

**DREXEL HILL PEDIATRIC ASSOCIATES
PATIENT CARE SURVEY**

Dear Parent / Guardian

Please take a few minutes of your time to help us. Our goal is to provide comfort, convenience and satisfaction as well as the best medical care to our patients and families. Your comments will help us to continue to improve our services. Please return your completed survey to our office.

Drexel Hill Pediatric Assoc---5030 State Rd, Suite 2-900---Drexel Hill, Pa 19026

You can obtain a copy of our survey in the office OR you can print a copy by going on line to www.drexelhillpeds.com. Scroll to the bottom of the home page. Under Let us know "How we Rate", click on the PDF survey choice.

TODAY'S DATE _____

How old is your child? _____

Is your child male or
 female

How long has your child been coming to our practice?

- less than 6 mo
- at least 6 mo but less than a year
- at least 1 year but less than 3 years
- at least 3 years but less than 5 years
- 5 years or more

What doctor/nurse practitioner does your child usually see?

- | | |
|--|---|
| <input type="checkbox"/> Dr Soppas, MD | <input type="checkbox"/> Dr Advani, MD |
| <input type="checkbox"/> Dr Warner, DO | <input type="checkbox"/> Dr Jain, MD |
| <input type="checkbox"/> Dr Browngoehl, MD | <input type="checkbox"/> Dr Uy, DO |
| <input type="checkbox"/> Dr Johnson, MD | <input type="checkbox"/> Ms Calamaro, CRNP, PhD |
| <input type="checkbox"/> Dr Rollnik, MD | <input type="checkbox"/> Dr McCarthy, MD |

What doctor/nurse practitioner did your child see for this most recent visit?

- | | |
|--|---|
| <input type="checkbox"/> Dr Soppas, MD | <input type="checkbox"/> Dr Advani, MD |
| <input type="checkbox"/> Dr Warner, DO | <input type="checkbox"/> Dr Jain, MD |
| <input type="checkbox"/> Dr Browngoehl, MD | <input type="checkbox"/> Dr Uy, DO |
| <input type="checkbox"/> Dr Johnson, MD | <input type="checkbox"/> Ms Calamaro, CRNP, PhD |
| <input type="checkbox"/> Dr Rollnik, MD | <input type="checkbox"/> Dr McCarthy, MD |

What service did your child receive that has prompted you to complete this survey?

- well child visit
- sick appointment
- other

In general, please rate your experience with Drexel Hill Pediatrics

	Good	Fair	Poor	N/A	Other
1 Convenience of office hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Courtesy of the office receptionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Courtesy of the telephone triage staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Courtesy of the office medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Good	Fair	Poor	N/A	Other
5 Waiting time to speak with phone nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Waiting time to see the doctor/nurse practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Overall quality of care received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Instructions given regarding medications and follow-up care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Promptness of returned phone calls from doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Promptness of returned phone calls from nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Assistance with billing or insurance questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Care and professionalism shown by our staff and physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using a number from 1 to 5, where 1 is the best and 5 is the worst, what number would you use to rate your experience with this provider?

	1 (best)	2	3	4	5 (worst)
13 Did the provider listen carefully to you / your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Did the provider explain things in a way that was easy for you / your child to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Did the provider show respect for what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Did the provider spend enough time with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Overall, what number would you use to rate this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Overall, what number would you use to rate Drexel Hill Pediatrics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Would you recommend our office to a family member or friend?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	MAYBE <input type="checkbox"/>		

Additional Comments: for example: What aspects do you like? How can we improve?

Optional: Your name: _____ Patient's name: _____

Thank you for your input.