DENTAL PATIENT SURVEY

Date: _____(Circle one) Fall Semester Spring Semester Summer Semester

In our continuing efforts to improve our performance, the NDSCS Allied Dental Education Department is conducting a quality assurance survey of patients in our clinic. This survey will help us evaluate the dental care that is provided by our students and staff.

For each item listed below, circle the number to the right that best fits your degree of satisfaction. Use the scale below to select the satisfaction level. If you received radiology services only (panoramic or FMX survey), not all questions will apply.

5 = Excellent	**4** = Very Good	**3** = Good	**2** = Fair	**1** = Poor	**N/A**=Not applicable

Question	***Scale***					
1. I was treated with friendliness, courtesy and respect.	5	4	3	2	1	N/A
2. My student displayed a caring attitude, paying attention to my concerns.	5	4	3	2	1	N/A
3. My treatment was provided with sensitivity to any cultural or social issues.	5	4	3	2	1	N/A
4. My treatment recommendations were tailored to my needs and well explained.	5	4	3	2	1	N/A
5. My student/instructor explained the benefits and risks of my treatment.	5	4	3	2	1	N/A
6. My student provided me with an estimate of the costs and time required to complete my treatment.	5	4	3	2	1	N/A
7. If I needed follow-up care for services not available at NDSCS, I was informed by the supervising instructor or dentist.	5	4	3	2	1	N/A
8. My treatment was provided in a clean, safe environment.	5	4	3	2	1	N/A
9. The process for scheduling appointments is effective.	5	4	3	2	1	N/A
10. Overall, I am very satisfied with the quality of services I have received.	5	4	3	2	1	N/A
11. I plan on receiving care at the NDSCS Dental Hygiene Clinic in the future, and I am comfortable recommending the NDSCS Dental Hygiene Clinic's services to family and friends.	5	4	3	2	1	N/A

Comments:

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Optional: Your name_____ Students Name _____

We sincerely appreciate you taking the time to help us in the evaluation. Thank you!