



a healthier model of healthcare

MAINE'S CENTER FOR FUNCTIONAL MEDICINE AND THE HEALING ARTS

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True North Patient Satisfaction Survey

Date of visit: _____

Practitioner seen today: _____

Time seen: _____

Survey Instructions

Our goal is to provide you with the best health care and service possible. In an effort to better meet your needs and expectations, we ask that you take a few minutes to fill out this patient satisfaction survey, which allows you to rate different aspects of your visit.

Please note that all responses will be confidential – you do not have to identify yourself on the survey! The information you share will be used in a respectful and confidential manner.

Your feedback will help us to provide you with better care in the future. Thank you for your help.

	Poor	Fair	Good	Very Good	Excellent	Does Not Apply
HOW EASY WAS IT TO MAKE AN APPOINTMENT AND GET IN TO SEE YOUR PROVIDER?						
1. When I called the office for an appointment, the length of time spent on the phone to set my appointment was:	0	0	0	0	0	0
2. The number of days between my call and my actual appointment was:	0	0	0	0	0	0
3. The staff's helpfulness in scheduling my appointment was:	0	0	0	0	0	0
FACILITY AND CONVENIENCE						
4. Transportation, parking, and entry to the building were:	0	0	0	0	0	0
5. Neatness, cleanliness, and general appearance of the office were:	0	0	0	0	0	0
6. The convenience of office hours was:	0	0	0	0	0	0
7. The length of time, if any, that I had to wait past my appointment time before seeing my practitioner:	0	0	0	0	0	0
STAFF'S INTERPERSONAL SKILLS						
8. The staff's courtesy and respect for my privacy were:	0	0	0	0	0	0
9. The staff's promptness and efficiency were:	0	0	0	0	0	0
10. The staff's effort to explain the reason for any delay was:	0	0	0	0	0	0
11. The staff's help with scheduling any follow-up visits, referrals or tests were:	0	0	0	0	0	0
12. The staff's explanation of billing and payment/insurance issues was:	0	0	0	0	0	0

	Poor	Fair	Good	Very Good	Excellent	Does Not Apply
STAFF'S CLINICAL SKILLS						
13. The nurse/medical assistant's skill and care (e.g. in taking my blood sample, medical information, weight, temperature, etc.) was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The clarity and thoroughness of the nurse/medical assistant's instructions were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PRACTITIONER'S CLINICAL SKILLS						
15. The practitioner's apparent understanding of the reason for my visit was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The practitioner's interest in my overall health was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. The practitioner's overall skill and thoroughness in examining or evaluating me was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PRACTITIONER'S INTERPERSONAL SKILLS						
18. The practitioner's effort to make me feel at ease was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. The practitioner's explanations of my evaluation, diagnosis options and treatment options were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The practitioner's encouragement for me to ask questions and his/her responses to them were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The explanation of when and how I would hear about my test results was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. The practitioner's instruction (oral/written) about any prescription drugs were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. The practitioner's reassurance about my diagnosis and treatment was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. The practitioner's encouragement to call with problems or questions was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. The length of time my practitioner spent with me was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YOUR OVERALL SATISFACTION						
26. My overall satisfaction with the quality of care I received during the visit was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My willingness to recommend this practitioner and practice to a close friend or family member is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HEALTH & STATUS						
28. The primary reason for my visit today was:						
<input type="radio"/> A scheduled routine problem or follow up						
<input type="radio"/> A physical exam						
<input type="radio"/> An unplanned visit for acute problem or illness						
<input type="radio"/> A regular follow-up chronic illness visit (asthma, diabetes, etc)						
<input type="radio"/> Other						

29. More specifically, I was here for:	
<input type="checkbox"/> Functional Medicine	<input type="checkbox"/> Lifestyle and Nutritional Counseling
<input type="checkbox"/> Family Practice	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Acupuncture
<input type="checkbox"/> Chiropractic Care	<input type="checkbox"/> Energy Medicine
<input type="checkbox"/> Naturopathic Medicine	<input type="checkbox"/> Shamanic Work
<input type="checkbox"/> Women's Health	<input type="checkbox"/> Massage
<input type="checkbox"/> Drug and Supplement Interaction Assessment	<input type="checkbox"/> Other
COMMENTS:	

30. Age:	<input type="checkbox"/> < 18	<input type="checkbox"/> 18-34	<input type="checkbox"/> 35-54	<input type="checkbox"/> 55-65	<input type="checkbox"/> > 65
31. Gender:	<input type="checkbox"/> Female		<input type="checkbox"/> Male		
32. Is this your 1st time at True North for treatment (versus education)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. If no, give your approximate 1st treatment date:					
34. If no, give approximate number of treatment visits to date:					
35. Do you use supplements?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Do you use prescription medication?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

	Strongly Disagree	Disagree	No Change	Agree	Strongly Agree	Does Not Apply
37. Since coming to True North I feel healthier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Since coming to True North I eat healthier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Since coming to True North I exercise more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Since coming to True North I sleep better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Since coming to True North I smoke less.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Since coming to True North I lost weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Since coming to True North I am closer to my optimal weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Other changes since starting at True North?						
45. The paperwork I fill out at True North is helping me and my practitioner on my healing journey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments?

Thank you for your assistance!