

## Appendix A

### Patient Satisfaction Survey

**Table A1.** Patient Satisfaction Survey

Age:	<input type="checkbox"/> 18-25	<input type="checkbox"/> 26-40	<input type="checkbox"/> 41-55	<input type="checkbox"/> over 55		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
The number of visits I have made to the dental office in the past year:						
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> more
My treatment was:	<input type="checkbox"/> complete	<input type="checkbox"/> not completed				

#### APPOINTMENTS

**Agree**    **Unsure**    **Disagree**  
**(1)**        **(2)**        **(3)**

It was easy to make my first appointment.

The appointment secretary (coordinator) was polite and helpful.

I received a reminder of each of my appointments.

It was easy to schedule a convenient appointment.

Appointment options were given that suited my schedule.

I was seen on time for my appointments; if not, I was given a reason for the delay.

#### Comments:

#### FACILITIES

The office location and parking were convenient.

The reception area was neat and clean.

The equipment was clean and presentable.

The temperature in the office was comfortable.

The lighting in the office was sufficient.

The music in the office was pleasant

#### Comments:

#### STAFF

The dentist was professional and courteous.

The dental hygienist was professional and courteous.

The dental assistant was professional and courteous.

The dentist was considerate and sensitive to my needs.

The dental hygienist was considerate and sensitive to my needs.

The dental assistant was considerate and sensitive to my needs.

---

Other office personnel were courteous and helpful.

---

**Comments:**

---

**TREATMENT**

---

My proposed dental treatment was clearly explained.

---

Any questions I had were answered.

---

I was given treatment alternatives

---

My dental treatment was completed efficiently and in a timely manner.

---

I was pleased with the quality of my dental treatment.

---

The dental treatment was completed to my satisfaction.

---

The fees were explained prior to my treatment appointment.

---

The fees for service were fair.

---

I plan to remain a patient at this office.

---

**Comments:**

---

**ADDITIONAL COMMENTS**

---

What I liked best about the office was:

---

What I liked least about the office was:

---

In what ways could we have made your experience better?

---