



# XYZ Medical Group Mystery Patient Visit Questionnaire

**PLEASE RATE THE FOLLOWING:**

**WHEN YOU ARRIVED FOR YOUR APPOINTMENT:**

	No	Yes	Does Not Apply
16. Were you greeted quickly?	2	1	N/A
17. Was the receptionist wearing a name badge?	2	1	N/A
18. Did the receptionist use your name?	2	1	N/A
19. Was the reception area clean and comfortable?	2	1	N/A

**OUR STAFF:**

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
20. The friendliness and courtesy of the receptionist/office staff	5	4	3	2	1	N/A
21. The helpfulness of the receptionist/office staff	5	4	3	2	1	N/A
22. Keeping you informed if your appointment time was delayed	5	4	3	2	1	N/A
23. The efficiency of the check-in process	5	4	3	2	1	N/A
24. Please rate your overall satisfaction with the reception/office staff	5	4	3	2	1	N/A

**25. PLEASE PROVIDE ANY FEEDBACK OR COMMENTS RELATING TO YOUR CHECK-IN EXPERIENCE:**

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**WHEN YOU WERE CALLED TO THE EXAM ROOM:**

	No	Yes	Does Not Apply
26. Did we call you from the reception area in a courteous manner?	2	1	N/A
27. Did the nurse/medical assistant use your name?	2	1	N/A
28. Did the nurse/medical assistant smile and introduce themselves?	2	1	N/A
29. Did the nurse/medical assistant make you feel comfortable?	2	1	N/A
30. Did the nurse/medical assistant respect your privacy?	2	1	N/A

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
31. The caring concern of our nurses/medical assistants	5	4	3	2	1	N/A
32. Overall rating of care from our nursing staff	5	4	3	2	1	N/A

**33. PLEASE PROVIDE ANY FEEDBACK OR COMMENTS ABOUT YOUR EXPERIENCE WITH THE NURSES/MEDICAL ASSISTANTS:**

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**PLEASE REVIEW THE SECOND PAGE** 

**YOUR VISIT WITH THE PROVIDER:**

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
34. Willingness to listen carefully to you	5	4	3	2	1	N/A
35. Taking time to answer your questions	5	4	3	2	1	N/A
36. Amount of time spent with you	5	4	3	2	1	N/A
37. Explaining things in a way you could understand	5	4	3	2	1	N/A
38. Instructions regarding medication/follow-up care	5	4	3	2	1	N/A
39. The thoroughness of the examination	5	4	3	2	1	N/A
40. Knowledge of important information about your medical history	5	4	3	2	1	N/A
41. Showing respect for what you had to say	5	4	3	2	1	N/A
42. Including you in decision-making about your treatment plan	5	4	3	2	1	N/A
43. Confidence and trust in this provider	5	4	3	2	1	N/A

**44. PLEASE PROVIDE ANY FEEDBACK OR COMMENTS ABOUT YOUR EXPERIENCE WITH THE PROVIDER:**

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**YOUR OVERALL SATISFACTION WITH:**

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
45. Our practice	5	4	3	2	1	N/A
46. The ability of our physicians and staff to work together as a team to care for you	5	4	3	2	1	N/A
47. The quality of your medical care	5	4	3	2	1	N/A
48. Overall rating of care from your provider or nurse	5	4	3	2	1	N/A
	Definitely Yes	Probably Yes	Don't Know	Probably Not	Definitely Not	
49. Would you recommend the provider to others?	5	4	3	2	1	

**50. IF NO, PLEASE TELL US WHY:** \_\_\_\_\_

	Definitely Yes	Probably Yes	Don't Know	Probably Not	Definitely Not
51. This is the best place to receive care in the region	5	4	3	2	1

**52. PLEASE PROVIDE ANY FEEDBACK OR COMMENTS ABOUT YOUR OVERALL SATISFACTION:**

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**53. PLEASE LIST THE NAME OF ANY PHYSICIAN OR STAFF MEMBER WHO WAS PARTICULARLY HELPFUL TO YOU:** \_\_\_\_\_

**TELL US ABOUT YOU:**

**54. GENDER**

Male 1  
Female 2

**55. PATIENT'S AGE**

Under 18 1  
18-30 2  
31-40 3  
41-50 4  
51-64 5  
65+ 6

**56. ARE YOU:**

A new patient 1  
A returning patient 2

**Thank you very much for your help!**