**Physician/Dentist Customer Service Questionnaire**

1. **During your last visit, do you feel your doctor/dentist listened to your concerns?**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **During your last visit, did your doctor/dentist provide you with their full attention?**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **During your last visit, do you feel your doctor/dentist was up-to-date on current medical information?**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **During your last visit, do you feel your time with the doctor/dentist was well spent?**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **During your last visit, did you see your doctor/dentist wash their hands (i.e. use soap and water and/or use hand sanitizer)?**

Yes No

1. **(Optional)**

**If you would like to provide the name of the doctor/dentist you were seen by at your last visit, please do so in the space provided.**

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