



Northeast Georgia Urological Associates, P.C.
660 A Lanier Park Drive
Gainesville, GA 30501
770.535.0000

How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. **Northeast Georgia Urological Associates, P.C.** welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

General Patient Information

In general, what is the quality of your health?

- Outstanding Good Some chronic issues Poor

How would you rate our concern for your privacy?

- Outstanding Good Adequate Needs improvement Poor N/A

How often have you visited Northeast Georgia Urological Associates within the past year?

- First Visit 2-5 Visits More than 6

Scheduling Your Appointment

Did you schedule an appointment by phone or did you drop in?

- Scheduled by phone Dropped in

If you scheduled an appointment, did you have to wait longer than expected to get scheduled?

- Yes No

How easy was it to make an appointment by telephone?

- Very easy Very difficult



How long did you wait to speak to a scheduling staff member?

- 0 to 2 minutes 3 to 5 minutes 5 to 7 minutes Longer

Was the person who scheduled your appointment courteous and helpful?

-
- Very courteous Rude

Day of Your Appointment

How would you rate the courtesy of the staff at the reception desk?

-
- Very courteous Rude

How long did you wait in the reception area beyond your scheduled appointment time?

- 0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other _____

How long did you wait in the exam room before the physician appeared?

- 0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other _____

Which department(s) did you visit during your appointment?

- Physician
- Lab
- CT
- Surgery Scheduling
- Billing/Financial Counseling

The Nursing Staff

How would you rate the competence of the nurse who helped you?

Outstanding Good Adequate Needs improvement Poor N/A

How would characterize the concern that the nurse showed for your problem?

Outstanding Good Adequate Needs improvement Poor N/A

Did the nurse respond to your requests within a reasonable period?

Yes No

The Doctor

Were you able to see the doctor of your choice?

Yes No N/A

Did you feel that your doctor spent an adequate amount of time with you?

Yes No N/A

Mark the boxes that characterize the demeanor of your doctor:

Attentive Concerned Friendly Distracted Rushed Inconsiderate

How would you rate the competence of your doctor?

Outstanding Good Adequate Needs improvement Poor N/A



Did you feel that your doctor's examination was thorough?

- Yes No N/A

Please rate the clarity of the doctor's explanation of your condition and treatment options:

- Outstanding Good Adequate Needs improvement Poor N/A

How well did your doctor include you in healthcare decisions?

- Outstanding Good Adequate Needs improvement Poor N/A

Were your questions answered to your satisfaction?

- Yes No N/A

Would you recommend this facility and its staff to your family and friends?

- Yes No N/A

The Lab Staff

How would you rate the professionalism and competence of the person who took your blood and worked on your lab exam?

- Outstanding Good Adequate Needs improvement Poor N/A

If you received a lab exam, was the service prompt, comfortable, and courteous?

- Outstanding Good Adequate Needs improvement Poor N/A



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Additional Feedback

Please list any areas in which our service could be improved.

Please share any additional comments.

Personal Information

Providing the following information is optional.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Gender: _____ Age: _____

Would you like someone to contact you regarding your responses on this survey?

-

Yes No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.