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# unity3d-atc.png (300×300)Level Design Survey?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. [Healthcare facility name] welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

## General Patient Information

### In general, what is the quality of your health?

Outstanding  Good  Some chronic issues  Poor

### How would you rate our concern for your privacy?

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

### How often have you visited [Healthcare facility name] within the past year?

First Visit  2-5 Visits  More than 6

## Scheduling Your Appointment

### Did you schedule an appointment by phone or did you drop in?

Scheduled by phone  Dropped in

### If you scheduled an appointment, was your appointment date later than you expected?

Yes |  No

### If you were seeking a referral to a specialist, was your request handled in a timely manner?

Yes |  No

### How easy was it to make an appointment by telephone?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Outstanding |  |  |  |  |  | Very difficult |

### How long did you wait to speak to a scheduling staff member?

0 to 2 minutes  3 to 5 minutes  5 to 7 minutes  Longer

### Was the person who scheduled your appointment courteous and helpful?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very courteous |  |  |  |  |  | Rude |