

Return this completed survey to us in one of the following ways:

- Drop off at our office.
- Fax to 801-746-7040
- Mail to:  
Wasatch Brain & Spine Surgery  
82 South 1100 East, Suite 103  
Salt Lake City, UT 84102-1889

**Rating Scale:**

- 5 = Very Satisfied
- 4 = Satisfied
- 3 = Neither Satisfied nor Unsatisfied
- 2 = Unsatisfied
- 1 = Very Unsatisfied
- n.o. = No Opinion

## Scheduling

Circle your answer below

Telephone answered promptly	1	2	3	4	5	N.O.
Competency of person answering call	1	2	3	4	5	N.O.
Clinic scheduling process	1	2	3	4	5	N.O.
Appointment time was convenient	1	2	3	4	5	N.O.

## Facility

Circle your answer below

Parking	1	2	3	4	5	N.O.
Building appearance	1	2	3	4	5	N.O.
Clinic appearance	1	2	3	4	5	N.O.

## Registration

Circle your answer below

Receptionist greeting	1	2	3	4	5	N.O.
Check-in process	1	2	3	4	5	N.O.
Check-out process	1	2	3	4	5	N.O.

## Visit

Circle your answer below

I was seen on time	1	2	3	4	5	N.O.
I waited a reasonable amount of time	1	2	3	4	5	N.O.

## Staff

Circle your answer below

Physician	1	2	3	4	5	N.O.
Medical Assistant	1	2	3	4	5	N.O.

## Additional Questions

What was the name of the physician that you saw?

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What is the name of your primary care physician?

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Would you recommend us to others?

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Your name (optional):

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**How can we improve?** (Please include your overall comments.)

**How did you select our practice?**