	Good
1. Friendliness/courtesy of the physician	1	2	3	4	5
2. Amount of time physician spent with you	1	2	3	4	5
3. Physician's concern for your questions & worries	1	2	3	4	5
4. Extent to which physician talked with you using language you could understand	1	2	3	4	5
5. Skill of physician	1	2	3	4	5

**SUGGESTIONS**

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DISCHARGE	Very				Very
	Poor	Poor	Fair	Good	Good
1. Adequate instructions about the care of the wound	1	2	3	4	5
2. Opportunity to have questions answered	1	2	3	4	5

**SUGGESTIONS**

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BILLING SERVICES	Very				Very
	Poor	Poor	Fair	Good	Good
1. Billing office accuracy and effectiveness	1	2	3	4	5
2. Billing office courtesy	1	2	3	4	5

**SUGGESTIONS**

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PERSONAL ISSUES	Very				Very
	Poor	Poor	Fair	Good	Good
1. Amount of privacy and respect shown during your visit	1	2	3	4	5
2. Response to concerns/questions raised during your visit	1	2	3	4	5
3. How well staff educated you about your condition	1	2	3	4	5
4. How well staff informed you about skin cancer prevention	1	2	3	4	5
5. Cleanliness of the office	1	2	3	4	5

**SUGGESTIONS**

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**OVERALL ASSESSMENT**

	Very Poor	Poor	Fair	Good	Very Good
1. Overall cheerfulness of the office	1	2	3	4	5
2. Overall professionalism of the office	1	2	3	4	5
3. How well staff worked together to care for you	1	2	3	4	5
4. Efficiency with which the office seemed to operate	1	2	3	4	5
5. Likelihood of your recommending this office to others	1	2	3	4	5
6. Overall rating of care given at the office	1	2	3	4	5

**SUGGESTIONS**

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What did you MOST like about your experience in our office?

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What did you LEAST like about your experience in our office?

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If there is any way we could make your experience in our office better, please let us know:

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Is there any other information that you wished you had prior to surgery?

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If you have had Mohs surgery in another office, how did your experience in our office compare?

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What magazines would you most like to see in our waiting room?

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If you've noted a complaint or suggested a change, would you like a follow-up phone call ?

YES  NO

If so, please leave your name and phone number where we can reach you during the day:

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