



David H Berman, MD
Charles S Saha, MD
Monica S Bogal, MD
Lisa C Fishman, MD
Steven D Kushnick, MD
Akifa F Samdani, MD

We want to hear from you! This survey includes questions about all aspects of your experience in our office. It is very important that you fill out the survey as honestly as possible to help us understand where we need to improve services and where we need to offer acknowledgement of a job well done. If you would like to hear from us regarding your experience, let us know at the end of the survey. Otherwise, your response will remain totally confidential.

Thank you for sharing your thoughts.

Date of visit: _____

Please underline the name of the physician you saw:

Dr. Berman Dr. Saha Dr. Bogal Dr. Fishman Dr. Kushnick Dr. Samdani Dr. Shieh

On a scale of 1-5 rate the satisfaction you felt with each of the following, 1 being very dissatisfied and 5 being very satisfied.

Getting through to the office by phone _____

The courtesy of the person answering the phone _____

Appointments scheduled at convenient times _____

Name of the person who scheduled _____

The courtesy of the person who registered/
took your information. _____

The cleanliness of the waiting room _____

The cleanliness of the exam room _____

The amount of time you waited to see
the doctor after you arrived at the office _____

Technical skills (thoroughness, carefulness, competence)

of the nurse _____
Technical skills (thoroughness, carefulness, competence)
of the doctor _____
How well your doctor explained your tests and treatment _____
How well the doctor listened to your concerns _____

The personal manner (courtesy, respect, sensitivity, friendliness) of the :
physician you saw _____
nursing staff _____
reception staff _____

Since your visit, have you called the doctor's office for any reason, such as questions or concerns? YES NO

If yes, on a scale of 1-5 rate the satisfaction you felt with each of the following, 1 being very dissatisfied and 5 being very satisfied,. how satisfied were you with:

How quickly your call was answered _____
How courteous the person was who handled your call _____
How quickly the doctor or staff member returned your call _____
Do you mind if the nurse(s) handled some of your calls YES NO
The overall quality of medical care provided to you _____

The visit overall on a ten point scale:

Not at all satisfied 1 2 3 4 5 6 7 8 9 10 Completely satisfied

How were you referred to our practice?

- 0 Friend
- 0 Physician
- 0 Company medical plan
- 0 Recommend by patient
- 0 Insurance Company
- 0 Other

Would you recommend the doctor you saw to your family and friends? YES NO

Please write any other comments here regarding your experience:

Name (optional): _____