

**Harvey R. Gross, MD, FAAFP**  
*Board Certified in Family and Geriatric Medicine*

**Sheng Ye, MD**  
*Board Certified in Internal Medicine*

**Eddie Kasing Ho, MD**  
*Board Certified in Internal Medicine*

**Ebben W. Smith, MD**  
*Board Certified in Internal Medicine*

**Carlos A. Quezada Reyes, MD**  
*Board Certified in Family Medicine*

**Jerald R. Zimmerman, MD**  
*Board Certified in Physical Medicine and Rehabilitation*

**Benna S. Balakrishnan, MD**  
*Board Certified in Physical Medicine and Rehabilitation*

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370 Grand Avenue  
Englewood, NJ 07631  
**(201) 567-3370**  
**Fax (201) 816-1265**

## **Anonymous Patient Satisfaction Survey**

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received at your recent visit. Our office welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

### **General Patient Information**

**How often have you visited our office within the past year?**

- First Visit     2-5 Visits     More than 6

### **Scheduling Your Appointment**

**Did you schedule an appointment by phone or did you drop in?**

- Scheduled by phone     Dropped in

**If you scheduled an appointment, did you have to wait longer than expected to get scheduled?**

- Yes     No

**How easy was it to make an appointment by telephone?**

Very easy Very difficult

**How long did you wait to speak to a scheduling staff member?**

0 to 2 minutes 3 to 5 minutes 5 to 7 minutes Longer

**Was the person who scheduled your appointment courteous and helpful?**

Very courteous Rude

**Day of Your Appointment**

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

Very courteous Rude

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

0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other \_\_\_\_\_

**How long did you wait in the exam room before the physician appeared?**

0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other \_\_\_\_\_

**The Nursing Staff**

**How would you rate the competence of the nurse who helped you?**

Outstanding Good Adequate Needs improvement Poor N/A

**How would you characterize the concern that the nurse showed for your problem?**

Outstanding Good Adequate Needs improvement Poor N/A

## The Doctor

Were you able to see the doctor of your choice?

Yes       No       N/A

Did you feel that your doctor spent an adequate amount of time with you?

Yes       No       N/A

Mark the boxes that characterize the demeanor of your doctor:

Attentive       Concerned       Friendly       Distracted       Rushed       Inconsiderate

How would you rate the competence of your doctor?

Outstanding       Good       Adequate       Needs improvement       Poor       N/A

Did you feel that your doctor's examination was thorough?

Yes       No       N/A

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

Outstanding       Good       Adequate       Needs improvement       Poor       N/A

How well did your doctor include you in healthcare decisions?

Outstanding       Good       Adequate       Needs improvement       Poor       N/A

Were your questions answered to your satisfaction?

Yes       No       N/A

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

             
Yes      No      N/A

**Additional Feedback**

**Please share any additional comments.**

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Which doctor did you see –  
Please circle

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**Personal Information -- Optional**

**Providing the following information is optional.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.