



opCheck  
Birmensdorferstrasse 470  
8055 Zürich

## opCheck Zweitmeinung bestellen

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. opCheck 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 opCheck 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

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

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Was the person who scheduled your appointment courteous and helpful?

Very courteous ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rude

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

☐ Yes | ☐ No

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

☐ Yes | ☐ No

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### Day of Your Appointment

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How would you rate the courtesy of the staff at the reception desk?

Very courteous ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rude

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How long did you wait in the reception area beyond your scheduled appointment time?

☐ 0 to 5 minutes ☐ 5 to 20 minutes ☐ 20 to 40 minutes Other \_\_\_\_\_

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How long did you wait in the exam room before the physician appeared?

☐ 0 to 5 minutes ☐ 5 to 20 minutes ☐ 20 to 40 minutes Other \_\_\_\_\_

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Which department(s) did you visit during your appointment?

☐ General Practitioner ☐ Walk-in/Urgent Care ☐ Pediatrics  
☐ Women's Health ☐ Counseling & Therapy ☐ Lab

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### The Nursing Staff

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How would you rate the competence of the nurse who helped you?

☐ Outstanding ☐ Good ☐ Adequate  
☐ Needs improvement ☐ Poor ☐ N/A

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How would characterize the concern that the nurse showed for your problem?

☐ Outstanding ☐ Good ☐ Adequate  
☐ Needs improvement ☐ Poor ☐ N/A

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Did the nurse respond to your requests within a reasonable period?

☐ Yes | ☐ No

## The Doctor

Were you able to see the doctor of your choice?

☐ Yes | ☐ No | ☐ N/A

Did you feel that your doctor spent an adequate amount of time with you?

☐ Yes | ☐ No | ☐ N/A

Mark the boxes that characterize the demeanor of your doctor:

<input type="checkbox"/> Attentive	<input type="checkbox"/> Concerned	<input type="checkbox"/> Friendly
<input type="checkbox"/> Distracted	<input type="checkbox"/> Rushed	<input type="checkbox"/> Inconsiderate

How would you rate the competence of your doctor?

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate
<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

Did you feel that your doctor's examination was thorough?

☐ Yes | ☐ No | ☐ N/A

Please rate the clarity of the doctor's explanation of your condition and treatment options:

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate
<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

How well did your doctor include you in healthcare decisions?

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate
<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

Were your questions answered to your satisfaction?

☐ Yes | ☐ No | ☐ N/A

Would you recommend this facility and its staff to your family and friends?

☐ Yes | ☐ No | ☐ N/A

## The Lab Staff

How would you rate the professionalism and competence of the person who took your blood and worked on your lab exam?

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate
<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

If you received a lab exam, please indicate the type(s) of lab exam you received:

Blood test

Breast exam

CT scan

MRI

X-ray

Other

If you received a lab exam, was the service prompt, comfortable, and courteous?

☐ Outstanding

☐ Good

☐ Adequate

☐ Needs improvement

☐ Poor

☐ N/A

Additional Feedback

Please list any areas in which our service could be improved.

[illegible]

## Personal Information

First Name	Last Name	Gender	Age
Address	City	State	ZIP Code
Email	Phone		

☐ Yes | ☐ No