**PATIENT SATISFACTION QUESTIONNAIRE**

Please read the following statements and place a cross in the box which best describes your response.

For example, if you were not at all satisfied with the treatment you received today, you may wish to cross the box on the far right of the page.

The information which we gather as a result of this survey will be used to help us improve the standard of care offered in our practice.

Thank you very much for your time.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly disagree |
| I was seen within a reasonable time |  |  |  |  |  |
| I was welcomed by the dentist in a friendly manner |  |  |  |  |  |
| I felt the dentist listened to what I had to say |  |  |  |  |  |
| My treatment options were properly explained |  |  |  |  |  |
| All the costs associated with the treatment options were explained |  |  |  |  |  |
| I was treated in a courteous and caring manner |  |  |  |  |  |
| I was satisfied with the treatment I received today |  |  |  |  |  |
| I have confidence in the dentist. |  |  |  |  |  |
| I would recommend this dentist to a friend or family member |  |  |  |  |  |

**COMMENTS:**