

# Stratford Dental Practice Patient Satisfaction Survey

	Strongly agree	Agree	Disagree	Strongly disagree	<p>This is a anonymous patient survey. We value your commitment to continuous quality improvement. Thank you for your co-operation</p> <p>If you have any additional comments, please use the space below</p> <p>Name: _____ (Optional)</p>
<b>Waiting Room and Reception</b>					
<b>Please tick the most appropriate box</b>					
The waiting room is welcoming and comfortable					
There is an adequate choice of reading material					
I am acknowledged when I enter the practice					
The reception staff are always helpful and courteous					
I am treated with respect by the reception staff					
The Practice is clean					
<b>Appointments</b>					
I am nearly always seen on time					
I do not have to wait an unacceptable time to get an appointment					
The surgery hours are acceptable to me					
The telephone is answered promptly					
The reception staff are helpful and try to accommodate my wishes					
<b>Treatment Plans and Estimates</b>					
When I need treatment, I am always given an indication of costs					
I am always given an explanation of what treatment is required					
The dentist always explains treatment options to me					
I am made aware of NHS and Private options					
My consent is always sought prior to treatment					
<b>Treatment Provisions</b>					
I feel I have a good professional relationship with my dentist					
The nursing staff are always friendly and put me at ease					
The treatment rooms always appear clean and tidy					
I am generally very satisfied with the care and treatment I receive					
I would recommend this practice to my friends and colleagues					