

**Surgical Associates of Utica**  
 4401 Middle Settlement Road, Suite 208  
 New Hartford, NY 13413 (315) 797-3430

**Patient Satisfaction Survey**

Dear Patient:

Please take a few minutes of your time to help us. Our goal at Surgical Associates of Utica is to provide the highest quality of care you have come to expect. We would like to know how you feel about our medical services, our surgeons and our staff members. Your answers and comments will help us evaluate our operations to ensure that we are responsive to your needs. Please rate the questions below based on your current/previous appointments and drop it in our survey box located in the waiting room. Thank you for your time and assistance.

**Which physician did you see today?** \_\_\_\_\_

<b>Your Appointment</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
Ease of making your appointment	5	4	3	2	1	0
Appointment available within reasonable time frame	5	4	3	2	1	0
The efficiency of check-in process	5	4	3	2	1	0
Waiting time in reception area	5	4	3	2	1	0
Waiting time in exam room	5	4	3	2	1	0
Ease of getting outside appointments set up	5	4	3	2	1	0
<b>Our Staff</b>						
The courtesy of the person who took your phone call	5	4	3	2	1	0
The friendliness and courtesy of the office staff	5	4	3	2	1	0
The caring and compassion of our nurses	5	4	3	2	1	0
The helpfulness of the staff in our billing office	5	4	3	2	1	0
Billing issues addressed in a timely manner	5	4	3	2	1	0
<b>Our Communication with you</b>						
Phone calls answered promptly	5	4	3	2	1	0
Availability of medical information/advice by phone	5	4	3	2	1	0
Test results reported in a reasonable time	5	4	3	2	1	0
Calls returned in a timely manner	5	4	3	2	1	0
Ability to contact us after hours	5	4	3	2	1	0

<b>Your Visit with the Physician</b>						
Availability of physician	5	4	3	2	1	0
The physician listened to you	5	4	3	2	1	0
The physician took time to answer your questions	5	4	3	2	1	0
Amount of time the physician spent with you	5	4	3	2	1	0
The physician adequately explained treatment options	5	4	3	2	1	0
The physician's instructions for meds, pre-op & post-op care	5	4	3	2	1	0
The thoroughness of the examination	5	4	3	2	1	0
<b>Our Facility</b>						
Overall comfort	5	4	3	2	1	0
Adequate parking	5	4	3	2	1	0
Signs and directions easy to follow	5	4	3	2	1	0
Wait time to have testing done in office	5	4	3	2	1	0
<b>Your Overall Satisfaction with:</b>						
Our practice	5	4	3	2	1	0
Your doctor	5	4	3	2	1	0
The quality of your medical care	5	4	3	2	1	0

**Would you recommend Surgical Associates of Utica to others?  
If no, please tell us why?**

**YES NO**

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**Additional comments:**

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**Some information about you: MALE FEMALE**  
**AGE: Under 18 19-30 31-40 41-50 51-60 Over 60**