



Cumberland Kidney Specialists

Your Local Nephrologists

Patient Satisfaction Survey

To ensure that we are providing you with the best quality health care services possible, we are offering you the opportunity to give us your feedback through this patient satisfaction survey.

All surveys are anonymous and can be either mailed or dropped off to the site nearest you (locations below). You can also answer the survey and submit it online on our website at www.cumberlandkidney.com/ under the "Patient Information" tab.

Thank you in advance for filling out this survey.

A. GENERAL INFORMATION

1. Your Age: _____

2. Which of our sites do you receive services from (please circle):

Cookeville

Crossville

McMinnville

B. ACCESS TO CARE

	Very Poor	Poor	Fair	Good	Very Good
1. Ease of scheduling your appointment	1	2	3	4	5
2. Pleasantness of person who scheduled your appointment	1	2	3	4	5
3. Our promptness in returning your phone calls	1	2	3	4	5

Additional comments: _____

C. DURING YOUR VISIT

	Very Poor	Poor	Fair	Good	Very Good
1. Speed of the registration process	1	2	3	4	5
2. Courtesy of the staff in the registration area	1	2	3	4	5
3. Comfort and pleasantness of the waiting area	1	2	3	4	5
4. Length of wait before going into exam room	1	2	3	4	5
5. Comfort and pleasantness of the exam room	1	2	3	4	5
6. Friendliness/courtesy of the nurse/assistant	1	2	3	4	5
7. Concern the nurse/assistant showed for your issue	1	2	3	4	5
8. Wait time in exam room before seeing a provider	1	2	3	4	5

D. YOUR CARE PROVIDER

	Very Poor	Poor	Fair	Good	Very Good
1. Friendliness/courtesy of the provider	1	2	3	4	5
2. Concern the provider showed for your worries	1	2	3	4	5
3. Efforts to include you in decisions about your treatment	1	2	3	4	5
4. Information the provider gave you about medications (if any)	1	2	3	4	5
5. Degree to which you understood what the provider was saying	1	2	3	4	5
6. Amount of time the care provider spent with you	1	2	3	4	5
7. Instructions the provider gave you about follow-up care (if any)	1	2	3	4	5
8. Your confidence in this care provider	1	2	3	4	5
9. Likelihood of you recommending this care provider to others	1	2	3	4	5

8. OVERALL ASSESSMENT

Very Poor Poor Fair Good Very Good

1. Overall friendliness of our staff	1	2	3	4	5
2. Overall cleanliness of our practice	1	2	3	4	5
3. Overall rating of care received during your visit	1	2	3	4	5
4. Likelihood of you recommending us to others	1	2	3	4	5

Additional comments: _____

What do you feel that our practice does well? _____

What do you feel that our practice needs to improve on? _____

Are you interested in a Nutritionist and or Personal Trainer being available in our private clinic wellness Gym? _____

Additional Comments

Thank you so much for your feedback !

