

Satisfaction Survey

Interventional Pain Center of Northwest Florida

We ask you to take a few minutes to answer the following questions. Your answers provide the information we need to improve our services. Please fax 850-862-2951 or bring in the completed survey to our office.

- 1 = Strongly Disagree
- 2 = Somewhat Disagree
- 3 = Indifferent
- 4 = Somewhat Agree
- 5 = Strongly Agree

1. Was the Nursing staff courteous, skilled and appropriate? 1 2 3 4 5
2. Was Dr. Zondlo courteous, skilled and appropriate? 1 2 3 4 5
3. Did Dr. Zondlo, and the staff listen to your concerns? 1 2 3 4 5
4. Was the diagnosis of your pain condition properly explained? 1 2 3 4 5
5. Were the care plan options properly explained? 1 2 3 4 5
6. Were your expenses and insurance coverage properly explained? 1 2 3 4 5
7. Were your insurance claims filed correctly? 1 2 3 4 5
8. Were you satisfied with your overall experience? 1 2 3 4 5
9. Was the outcome of your Treatment satisfactory? 1 2 3 4 5
10. Were you seen in a timely matter? 1 2 3 4 5
11. Were phone communications satisfactory? 1 2 3 4 5
12. Circle the degree of pain relief after treatment:
 1. More Severe
 2. The Same
 3. Less Severe
 4. Completely Relieved

Comments and / or suggestions:
