

Coastal Bend Pain Management

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 Medical Director
 Board Certified in Pain Medicine
 by the American Board of Anesthesiology
 Fellowship Trained in Pain Medicine



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PATIENT SATISFACTION SURVEY

Please rate the following areas of your experience:

	Poor	Average	Great	N/A
Appointment Scheduling				
Was your call answered promptly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the scheduler greet you in a friendly manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your appointment scheduled within a reasonable time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check-in				
Did the receptionist greet you with a smile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you kept informed of any delays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Area				
Did the medical assistant greet you warmly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the medical assistant seem knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your questions answered adequately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Care				
Did your provider listen to your concern(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your provider explain your diagnosis thoroughly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your provider use language you could understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel your problem(s) were addressed adequately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait Times				
How long did you wait in the reception area?	0-15 min	15-30 min	30-45 min	more than 45 min
How long did you wait in the exam room?	0-15 min	15-30 min	30-45 min	more than 45 min
Would you recommend this practice to friends and family?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Which provider did you see?	_____			

Additional Comments:
