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|  | opCheckBirmensdorferstrasse 4708055 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

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

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

### 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

## Day of Your Appointment

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

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

### 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 |  |

### 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 |  |

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

General Practitioner  Walk-in/Urgent Care  Pediatrics

Women’s Health  Counseling & Therapy  Lab

## The Nursing Staff

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

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

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

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

### 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:

Attentive  Concerned  Friendly

Distracted  Rushed  Inconsiderate

### How would you rate the competence of your doctor?

Outstanding  Good  Adequate

Needs improvement  Poor  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:

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

### How well did your doctor include you in healthcare decisions?

Outstanding  Good  Adequate

Needs improvement  Poor  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?

Outstanding  Good  Adequate

Needs improvement  Poor  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. |
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| Please share any additional comments. |
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## Personal Information

### Providing the following information is optional.

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

### Would you like someone to contact you regarding your responses on this survey?

Yes |  No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.