



Patient Satisfaction Survey

Rating Scale: 5 = Highest – 1= Lowest Circle a number

How would you rate your check in process?

1 2 3 4 5

How friendly was the office Staff?

1 2 3 4 5

Did the Provider listen carefully to your concerns?

1 2 3 4 5

How well did the provider answer your questions?

1 2 3 4 5

How likely would you recommend Pain Specialist of Southern Oregon?

1 2 3 4 5

Overall patient satisfaction with your appointment?

1 2 3 4 5

Was your wait time over 30 minutes Yes or No

Comments: _____

Your Provider: _____ **Location:** _____

Name _____ **Email:** _____