

THE EINHAUS GROUP FOR WOMEN'S HEALTH  
10215 AUBURN PARK DRIVE  
FORT WAYNE IN 46825  
Phone (260)490-2229  
Fax (260)490-3807

Thank you for filling out this survey. Our patients opinions and comments matter to us. We are always striving to better your experience in our office. Please leave at the front desk upon completion.

What was the purpose of your visit to our office?

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How long did you have to wait before being seen by a Nurse Practitioner or Physician?

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How satisfied were you with the way you were treated by the staff at our office?  
 Very satisfied,  Somewhat satisfied,  Somewhat dissatisfied,  Very dissatisfied

How satisfied were you with the way you were treated by the medical assistant or nurse?  
 Very satisfied,  Somewhat satisfied,  Somewhat dissatisfied,  Very dissatisfied

How satisfied were you with the way you were treated by the Nurse Practitioner or Physician?  
 Very satisfied,  Somewhat satisfied,  Somewhat dissatisfied,  Very dissatisfied

The amount of time the Nurse Practitioner or Physician spent with you?  
 Very satisfied,  Somewhat satisfied,  Somewhat dissatisfied,  Very dissatisfied

The amount of time you had to wait before being seen by a Nurse Practitioner or Physician?  
 Very satisfied,  Somewhat satisfied,  Somewhat dissatisfied,  Very dissatisfied

How satisfied were you with the way your questions were answered?  
 Very satisfied,  Somewhat satisfied,  Somewhat dissatisfied,  Very dissatisfied

How would you rate the courtesy you were shown by staff at our office?  
 Excellent,  Good,  Fair,  Poor,  Don't Know

The staff were knowledgeable.  
 Strongly Agree,  Agree,  Undecided,  Disagree,  Strongly Disagree

The staff were friendly and courteous.

Strongly Agree,  Agree,  Undecided,  Disagree,  Strongly Disagree

The medical assistant or nurse was knowledgeable.

Strongly Agree,  Agree,  Undecided,  Disagree,  Strongly Disagree

The Nurse Practitioner or Physician was knowledgeable.

Strongly Agree,  Agree,  Undecided,  Disagree,  Strongly Disagree

The Nurse Practitioner or Physician was friendly and courteous.

Strongly Agree,  Agree,  Undecided,  Disagree,  Strongly Disagree

My questions were answered fully.

Strongly Agree,  Agree,  Undecided,  Disagree,  Strongly Disagree

I was given complete attention by the Nurse Practitioner or Physician.

Strongly Agree,  Agree,  Undecided,  Disagree,  Strongly Disagree

My visit to the office was a pleasant experience.

Strongly Agree,  Agree,  Undecided,  Disagree,  Strongly Disagree

What, if anything, did you like most about your visit to our office?

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What, if anything, did you like least about your visit to our office?

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Please tell us what, if anything, we can do to make future visits to our office more pleasant.

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