

## **PATIENT SATISFACTION QUESTIONNAIRE**

Your feedback on your experience with CNAO practice will help us improving our services to better meet your needs. Kindly spare a few moments to complete the following, so that we can strive to fulfil your expectations! Thank you for your input.

Date \_\_\_\_\_

| HOW SAT  | TISFIED ARE YOU WI    | TH THE FOLLOWING? (PL           | .EASE E                   | VALU                     | ATE F     | ROM 1                              | ! то <b>7)</b> |       |         |  |
|--|-----------------------|---------------------------------|---------------------------|--------------------------|-----------|------------------------------------|----------------|-------|---------|--|
| 1- Reception service (waiting at the desk, operators courtesy, received information)                     |                       |                                 | 1                         | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
|  |                       |                                 | Unsatisfactory Excellent  |                          |           |                                    |                |       |         |  |
| 2- Administrative service and payment of eventual fee (waiting at the desk,                              |                       |                                 | 1                         | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
| operators courtesy, received information)  |                       |                                 | Unsatisfactory Excellent  |                          |           |                                    |                |       |         |  |
| 3- Compliance with time schedule of the first visit  |                       |                                 | 1                         | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
|  |                       |                                 | Unsatis                   |                          | EXCELLENT |                                    |                |       |         |  |
| 4- Compliance with time schedule of the Follow Up visit  |                       |                                 | 1                         | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
| •  | ,                     | ,                               |                           | FACTORY                  | l         |                                    |                | _     | CELLENT |  |
| 5- Caring of the clinical personnel (accuracy of the physical examination)                               |                       |                                 | 1                         | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
|  |                       |                                 |                           | UNSATISFACTORY EXCELLENT |           |                                    |                |       |         |  |
| 6- Clearness and completeness of the information and the explanations provided by the clinical personnel |                       |                                 | 1                         | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
|  |                       |                                 | Unsatisfactory Excellent  |                          |           |                                    |                |       |         |  |
| 7- Caring of the nursing staff (accuracy, courtesy and information)                                      |                       |                                 | 1                         | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
|  |                       |                                 | UNSATIS                   | FACTORY                  |           |                                    |                | Exc   | CELLENT |  |
| 8- Caring of the technical staff (accuracy, courtesy and information)                                    |                       |                                 | 1                         | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
|  |                       |                                 | UNSATIS                   | FACTORY                  |           | •                                  | •              | Exc   | CELLENT |  |
| 9- Accessibility, comfort and cleanliness  |                       |                                 | 1                         | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
|  |                       |                                 | UNSATIS                   | FACTORY                  |           |                                    |                | Exc   | CELLENT |  |
| 10- Respect for personal confidentiality   |                       |                                 | 1                         | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
|  |                       |                                 | UNSATIS                   | FACTORY                  |           |                                    |                | Exc   | CELLENT |  |
| 11 - Overall satisfaction about our service  |                       |                                 | 1                         | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
|  |                       |                                 | UNSATIS                   | FACTORY                  |           |                                    |                | Exc   | CELLENT |  |
| 12 - Clarity of the information provided in our brochures  |                       |                                 |                           | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
|  |                       |                                 |                           | Unsatisfactory Excellent |           |                                    |                |       |         |  |
| 13 – Facility in finding information on CNAO website   |                       |                                 | 1                         | 2                        | 3         | 4                                  | 5              | 6     | 7       |  |
|  |                       |                                 | UNSATIS                   | SFACTORY                 |           |                                    |                | Exc   | CELLENT |  |
| 14 – How did you hear about CNAO   |                       |                                 | ☐ Medical doctor ☐ Friend |                          |           |                                    |                |       |         |  |
|  |                       |                                 | □Med                      | dia/TV                   | □ Sc      | cial Ne                            | etwork         | □ Int | ternet  |  |
| 15 – Would recommend this Center to others   |                       |                                 |                           | □ SI □ NO                |           |                                    |                |       |         |  |
| You  | are kindly invited to | give us suggestions in ordo     | er to im                  | prove                    | our s     | ervice                             | •              |       |         |  |
|  |                       |                                 |                           |                          |           |                                    |                |       |         |  |
|  |                       |                                 |                           |                          |           |                                    |                |       |         |  |
|  |                       |                                 |                           |                          |           |                                    |                |       |         |  |
| sex  | age                   | nazionality                     |                           |                          | education |                                    |                |       |         |  |
| ☐ male<br>☐ female   |                       | italian european extra-european |                           |                          | C C       | none compulsory school high school |                |       |         |  |