

Nephron Corporation

605 Old Norcross Road
Lawrenceville, GA 30045
770-962-1231

How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. [Healthcare Facility Name] welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

General Patient Information

How long have you been on dialysis?

-
- Less than 6 months 6 months – 1 year 1 – 3 years 3 or more years

How long have you been receiving dialysis at this clinic?

-
- Less than 6 months 6 months – 1 year 1 – 3 years 3 or more years

Facility & Operations

How long do you wait in the reception area beyond your scheduled appointment time?

-
- 0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other _____

How would you characterize the waiting room?

-
- Outstanding Good Adequate Needs improvement Poor N/A

How would you characterize parking?

-
- Outstanding Good Adequate Needs improvement Poor N/A

How would you characterize the cleanliness of the facility?

-
- Outstanding Good Adequate Needs improvement Poor N/A

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How would you characterize the comfort of the facility (Temperature, lighting, chairs, etc)?

- Outstanding Good Adequate Needs improvement Poor N/A

How would you rate our concern for your privacy?

- Outstanding Good Adequate Needs improvement Poor N/A

The Staff

How would you rate the courtesy of the staff?

- Very courteous Rude

How would you rate the competence of the nursing staff (nurses and PCT's)?

- Outstanding Good Adequate Needs improvement Poor N/A

How would you rate the competence of the social work staff?

- Outstanding Good Adequate Needs improvement Poor N/A

How would you rate the competence of the dietary staff?

- Outstanding Good Adequate Needs improvement Poor N/A

How would characterize the concern that the staff shows for your problems?

- Outstanding Good Adequate Needs improvement Poor N/A

Does the staff respond to your requests within a reasonable period?

- Yes No

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The Doctor

Did you feel that your doctor spends an adequate amount of time with you?

- Yes No N/A

Mark the boxes that characterizes the demeanor of the doctor:

- Attentive Concerned Friendly Distracted Rushed Inconsiderate

How would you rate the competence of the doctor?

- Outstanding Good Adequate Needs improvement Poor N/A

Please rate the clarity of the doctor's explanation of your condition and treatment options:

- Outstanding Good Adequate Needs improvement Poor N/A

How well did your doctor include you in healthcare decisions?

- Outstanding Good Adequate Needs improvement Poor N/A

Were your questions answered to your satisfaction?

- Yes No N/A

Would you recommend this facility and its staff to your family and friends?

- Yes No N/A

Additional Feedback

Please list any areas in which our service could be improved.
