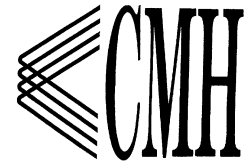


# COMMUNITY MEMORIAL HEALTHCENTER



We want your feedback!!  
Please take a moment and share your experiences with us.

## 2013 CMH Orthopedic Services, LLC

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous.

**Please check the answer that best fits each question.**

**1. Which provider did you visit?**

Jibanananda Satpathy, MD

Rupal Patel, MD

Mari Adams, PA-C

**2. I find getting through to this office by phone easy to do.**

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

**3. I find that getting an appointment is easy and convenient?**

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

**4. The staff was courteous (polite, considerate, etc.) to me over the phone.**

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

**5. My registration was handled efficiently and courteously (polite, considerate, etc).**

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

**6. I feel that my wait time between the waiting room, exam room, and check-out was reasonable.**

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

**7. My overall impression is that this is a neat and clean office.**

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

**8. I was provided the privacy I needed (ie. Staff knocked before entering the exam room).**

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

**9. The staff introduced themselves to me.**

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

**10. The staff thoroughly explained things (tests, procedures, etc.) to me.**

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

**11. The care I received from the staff was good. (They responded to my needs as a patient).**

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

**12. The physician/provider was courteous (polite, considerate, etc.)**

Strongly Agree      Agree      Tend to Agree      Tend to Disagree      Strongly Disagree

**13. The Physician/provider thoroughly explained things (tests, procedures, etc.)**

Strongly Agree      Agree      Tend to Agree      Tend to Disagree      Strongly Disagree

**14. I feel the physician/provider spent enough time with me.**

Strongly Agree      Agree      Tend to Agree      Tend to Disagree      Strongly Disagree

**15. The care I received from the physician/provider was good.**

Strongly Agree      Agree      Tend to Agree      Tend to Disagree      Strongly Disagree

**16. I (or my family) was given information about how to care for myself at home.**

Strongly Agree      Agree      Tend to Agree      Tend to Disagree      Strongly Disagree

**17. Overall, I am pleased with the quality of care provided at CMH's Physician Practice.**

Strongly Agree      Agree      Tend to Agree      Tend to Disagree      Strongly Disagree

**18. I would recommend CMH's Physician Practice to my family & friends.**

Strongly Agree      Agree      Tend to Agree      Tend to Disagree      Strongly Disagree

**19. What is your age?**

17 & under      18-39      40-64      65 or older

**20. What is your gender?**

Female                      Male

**21. What is your Race?**

Caucasian \_\_\_\_\_ African- American \_\_\_\_\_ Hispanic \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**22. Please tell us how you heard about our practice. Please circle all that apply.**

1. Newspaper Advertisement
2. Radio
3. Friend
4. Other Physician's Office – Dr. \_\_\_\_\_
5. Internet
6. Brochure
7. Family Member
8. Other (please specify) \_\_\_\_\_

**23. Is this your first visit? \_\_\_\_\_ Or are you a return patient? \_\_\_\_\_**

**24. What Zip Code do you reside in? \_\_\_\_\_**

What did you like best about our office?

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What did you like least about our office?

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Do you have any suggestions for improvement or additional comments you'd like us to know about?

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If you would like to receive emails regarding Community Memorial Healthcenter's upcoming events, new services, and programs, please include your email below:

Email: \_\_\_\_\_

Please return this survey to:

CMH  
Attn: Medical Affairs  
PO Box 90  
South Hill, VA 23970

**Thank you for your feedback!!**