

Patient Satisfaction Survey Form Sample

A **patient satisfaction survey form sample** is a valuable tool used by healthcare providers to gather feedback on the quality of care and service delivered. This form helps identify areas for improvement and enhances overall patient experience. Utilizing such surveys ensures that healthcare facilities prioritize patient-centered care effectively.

Patient Information

Name (optional):

Date of Visit:

Department/Clinic Visited:

Rate Your Experience

1. The staff was courteous and respectful:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 (Excellent)

2. The facility was clean and comfortable:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 (Excellent)

3. Waiting time was reasonable:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 (Excellent)

4. The healthcare provider explained things clearly:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 (Excellent)

Additional Feedback

Please provide any additional comments or suggestions:

Submit Survey