

Patient Survey
Stress Management Center

Name (optional): _____ Clinician: _____

Last Visit: _____

During a typical office visit, does your clinician spend too much time with you, too little time with you, or about the right amount of time with you?

- | | |
|---|--|
| <input type="checkbox"/> Too much | <input type="checkbox"/> Slightly too little |
| <input type="checkbox"/> Somewhat too much | <input type="checkbox"/> Somewhat too little |
| <input type="checkbox"/> Slightly too much | <input type="checkbox"/> Much too little |
| <input type="checkbox"/> About the right amount | |

How much do you trust your clinician to make decisions that are in your best interests?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> A great deal | <input type="checkbox"/> A little |
| <input type="checkbox"/> A lot | <input type="checkbox"/> Not at all |
| <input type="checkbox"/> A moderate amount | |

How helpful is your clinician at explaining your condition(s)?

- | | |
|---|---|
| <input type="checkbox"/> Extremely helpful | <input type="checkbox"/> Slightly helpful |
| <input type="checkbox"/> Very helpful | <input type="checkbox"/> Not at all helpful |
| <input type="checkbox"/> Moderately helpful | |

How well does your clinician listen to you?

- | | |
|--|--|
| <input type="checkbox"/> Extremely well | <input type="checkbox"/> Slightly well |
| <input type="checkbox"/> Very well | <input type="checkbox"/> Not at all well |
| <input type="checkbox"/> Moderately well | |

How quickly does your clinician's staff help you when you need help?

- | | |
|---|---|
| <input type="checkbox"/> Extremely quickly | <input type="checkbox"/> Slightly quickly |
| <input type="checkbox"/> Very quickly | <input type="checkbox"/> Not at all quickly |
| <input type="checkbox"/> Moderately quickly | |

How friendly is your clinician's office staff?

- | | |
|--|--|
| <input type="checkbox"/> Extremely friendly | <input type="checkbox"/> Slightly friendly |
| <input type="checkbox"/> Very friendly | <input type="checkbox"/> Not at all friendly |
| <input type="checkbox"/> Moderately friendly | |

How knowledgeable is your clinician's office staff?

- | | |
|---|---|
| <input type="checkbox"/> Extremely knowledgeable | <input type="checkbox"/> Slightly knowledgeable |
| <input type="checkbox"/> Very knowledgeable | <input type="checkbox"/> Not at all knowledgeable |
| <input type="checkbox"/> Moderately knowledgeable | |

How easy is it to get to your clinician's office?

- | | |
|--|--|
| <input type="checkbox"/> Extremely easy | <input type="checkbox"/> Slightly easy |
| <input type="checkbox"/> Very easy | <input type="checkbox"/> Not at all easy |
| <input type="checkbox"/> Moderately easy | |

We appreciate your time to help us better serve you!
~ Stress Management Staff

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How satisfied are you with the cleanliness of the office and facilities?

- | | |
|---|--|
| <input type="checkbox"/> Extremely satisfied | <input type="checkbox"/> Slightly dissatisfied |
| <input type="checkbox"/> Moderately satisfied | <input type="checkbox"/> Moderately dissatisfied |
| <input type="checkbox"/> Slightly satisfied | <input type="checkbox"/> Extremely dissatisfied |
| <input type="checkbox"/> Neither satisfied nor dissatisfied | |

Overall, are you satisfied with your clinician's staff?

- | | |
|---|--|
| <input type="checkbox"/> Extremely satisfied | <input type="checkbox"/> Slightly dissatisfied |
| <input type="checkbox"/> Moderately satisfied | <input type="checkbox"/> Moderately dissatisfied |
| <input type="checkbox"/> Slightly satisfied | <input type="checkbox"/> Extremely dissatisfied |
| <input type="checkbox"/> Neither satisfied nor dissatisfied | |

Comments about staff or experience:

Please rate your experience at stress management center

1 2 3 4 5 6 7 8 9 10

Overall, are you satisfied with your clinician, neither satisfied nor dissatisfied with him/her, or dissatisfied with him/her?

- | | |
|---|--|
| <input type="checkbox"/> Extremely satisfied | <input type="checkbox"/> Slightly dissatisfied |
| <input type="checkbox"/> Moderately satisfied | <input type="checkbox"/> Moderately dissatisfied |
| <input type="checkbox"/> Slightly satisfied | <input type="checkbox"/> Extremely dissatisfied |
| <input type="checkbox"/> Neither satisfied nor dissatisfied | |

Comments about clinician:

How likely are you to recommend your clinician to family or friends?

- | | |
|--|--|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Not very likely |
| <input type="checkbox"/> Moderately likely | <input type="checkbox"/> Not likely at all |
| <input type="checkbox"/> Slightly likely | |

In what areas do you feel we can improve to better serve you?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Ambiance |
| <input type="checkbox"/> Cleanliness | <input type="checkbox"/> Office accessibility |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Office Staff responsiveness |

Any other comments:

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~ Stress Management Staff