

**East Bay Pediatric  
& Adolescent Medicine**  
*Patient Satisfaction Survey*

1. **Was it convenient to reach our office by telephone?**

- Yes       No

2. **When you phoned our office, was your call:**

- Answered promptly by a receptionist  
 Placed on hold  
 Transferred multiple times before reaching the appropriate person

3. **Were you treated respectfully by our receptionist?**

- Yes       No

4. **Were you satisfied with the time and day of your scheduled appointment?**

- Yes       No

5. **Overall rating of your experience when you called our office?**

- Very Satisfied  
 Satisfied  
 Dissatisfied  
 Very Dissatisfied

6. **Was our office difficult to find?**

- Yes       No

7. **How long was your wait time after you checked in?**

- Less than 15 minutes  
 Less than 30 minutes  
 Less than 45 minutes  
 Other \_\_\_\_\_

8. **Which of the following describes the reason for your visit today?**

- Annual exam  
 Consultation  
 Follow-up visit  
 In-office treatment/procedure  
 Sick Visit

9. **Which provider did you see today?**

- Dr. Jane Dennison  
 Dr. Marco Ferretti  
 Dr. Angela Grenander  
 Melissa Curran MSN, cPNP

10. **Were you treated respectfully and have enough time with your provider?**

- Yes       No    If no, please tell us why?

\_\_\_\_\_

\_\_\_\_\_

11. **Are you able to speak with and understand your provider easily?**

- Yes       No

12. **With the information your provider has given to you, are you comfortable managing the care of your child?**

- Yes       No    If no, please tell us why?

\_\_\_\_\_

\_\_\_\_\_

13. **Are you satisfied with the care you received at East Bay Pediatrics?**

- Yes       No    If no, please tell us why?

\_\_\_\_\_

\_\_\_\_\_

14. **Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (Optional): \_\_\_\_\_

*Please return survey to our office.  
Thank you.*