

**DFW Pediatric Neurology**  
**Dr. Mary Oladunni Baiyeri, MD, PA**  
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**PATIENT SATISFACTION SURVEY**

Please rate the following areas of your experience:

	Poor	Average	Great	N/A
<b>Appointment Scheduling</b>				
Was your call answered promptly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the scheduler greet you in a friendly manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your appointment scheduled within a reasonable time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Check-in</b>				
Did the receptionist greet you with a smile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you kept informed of any delays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical Area</b>				
Did the medical assistant greet you warmly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the medical assistant seem knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your questions answered adequately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Quality of Care</b>				
Did your provider listen to your concern(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your provider explain your diagnosis thoroughly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your provider use language you could understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel your problem(s) were addressed adequately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wait Times</b>				
How long did you wait in the reception area?	Minimal	Acceptable	Excessive	
How long did you wait in the exam room?	Minimal	Acceptable	Excessive	
Would you recommend this practice to friends and family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Additional Comments:

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