

Medical Clinic Reception and Waiting Area Survey

Thank you for taking the time to share your feedback. Please complete this printable survey to help us improve your experience at our clinic. Write your responses in the spaces provided below.

1. General Information

Date of Visit:

Time of Arrival:

Patient Name (Optional):

2. Reception and Check-In Experience

How would you rate the friendliness and courtesy of the reception staff? (Please write: Excellent, Good, Fair, or Poor):

Was the check-in process clear and efficient? (Please write: Yes, No, or Comments):

How long did you wait in line to be checked in? (e.g., Less than 5 minutes, 5-10 minutes, More than 10 minutes):

3. Waiting Area Environment

How would you rate the cleanliness of the waiting room? (Please write: Excellent, Good, Fair, or Poor):

Was there adequate and comfortable seating available? (Please write: Yes, No, or Comments):

How would you rate the overall atmosphere, including lighting and temperature? (Please write: Excellent, Good, Fair, or Poor):

Were the waiting area amenities (e.g., water dispenser, reading materials, Wi-Fi) satisfactory? (Please write: Yes, No, or Comments):

4. Waiting Time

Approximately how long did you wait in the waiting area before being called to the back? (e.g., Less than 15 minutes, 15-30 minutes, More than 30 minutes):

Were you informed of any delays regarding your appointment time? (Please write: Yes, No, or Comments):

5. Overall Feedback

How would you rate your overall reception and waiting area experience? (Please write: Excellent, Good, Fair, or Poor):

What is one thing we could do to improve your experience in our waiting area?

Any other comments or suggestions?

