



NASHVILLE
SPORTS MEDICINE
AND ORTHOPAEDIC CENTER

2011 Church St., Suite 100
Nashville, TN 37203
615-284-5800

Patient Satisfaction Survey

Thank you for putting your trust in Nashville Sports Medicine and Orthopaedic Center and for taking the time to complete this brief survey. Your responses will help us achieve our goal of delivering state of the art orthopaedic care in a comfortable, caring environment. Your comments and suggestions are always welcome. You may email your responses to info@nsmoc.com; drop them in the box at the front desk, or mail to the address above.

Please rate your overall experiences in the following areas.		
<i>Please rate from 1 (low) to 10 (high) or NA if this doesn't apply to you.</i>		
		<i>Comments</i>
My telephone call was answered promptly.	1 2 3 4 5 6 7 8 9 10 NA	
Voice or email messages were returned promptly.	1 2 3 4 5 6 7 8 9 10 NA	
The scheduling staff was helpful and knowledgeable.	1 2 3 4 5 6 7 8 9 10 NA	
The reception staff was welcoming and respectful.	1 2 3 4 5 6 7 8 9 10 NA	
The check-out staff was welcoming and helpful.	1 2 3 4 5 6 7 8 9 10 NA	
The patient accounts department was helpful.	1 2 3 4 5 6 7 8 9 10 NA	
During your visit, did you find the clinic staff to be:		
Welcoming	1 2 3 4 5 6 7 8 9 10 NA	
Attentive	1 2 3 4 5 6 7 8 9 10 NA	
Knowledgeable	1 2 3 4 5 6 7 8 9 10 NA	
During your visit, did the physician, nurse practitioner, or therapist...		
Listen to your problems	1 2 3 4 5 6 7 8 9 10 NA	
Answer your questions thoroughly in terms you could easily understand	1 2 3 4 5 6 7 8 9 10 NA	
Have excellent medical knowledge	1 2 3 4 5 6 7 8 9 10 NA	
Explain what he/she was doing	1 2 3 4 5 6 7 8 9 10 NA	
Involve you in making decisions about your care	1 2 3 4 5 6 7 8 9 10 NA	
Value you as a patient	1 2 3 4 5 6 7 8 9 10 NA	
Value your time	1 2 3 4 5 6 7 8 9 10 NA	
Provide clear instructions for treatment or care	1 2 3 4 5 6 7 8 9 10 NA	
Spend enough time with you	1 2 3 4 5 6 7 8 9 10 NA	
Considering my overall interactions with NSMOC, I feel...		
Welcome	1 2 3 4 5 6 7 8 9 10 NA	
Valued as a patient	1 2 3 4 5 6 7 8 9 10 NA	
Respected	1 2 3 4 5 6 7 8 9 10 NA	
That my time was valued	1 2 3 4 5 6 7 8 9 10 NA	
Patient privacy and protection of health information are important to NSMOC. Please rank your level of satisfaction that we are taking all steps necessary to ensure your privacy and protection of your data. 1 2 3 4 5 6 7 8 9 10 NA		
Please enter additional comments regarding privacy and security here: 		