

Patient Satisfaction Survey – Charles Sturt University Dental and Oral Health Clinic

Please take a few minutes to tell us what you think of your experience. Your feedback is important to us. We use this information to improve our services..All responses will be kept confidential.

General Information

How did you find out about the clinic?

Advertisement Friend Referral other

How would you rate the access to the clinic? (Ease of getting there, opening hours)

Good Adequate Needs improvement Poor

Scheduling your appointment

How did you schedule your appointment?

By phone By email In person

Was your enquiry handled promptly?

Yes No

Was the person who scheduled your appointment courteous and helpful?

Very ← → Not at all

Day of your appointment

How would you rate the courtesy of the staff at the reception desk?

Very ← → Not at all

Which services did you receive during your appointment?

General dental Specialist services Prosthetists

How long did you wait in the reception area beyond your scheduled appointment time?

0-5 mins 5-10 mins 10-20 mins Other _____

Your Oral Health Clinician

Mark the boxes that characterise the demeanor of your clinician:

Attentive Concerned Friendly Distracted rushed inconsiderate

Please rate the clarity of the clinician's explanation of your condition and treatment options

Outstanding Good Adequate Needs to improve Poor

Were your questions answered to your satisfaction?

Yes No

The Facility

How would you rate the facility?
(appearance, comfort and atmosphere)

- Outstanding Good Adequate Needs to improve Poor N/A

Would you recommend this facility and its staff to your family and friends?

- Yes No

Comment:

How would you rate our concern for your privacy?

- Outstanding Good Adequate Needs to improve Poor N/A

Additional Comments (Please share any additional comments or suggestions)

Providing the following information is optional.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Postcode: _____

Telephone: _____ Gender: _____ Age: _____

Would you like someone to contact you regarding your responses on this survey? Yes / No

Thank you for taking the time to fill out our survey. Your feedback is greatly appreciated.