

# Managing Marketing

## ADA's Guidelines for Practice Success™ (GPS™)

### SAMPLE PATIENT SATISFACTION SURVEY

Please let us know how we're doing. For each of the following topics, please rate (insert practice name) on a scale of 1 to 4, with 1 indicating the lowest level of satisfaction and 4 indicating highly satisfied.

- |   |   |   |   |   |
|---|---|---|---|---|
| 1 I had an overall positive experience during my last appointment.      | 1 | 2 | 3 | 4 |
| 2 I was greeted in a prompt and friendly manner.                        | 1 | 2 | 3 | 4 |
| 3 The treatment I received was clearly explained.                       | 1 | 2 | 3 | 4 |
| 4 The person who provided my dental care was sensitive to my concerns.  | 1 | 2 | 3 | 4 |
| 5 It was easy to schedule my next appointment.                          | 1 | 2 | 3 | 4 |
| 6 I would return to (insert practice name) in the future.               | 1 | 2 | 3 | 4 |
| 7 I would be comfortable recommending (insert practice name) to others. | 1 | 2 | 3 | 4 |
| 8 The one thing I like most about (insert practice name) is: _____      |   |   |   |   |
| a. (please describe)  |   |   |   |   |

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