

Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving our services. Your responses will be kept in confidence and only reviewed by our administrative staff.
Thank you for your time.

Your Age: _____ **How far did you travel to get here today?** _____

Gender: **Male** **Female**

Type of Dental Visit Today (please check one)

- Appointment**
 Walk-In (no appointment)

I decline to complete survey **why?** _____

How do you rate...? <i>(Please circle the appropriate number)</i>	Excellent	Very Good	Fair	Poor	Very Poor
1. The Dental staff is nice and polite.	5	4	3	2	1
2. The Dental staff verified your identity (date of birth or chart number or ID card).	5	4	3	2	1
3. The Dental staff's explanation of your treatment was good and understandable	5	4	3	2	1
4. The Dental Assistant treated you well.	5	4	3	2	1
5. The amount of time you spent with the Dentist today was adequate for your treatment.	5	4	3	2	1
6. The Dentist listened to you.	5	4	3	2	1
7. The Dental staff respected your privacy during your visit today.	5	4	3	2	1
8. Overall, the care you received in the Dental Department at Tohatchi Health Center meets your needs.	5	4	3	2	1
9. The time spent waiting to be seen today was reasonable.	5	4	3	2	1
10. The staff assessed and addressed your pain level today.	5	4	3	2	1

Do you have any suggestions or comments as to how we may better improve our services?

Thank you for taking the time to complete this survey. Your opinion means a lot to us.