



Stakeholder Satisfaction Survey

We are interested to learn how your visit to our office went today. Please take a few moments to fill out this questionnaire. Our goal is to always deliver exceptional care and we hope we accomplished that for you. Please send this questionnaire back to The Columbus Wellness Center & Affiliates If you were not satisfied with your visit, we hope to make that right as soon as possible and you can contact 1-833-336-7543 where you will be assisted immediately. Thank you for your time!

Please rate each of the following: (circle)

1. The convenience of the office location	Excellent	Good	Poor
2. Accessibility of the office and spaces	Excellent	Good	Poor
3. The comfort of the reception area	Excellent	Good	Poor
4. The Cleanliness of the spaces	Excellent	Good	Poor
5. Reception of your visit was inviting	Excellent	Good	Poor
6. Staff Was knowledgeable	Excellent	Good	Poor
7. Support staff Was courteous	Excellent	Good	Poor
8. Your service: _____	Excellent	Good	Poor
9. Questions were answered promptly	Excellent	Good	Poor
10. Concerns were addressed expediently	Excellent	Good	Poor
11. Communication with your practitioner	Excellent	Good	Poor
12. Referral & Resource services	Excellent	Good	Poor
13. The quality of care you received	Excellent	Good	Poor
14. Overall Satisfaction	Excellent	Good	Poor

*How likely are you to recommend our services? Not at all 1.....5.....10 Highly
Is there anything else you would like us to know?*
