

In an effort to improve our quality and our service to you, we kindly ask that you take a few moments to fill out this short questionnaire. Please comment, and use names where applicable.

	Excellent	Good	Fair	Poor
Quality of care you receive from Dr. Bosma	1	2	3	4
Quality of care you receive from the staff	1	2	3	4

Reasonable amount of time spent in office	1	2	3	4
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Friendliness of staff	1	2	3	4
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Concern for your situation from Dr. Bosma	1	2	3	4
Concern for your situation from the staff	1	2	3	4

Cleanliness of the office	1	2	3	4
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Are the fees consistent with level of care received	1	2	3	4
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Do we offer adequate scheduling availability	1	2	3	4
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Please offer any other comments or concerns that you may have. Please list names of staff where it would apply.
