

M3-Patient Experience® Sample Questionnaire

Note: q1, q2 and q3 are prepopulated, (meaning never presented to patient), whenever patient unique data is available via the daily transfer of data to MedicalGPS from client.

1. Please select the date of your most recent visit.

2. Please select the location of your most recent visit. (select one)

3. Please select the provider that you saw during THIS most recent visit.

4. In the last 6 months, how often are the clerks and receptionists at this provider's office as helpful as you thought they should be?

- Always
- Usually
- Sometimes
- Never

5. In the last 6 months, when you contacted this provider's office to get an appointment for care you need right away, how often do you get an appointment as soon as you needed?

- Always
- Usually
- Sometimes
- Never
- I have not contacted the provider's office under this circumstance in the last 6 months

6. In the last 6 months, when you contacted this provider's office during regular office hours, how often do you get an answer to your medical question that same day?

- Always
- Usually
- Sometimes
- Never
- I have not contacted the provider's office with a medical question in the last 6 months

7. The lobby/waiting areas, exam room, and restrooms were neat and clean. (select one)

- Strongly Agree
- Agree
- Neutral (neither agree or disagree)
- Disagree
- Strongly Disagree

8. During THIS visit, the total amount of time I spent waiting was reasonable (reception area and exam room): (select one)

- Strongly Agree
- Agree
- Neutral (neither agree or disagree)
- Disagree
- Strongly Disagree

9. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results within the timeframe promised?

- Always
- Usually
- Sometimes
- Never
- The provider did not order a test for me in the last 6 months

10. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 10 best provider
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 0 worst provider
- I did not see a provider during THIS visit

11. How likely is it that you would recommend [practice name] to a friend or colleague?

- 10 Extremely Likely
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 0 Not at all likely

12. Do you have additional comments or questions? (click the comment box below to enter any comments you have)