

Dental Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs.

Your responses are directly responsible for improving the quality of care given.

All responses will be kept confidential and anonymous.

Age:

- Under 18
- 18 - 30
- 31 - 45
- 46 - 60
- 61+

Gender:

- Male
- Female

Who did you see today?

- Dr Anthony (Dentist)
- Dr Victor (Dentist)
- Dr Mariella (Dentist)
- Maria (Hygienist)
- Teri (Hygienist)

What was the purpose of your visit today?

- Gum Care (Hygienist)
- Filling
- Root Canal Treatment
- Crown
- Other

How often do you visit the dentist?

- Every 6 months
- Occasionally
- Only when I have a problem

Waiting:

- Seen on time
- Waited less than 5 minutes
- Waited longer than 15 minutes

Ease of getting care:	Excellent	Good	Fair	Poor	N/A
Ability to get in to be seen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours we are open	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dentist:	Excellent	Good	Fair	Poor	N/A
Listens to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explains your treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explains further treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explains what you want to know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hygienist:	Excellent	Good	Fair	Poor	N/A
Listens to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explains your treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gives you good advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explains further treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dental Assistant:	Excellent	Good	Fair	Poor	N/A
Friendly and helpful to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listens to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explains further treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Front Office:	Excellent	Good	Fair	Poor	N/A
Friendly and helpful to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Answers your questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Facility:	Excellent	Good	Fair	Poor	N/A
Neat and Clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort and safety while waiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort of dental chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you refer us too your friends or relatives:

- Yes
- Maybe
- No

What do you like best about Adelaide Dental Solutions?

What do you like least about Adelaide Dental Solutions?

Suggestions for improvement:
