

Survey

Your Name (Optional):

Date of your appointment:

Location you were seen at: Lakewood or Littleton

Doctor you saw: Dr. David Crockett, Dr. Tammy Gray, or Dr. Al Roberts

Name of assistant(s) who helped you:

For Questions 1-9 please answer with one of the following: *Excellent, Good, Fair, Poor, or N/A*

1. How were your phone calls handled?
2. How was the availability of appointments?
3. How was the waiting room time?
4. How was the care you received from our technical staff?
5. How was the quality of care you received from the Dr?
6. How did the doctor address any questions or concerns you had?
7. How was the waiting time for your glasses?
8. If you were fit with contact lenses how would you rate the fitting, follow up care, and overall satisfaction with the lenses?
9. How would you rate the overall quality of care you received?

For Questions 10-14 choose only one of the given responses

10. The selection of eyeglasses was (pick one): *Just right, Too many of the same type, Too many to choose from/too confusing, Not enough to choose from*
11. Our fees were (pick one): *Much lower than expected, Slightly lower than expected, Slightly higher than expected, Much higher than expected*
12. What is the best **day of the week** for you to come to our office?
Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Any
13. What is the best **time of day** for you to come to our office?
7am-8am, 8:30am-12pm, 12pm-1pm, 1pm-5pm, 5pm-8pm, No preference
14. Will you return next year for your yearly comprehensive eye health examination?
Yes, No If you answered no, why not?

Additional Comments:

If you gave us your name above, may we call you to further discuss your comments?
Yes No

Thank you! Please email your completed survey too tammy@insighteyecarecenter.net