

HCI Medical Practice Survey

We thank you in advance for completing this questionnaire.

We want *your journey to health* with HCI to be the best!

Please tell us about your recent visit.

For general questions on your visit and this survey participation,
circle your answer or fill in the appropriate circle.

1. If someone other than the patient is completing this survey, please tell us who?
_____.
2. Was this your (the patient's) first visit here? Yes No
3. Who referred you (the patient) to the Houston Cancer Institute (HCI)?
_____.
4. Where did you (the patient) first hear about the Houston Cancer Institute?
_____.
5. Have you been to the HCI Website at <http://www.HoustonCancerInstitute.com>?
 Yes No
6. Did you know that our Website is updated daily? Yes No
7. When you (the patient) called for an appointment, was the process friendly and efficient? Was the available appointment as soon as you needed? Yes No
8. How many minutes did you wait after your scheduled appointment time before you were called to an exam room? _____ minutes.
9. How many minutes did you wait in the exam room before you were seen by a doctor or nurse? _____ minutes.

Use the space below for comments (describe good or bad experience):

Houston Cancer Institute, PA

1220 Blalock, Suite 300, Houston, TX 77055 Phone: (713)464-5995

<http://www.HoustonCancerInstitute.com>

INSTRUCTIONS: Please rate the services that you received from our practice.
Place circle the number that best describes your experience:
Very poor 1 ⊗ **Fair 3** **Very good! 5** ☺ Space is provided for your comments.

1. How was the ease of scheduling your appointment?
Very poor 1 ⊗ Fair 3 Very good! 5 ☺
2. How was courteous was the person who scheduled your appointment?
Very poor 1 ⊗ Fair 3 Very good! 5 ☺
3. How helpful was the receptionist on the telephone?
Very poor 1 ⊗ Fair 3 Very good! 5 ☺
4. Did staff promptly return your phone calls or answer your questions?
Very poor 1 ⊗ Fair 3 Very good! 5 ☺

A few more questions on your comfort at Houston Cancer Institute.

1. How was the speed of the sign in and registration process?
Very poor 1 ⊗ Fair 3 Very good! 5 ☺
2. What was the courtesy of staff in the registration area?
Very poor 1 ⊗ Fair 3 Very good! 5 ☺
3. Tell us how you rate the comfort and pleasantness of the **waiting area**.
Very poor 1 ⊗ Fair 3 Very good! 5 ☺
4. Tell us how you rate the comfort and pleasantness of the **exam room**.
Very poor 1 ⊗ Fair 3 Very good! 5 ☺
5. Tell us how you rate the professionalism and courtesy of the nurse/assistant.
Very poor 1 ⊗ Fair 3 Very good! 5 ☺
6. In which office did you receive care? Blalock Sugar Land Clear Lake

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Tell us about the medical side of your visit at Houston Cancer Institute

- 1. How was the friendliness and courtesy of the care provider/physician?
Very poor 1 ☹ Fair 3 Very good! 5 ☺

- 2. How clearly did the care provider/physician explain your condition?
Very poor 1 ☹ Fair 3 Very good! 5 ☺

- 3. Did the medical staff listen well and answer your questions and concerns?
Very poor 1 ☹ Fair 3 Very good! 5 ☺

- 4. Did the care provider/physician's include you in decisions about your treatment?
Very poor 1 ☹ Fair 3 Very good! 5 ☺

- 5. Did you understand the information the care provider/physician gave you about follow-up medication, if any? Very poor 1 ☹ Fair 3 Very good! 5 ☺

- 6. Was the amount of time the care provider/physician spent with you adequate?
Very poor 1 ☹ Fair 3 Very good! 5 ☺

- 7. How would you rate your confidence in this care provider/physician?
Very poor 1 ☹ Fair 3 Very good! 5 ☺

- 8. How would you rate the concern the nurse/assistant showed for your health?
Very poor 1 ☹ Fair 3 Very good! 5 ☺

Use the space below for comments (describe good or bad experience):

Overall Assessment of Houston Cancer Institute Visit

- 1. What was HCI's overall concern for your privacy and health care needs?
Very poor 1 ☹ Fair 3 Very good! 5 ☺

- 2. What was your overall rating of care that you received during your visit?
Very poor 1 ☹ Fair 3 Very good! 5 ☺

- 3. Will you recommend the Houston Cancer Institute to others? Yes No

Optional: What is your name and phone number? _____

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