



## Patient Satisfaction Survey - Primary Care

*Thank you for taking the time to complete this survey. Your feedback is important to us. Please complete this survey and let us know how we are doing and/or how can improve to better meet your healthcare needs. Thank you for choosing Sacred Circle Healthcare.*

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**1. How likely is it that you would recommend our primary care provider(s) at Sacred Circle Healthcare to a friend or family member?**

- Very likely
- Somewhat likely
- Not likely

**2. How satisfied were you with the scheduling process for primary care services at Sacred Circle Healthcare?**

- Very satisfied
- Somewhat satisfied
- Not satisfied

**3. Overall, how would you rate the service you received from the staff at Sacred Circle Healthcare?**

- Excellent
- Very good
- Good
- Fair
- Poor

**4. Overall, how satisfied were you with the amount of time your provider spent with you addressing your needs?**

- Very satisfied
- Somewhat satisfied
- Not satisfied

Continued →

**5. How would you rate the care you received from your provider?**

- Excellent
- Very good
- Good
- Fair
- Poor

**6. Did you have confidence and trust in your provider?**

- Very much so
- Somewhat
- Not at all

**7. In the last 12 months, when you have phoned our office, did you get a response within 24 hours?**

- Always
- Sometimes
- Usually
- Never

**8. Do you have any other comments, questions, or concerns?**