



## PATIENT SATISFACTION SURVEY: OBSTETRICAL

As a patient of Wes Des Moines OB/GYN Associates, P.C., we would like to thank you for entrusting us with your medical care. Our goal is to continue to provide the best medical care in a caring, friendly, and convenient environment. We are providing you with the following survey because we want to know your impression and feelings about all aspects of the care that you received. We will use the data to improve the quality of the services we provide. Thank you for taking the time to complete this survey. Identifying yourself is completely optional.

**DELIVERY BY:**     Roose             Belsheim     Makkapati            **Delivery Date:** \_\_\_\_\_  
 Olesen             Booth             Sandmeier     Probasco

	N/A	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<i>Please circle the number that best expresses your response</i>	0	1	2	3	4	5
<b>LOCATION</b>						
The practice is in a convenient location	0	1	2	3	4	5
The practice is easy to find	0	1	2	3	4	5
<b>COMMENTS:</b>						
<b>CHECK-IN/RECEPTION</b>						
When I arrive, I am greeted in a timely fashion	0	1	2	3	4	5
When I arrive, I am checked-in in a timely fashion	0	1	2	3	4	5
The receptionists are friendly and efficient	0	1	2	3	4	5
The reception area is clean and comfortable	0	1	2	3	4	5
I am seen promptly for my scheduled appointment	0	1	2	3	4	5
<b>COMMENTS:</b>						
<b>PHYSICIAN - NURSING - PROVIDER CARE</b>						
They physicians spent enough time with me	0	1	2	3	4	5
They physician adequately answer my questions	0	1	2	3	4	5
I am treated with courteously and respect by the physician	0	1	2	3	4	5
I am treated with courteous and respect by the nurse	0	1	2	3	4	5
I would recommend the physicians at West Des Moines OB/GYN to a friend	0	1	2	3	4	5
<b>COMMENTS:</b>						
<b>CHECK-OUT/SCHEDULING</b>						
I am able to schedule future appointments at a time that is convenient for me	0	1	2	3	4	5
I am able to check out and obtain a new appointment quickly	0	1	2	3	4	5
<b>COMMENTS:</b>						
<b>COMMUNICATION</b>						
I received test results in a timely fashion	0	1	2	3	4	5
When I call the office, my calls are answered promptly	0	1	2	3	4	5
The receptionists are courteous and efficient on the telephone	0	1	2	3	4	5
I do not stay on hold an undue amount of time	0	1	2	3	4	5
When I contact the office, a nurse or physician returns my call within 2 hours	0	1	2	3	4	5
In emergency situations, I am able to easily communicate with an on-call physician	0	1	2	3	4	5

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	N/A	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<i>Please circle the number that best expresses your response</i>	0	1	2	3	4	5
<b>GENERAL</b>						
My billing is clear and easy to understand	0	1	2	3	4	5
The office staff provides good assistance in filling out insurance and other forms	0	1	2	3	4	5
I am very please with the quality of care that I received	0	1	2	3	4	5
I plan to continue my future care with this office	0	1	2	3	4	5
I would recommend this office to my friends and family	0	1	2	3	4	5

COMMENTS:

**ULTRASOUND**

I am treated with courtesy and respect by the sonographyer	0	1	2	3	4	5
The sonographers was efficient and knowledgeable	0	1	2	3	4	5

COMMENTS:

**OBSTETRICAL CARE**

I like being able to meet all the physicians in the clinic prior to delivery	0	1	2	3	4	5
I would prefer to see fewer physicians during my pregnancy even if it means a physician hwom I have not met may delivery my baby	0	1	2	3	4	5
Did you have any issues with scheduling while inpatient at the hosptiatl for your delivery?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
Did you have any issues with continuity of care while inpatient at the hospital for your delivery?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		

COMMENTS:

**What was the best part of your experience at West Des Moines OB/GYN?**

**What can we do to improve your experience at West Des Moines OB/GYN?**

**Name (optional):**

**Phone number:**

*We're all about you!*