

**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.**

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