



81 Lancaster Avenue, Devon, PA 19333 Phone: 610-688-5224 Fax: 610-688-5877

Please fill out this survey and place it in our box. Thank you.

Today's date _____

Upon arrival:

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Were you greeted | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Atmosphere pleasant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the wait unreasonable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The Nurse:

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| Introduced self | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was gentle and compassionate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was proficient and knowledgeable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Listened to my concerns | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The Doctor:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| Introduced self | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Described diagnosis and treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was gentle and compassionate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Answered all of my questions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Listened to my concerns | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

We welcome any comments or suggestions
