

Tenafly Pediatrics Patient Satisfaction Survey

Tenafly Pediatrics is very interested in the opinions of our patients and their family members concerning the care received at our practice. Your feedback is very important to us and will be used to help us improve our service. We ask that you kindly take a moment to complete this survey, which is voluntary and confidential. Please mail it back in the pre-stamped, self-addressed envelope. Thank You!

I. ABOUT YOU!

- a) Date of your last visit: _____
- b) At which hospital was your last child delivered? _____
- c) Your home zip code: _____
- d) How did you first become aware of Tenafly Pediatrics?
____ friend or relative ____ physician ____ insurance directory ____ advertisement
____ Lamaze class ____ other: _____
- e) If referred by a physician, please write his or her name: _____

II. OVERALL EXPERIENCE

Strongly Agree Agree Partly Agree/Disagree Disagree Strongly Disagree

a) I would recommend Tenafly Pediatrics to a friend or relative.

b) What changes would you like to see us make to improve our service to you?

c) We welcome your comments on specific employees who have been particularly helpful. We also appreciate your comments on specific employees, if any, who did not address your needs.

III. PHONE

Strongly Agree **Agree** **Partly Agree/Disagree** **Disagree** **Strongly Disagree**

a) Your calls get through to the office on the first attempt.

b) Your calls are answered in a courteous and helpful manner.

c) Once your call is answered, your request is handled professionally.

c) If you call after hours, your call is returned in a timely manner.

IV. RECEPTION

Strongly Agree **Agree** **Partly Agree/Disagree** **Disagree** **Strongly Disagree**

a) The receptionist who greets you as you walk in is helpful and friendly.

b) The length of time you wait in the waiting room is reasonable.

c) The person who escorts you to the exam room is courteous and helpful.

d) The length of time you wait in the exam room is reasonable.

V. Nursing

Strongly Agree **Agree** **Partly Agree/Disagree** **Disagree** **Strongly Disagree**

a) The nursing staff answers your questions and concerns in a clear and understandable manner

b) The nursing staff treats you/your child in a caring, respectful manner.

c) You completely trust the nurse's judgment about your child's medical care.

VI. Physicians

a) The name of the physician you saw at your last visit was:

Russell Asnes, MD

Maury Buchalter, MD

Esther Diamant, MD

Elisa Haberman, MD

Robert Jawetz, MD

Eun-Joo Kim, MD

Nancy Mallon, MD

Lisa Michael, MD

Darren Saks, MD

David Schaumberger, MD

Yvette Starer, MD

Larry Stiefel, MD

Lynn Sugarman, MD

Rose Varon, MD

David Wisotsky, MD

**Strongly
Agree**

Agree

**Partly
Agree/Disagree**

Disagree

**Strongly
Disagree**

b) You are satisfied with the quality of care
your child is receiving.

b) The physician answers your questions and
concerns in a clear and understandable manner

c) The physician treats you/your child in a caring,
respectful manner.

d) You completely trust the physician's judgment
about your child's medical care.

VII. Facilities

(a) The office you usually go to is:

Clifton

Fort Lee

Paramus

Tenafly

Please comment on our facilities:

**Strongly
Agree**

Agree

**Partly
Agree/Disagree**

Disagree

**Strongly
Disagree**

b) The waiting room is clean and comfortable.

c) The exam room is clean and comfortable.

d) The bathroom is clean and comfortable.

e) There is adequate parking.

f) The office hours are convenient.

VIII. Billing

Strongly Agree Agree Partly Agree/Disagree Disagree Strongly Disagree

a) The bills you receive are accurate.

b) The billing staff handles questions in a courteous and helpful manner.

Thank you for taking the time to respond to this survey.

Please mail this survey to:

**Kelson Pediatric Partners
PO Box 345
Plainview, NY 11803-0345**