

# ZOe Center for Pediatric and Adolescent Health

210 Hannah's Mill Road  
 Thomaston, GA 30286  
 706/938-0990

100 Hwy 18W, Suite 201  
 Barnesville, GA 30204  
 678/359-1700

## Patient Satisfaction Survey

We would like to know how you feel about the services we provided so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. Please place the completed surveys in the box marked "surveys and suggestions". If you wish to speak to our patient advocate about your concerns, please provide your contact information and we will follow-up with you. Thank you for your time.



	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
<b>Ease of getting care:</b>					
Scheduling an appointment	5	4	3	2	1
Center hours	5	4	3	2	1
Nurse call-back	5	4	3	2	1
<b>Waiting:</b>					
waiting room	5	4	3	2	1
exam room	5	4	3	2	1
test results/prescriptions	5	4	3	2	1
<b>Provider: (Pediatrician, Nurse Practitioner)</b>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and effective treatment	5	4	3	2	1
<b>Nurses/Medical Assistants</b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice	5	4	3	2	1

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<b>All Others:</b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<b>Facility:</b>					
Cleanliness of the building, restrooms and exam rooms	5	4	3	2	1
Convenience of our location	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1

What do you like best about our center? \_\_\_\_\_

\_\_\_\_\_

What do you like least about our Center?

\_\_\_\_\_

\_\_\_\_\_

Suggestions for improvement

\_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_ (M) \_\_\_\_\_ (F)

Ethnicity:

- \_\_\_\_\_ Asian /Hispanic/Latino
- \_\_\_\_\_ Black/African American
- \_\_\_\_\_ Caucasian
- \_\_\_\_\_ Other

Date: \_\_\_\_\_