

Nephron Corporation

605 Old Norcross Road
Lawrenceville, GA 30045
770-962-1231

How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. **[Healthcare Facility Name]** welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

General Patient Information

How long have you been on dialysis?

-
- Less than 6 months 6 months – 1 year 1 – 3 years 3 or more years

How long have you been receiving dialysis at this clinic?

-
- Less than 6 months 6 months – 1 year 1 – 3 years 3 or more years

Facility & Operations

How long do you wait in the reception area beyond your scheduled appointment time?

-
- 0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other _____

How would you characterize the waiting room?

-
- Outstanding Good Adequate Needs improvement Poor N/A

How would you characterize parking?

-
- Outstanding Good Adequate Needs improvement Poor N/A

How would you characterize the cleanliness of the facility?

-
- Outstanding Good Adequate Needs improvement Poor N/A

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How would you characterize the comfort of the facility (Temperature, lighting, chairs, etc)?

Outstanding Good Adequate Needs improvement Poor N/A

How would you rate our concern for your privacy?

Outstanding Good Adequate Needs improvement Poor N/A

The Staff

How would you rate the courtesy of the staff?

Very courteous Rude

How would you rate the competence of the nursing staff (nurses and PCT's)?

Outstanding Good Adequate Needs improvement Poor N/A

How would you rate the competence of the social work staff?

Outstanding Good Adequate Needs improvement Poor N/A

How would you rate the competence of the dietary staff?

Outstanding Good Adequate Needs improvement Poor N/A

How would characterize the concern that the staff shows for your problems?

Outstanding Good Adequate Needs improvement Poor N/A

Does the staff respond to your requests within a reasonable period?

Yes No

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The Doctor

Did you feel that your doctor spends an adequate amount of time with you?

- Yes No N/A

Mark the boxes that characterizes the demeanor of the doctor:

- Attentive Concerned Friendly Distracted Rushed Inconsiderate

How would you rate the competence of the doctor?

- Outstanding Good Adequate Needs improvement Poor N/A

Please rate the clarity of the doctor's explanation of your condition and treatment options:

- Outstanding Good Adequate Needs improvement Poor N/A

How well did your doctor include you in healthcare decisions?

- Outstanding Good Adequate Needs improvement Poor N/A

Were your questions answered to your satisfaction?

- Yes No N/A

Would you recommend this facility and its staff to your family and friends?

- Yes No N/A

Additional Feedback

Please list any areas in which our service could be improved.

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Please share any additional comments.

Personal Information

Providing the following information is optional.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Gender: _____ Age: _____

Would you like someone to contact you regarding your responses on this survey?

- Yes No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.