

Patient Satisfaction Survey

Your views regarding your visit to the Oral Health Centre are very important to us. All comments and ratings are considered, and are acted upon where possible. In addition, please be assured that all complaints are looked into. Please take the time to answer the following questions.

Please tick or circle the appropriate box.

1. How often have you been to the Oral Health Centre?

- First visit
 2 – 3 visits
 4 – 10 visits
 More than 10 visits

Do you think your treatment has required too many visits?

- No Yes

2. If this is your first visit, did you have any difficulty locating us?

- No Yes

If Yes, please provide details of where you needed to go and why it was difficult to locate _____

3. In which clinic were you seen on this visit?

- Endodontic (Root canal treatment)
 General Practice (Routine fillings, extractions, etc)
 Orthodontic (Braces, retainers, etc)
 Oral Medicine (Mucosal diseases, medical conditions causing mouth problems, etc)
 Oral Surgery (Surgical extraction of teeth)
 Paedodontic (Treatment of children)
 Periodontic (Gum disease, scaling and cleaning)
 Special Restorative (Complex bridgework, crowns, etc)
 Undergraduate (Student treatment)
 Bunbury
 Unknown

Please turn over

Form PSS Patient Satisfaction Survey *continuation*

Below are questions rating some of the Oral Health Centre's services. Please circle the appropriate word only if you have had interaction in this area. Further documentation or specific complaints can be attached to this form.

4.	Length of time waiting for your first appointment	Excellent	Good	Fair	Poor
5.	Ease of arranging a suitable time for an appointment	Excellent	Good	Fair	Poor
6.	Time from confirmation of your appointment until you were seen by the dentist/student	Excellent	Good	Fair	Poor
7.	Getting through to OHCWA by telephone	Excellent	Good	Fair	Poor
8.	Helpfulness of OHCWA staff on the telephone	Excellent	Good	Fair	Poor
9.	General knowledge and competence of the Reception staff	Excellent	Good	Fair	Poor
10.	Time spent waiting in the Reception area	Excellent	Good	Fair	Poor
11.	Friendliness and competence of the Dental Chair Assistant	Excellent	Good	Fair	Poor
12.	Concern the Dental Chair Assistant showed for your problem	Excellent	Good	Fair	Poor
13.	Friendliness/courtesy of the dentist	Excellent	Good	Fair	Poor
14.	Explanations the dentist gave you about your problem or condition	Excellent	Good	Fair	Poor
15.	Dentist's efforts to include you in decisions about your treatment	Excellent	Good	Fair	Poor
16.	Instructions the dentist gave you about follow-up care (if any)	Excellent	Good	Fair	Poor
17.	Our concern for the privacy of the information you provide	Excellent	Good	Fair	Poor
18.	Overall efficiency of staff from your arrival to the completion of your treatment	Excellent	Good	Fair	Poor
19.	Overall quality of care received during your visit	Excellent	Good	Fair	Poor
20.	Observation as to hand hygiene compliance by Dentists, Students and Dental Clinic Assistants	Excellent	Good	Fair	Poor

General comments	If you would like personal feedback please provide name and address (optional):

Please place this completed form in the box at the Reception Desk.

Thank you for taking the time to assist us.