

**Patient Satisfaction Questionnaire
Department of Surgery**

**Copy and Paste Your Picture
Here**

**Remove Text
in this Box First**

Your Name Here, M.D.

Date:	
Patient Name (OPTIONAL)	

	Never	Sometimes	All the Time	Not Applicable
Introduced himself/herself by his/her name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeting you warmly, calling you by the name you prefer, being friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating you like you're on the same level; never "talking down" to you or treating you like a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letting you tell your story; listening carefully; asking thoughtful questions; not interrupting you while you were talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informing you during the physical exam about what he/she is going to do and why; telling you what he/she finds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect my privacy; is a gentleman/gentlewoman.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind, caring and took time to sit with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraging you to ask questions; answering them clearly; never avoiding your questions or lecturing you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

