

Our goal is to provide you with the best health care and service possible. In an effort to better meet your need and expectations, please take a few minutes to fill out this survey to rate different aspects of your visit. All responses are confidential. Please mail your survey to the appropriate location. Your participation is appreciated and your feedback will help us provide better care for you in the future. **Thank You.**

Which of our doctors did you see: J.E. Clark - S.H. Melouk - H.H. Dovey - C. Anderson

Which Location:	Boulder	Longmont	Louisville					
				poor 1	fair 2	good 3	very good 4	doesn't apply 5
The length of time I spent on the phone to set my appointment was:								
The staff's helpfulness in scheduling my appointment was:				1	2	3	4	5
The clarity of the staff's directions and instructions was:				1	2	3	4	5
The staff's courtesy was:				1	2	3	4	5
The confidentiality of conversations with the staff was:				1	2	3	4	5
The staff's promptness and efficiency were:				1	2	3	4	5
The amount of time I spent in the waiting room was:				1	2	3	4	5
The nurse's care was:				1	2	3	4	5
The length of time I had to wait in the exam room before I saw the doctor was:				1	2	3	4	5
The doctor's interest in my overall health was:				1	2	3	4	5
The doctor's thoroughness in examining me was:				1	2	3	4	5
The doctor's explanation of my diagnosis was:				1	2	3	4	5
The clarity and thoroughness of the doctor's discussion with me about treatment options was:				1	2	3	4	5
The doctor's courtesy and respect for me was:				1	2	3	4	5
The staff's help with scheduling any follow-up, referrals or tests was:				1	2	3	4	5
The staff's explanation of billing and payment/insurance issues was:				1	2	3	4	5
The staff's respect for my privacy was:				1	2	3	4	5
The doctor's ability to meet my needs was:				1	2	3	4	5
My overall satisfaction with the quality of care I received during my visit was:				1	2	3	4	5
My willingness to recommend this physician and practice to a close friend or family member is:				1	2	3	4	5

**DEMOGRAPHIC INFORMATION**

Zip code: \_\_\_\_\_ Age: under 18    18 to 34    35 to 54    55 to 65    over 65

Gender: male    female

Primary Insurance: Medicare    Kaiser    HMO    PPO    None

Relative to your age how would you rate your health?    1    2    3    4    5

If you were responsible for healthcare services at this clinic, what changes would you make?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_