

Internal Patient Satisfaction Questionnaire (IPSQ) - Core Questions	
SCHEDULING	
Ease of scheduling your appointment	5 <input type="checkbox"/> Excellent 4 <input type="checkbox"/> Very Good 3 <input type="checkbox"/> Good 2 <input type="checkbox"/> Fair 1 <input type="checkbox"/> Poor
Friendliness and warmth of the person who scheduled your appointment	
Overall service you received from the scheduling staff	
FRONT DESK	
Greeting you received from the front desk staff when you arrived for your appointment	5 <input type="checkbox"/> Excellent 4 <input type="checkbox"/> Very Good 3 <input type="checkbox"/> Good 2 <input type="checkbox"/> Fair 1 <input type="checkbox"/> Poor
Friendliness and warmth of the front desk staff	
Ease of registration process	
Appearance of the front desk staff	
Professionalism of the front desk staff	
Overall service you received from the front desk staff	
NURSES & MEDICAL ASSISTANTS	
Greeting you received from the nurse or medical assistant escorting you to your exam room	5 <input type="checkbox"/> Excellent 4 <input type="checkbox"/> Very Good 3 <input type="checkbox"/> Good 2 <input type="checkbox"/> Fair 1 <input type="checkbox"/> Poor
Friendliness and warmth of the nurse or medical assistant	
Professionalism of the nurse or medical assistant	
Appearance of the nurse or medical assistant	
Overall service you received from the nurse or medical assistant	
PHYSICIANS	
Greeting you received from your physician	5 <input type="checkbox"/> Excellent 4 <input type="checkbox"/> Very Good 3 <input type="checkbox"/> Good 2 <input type="checkbox"/> Fair 1 <input type="checkbox"/> Poor
Friendliness and warmth of your physician	
Appearance of your physician	
Professionalism of your physician	
Overall service you received from your physician*	
GENERAL QUESTIONS	
Overall service you received from [this institution]	5 <input type="checkbox"/> Excellent 4 <input type="checkbox"/> Very Good 3 <input type="checkbox"/> Good 2 <input type="checkbox"/> Fair 1 <input type="checkbox"/> Poor

Internal Patient Satisfaction Questionnaire (IPSQ) - Core Questions (cont.)	
GENERAL QUESTIONS (cont.)	
General Comments (1)**	<i>Free-from text</i>
I feel that my physician cares about me	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please finish the following sentence: I feel like my physician cares about me because...	<i>Free-from text</i>
[This institution] makes me feel like a welcomed guest through my entire visit	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
[This institution] makes me feel as though I am important through my entire visit	
Based on my experience I would recommend [this institution] to my family friends and coworkers	
I received exceptional service at [this institution].	
Please rate your overall level of satisfaction.	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
General Comments (2)**	<i>Free-from text</i>

*This question was used for statistical analysis of percent top-box scores and physician rank.

**These two questions were qualitatively analyzed for positive versus negative comments and root-cause.