



South Sound Pain Relief Clinic

2625 B Parkmont Lane SW, Suite A, Olympia, WA 98502 • Ph: (360) 943-2940 • Fax: (360) 943-5616

Patient Experience Survey

We are very much concerned with making your experience within our office pleasant and successful for you.

Please answer the following questions to rate your experience in our office.

1. Regarding making your appointment in our office

- a. I was able to have convenient appointment time on convenient date
- b. I was able to have convenient appointment date but not convenient time
- c. I was not able to have convenient date nor time for my appointment but I am OK
- d. I was not able to have convenient time nor date for my appointment and I am upset

Comments:

2. Regarding how well your doctor explained your condition to you

- a. the doctor explained my condition to my satisfaction
- b. the doctor explained my condition but I don't remember much of what he said
- c. the doctor didn't do a very good job of explaining my condition
- d. the doctor didn't explain my condition at all

Comments:

3. Regarding advice about your condition

- a. I am very confident in my knowledge to self manage my condition
- b. I am somewhat confident in my knowledge to self manage my condition
- c. I have very little information to help me to self manage my condition
- d. I am not at all confident about my knowledge to self manage my condition

Comments:

4. Overall regarding my care

- a. I am very satisfied with the care I am receiving in this office
- b. I am satisfied with the care I am receiving in this office
- c. I am neither satisfied nor dissatisfied with the care I am receiving in this office
- d. I am dissatisfied with the care I am receiving in this office
- e. I am very dissatisfied with the care I am receiving in this office

Comments:

Please include your name and phone number if you would like us to contact you: