



Dear Patient,
We would like to ask you to give us feedback concerning your appointment , so we can optimize the quality of our service.
Thank you.

1. Was it easy to find the reception desk?	yes <input type="radio"/>		no <input type="radio"/>		
2. Please estimate how long you had to wait for your appointment	_____ (minutes)				
3. How would you rate the waiting time?	appropriate <input type="radio"/>		too long <input type="radio"/>		
4. Please rate ...	no improvement necessary	minor improvement necessary	some improvement necessary	major improvement necessary	no statem ent
a) the greeting /registration at the reception					
b) the treatment					
c) the discharge at the reception					
5. Do you have any suggestions for improvements or other comments?					
	very satisfied	rather satisfied	neither satisfied nor unsatisfied	rather unsatisfied	very unsatisfied
6. How satisfied were you with your appointment overall?					