

**CONNECTICUT FERTILITY ASSOCIATES  
CONFIDENTIAL PATIENT SURVEY**

Reason for your visit:      I VF-First Cycle                  I VF-Multiple Cycle(s)                  I UI                  REI                  Other  
(please circle one)

|                |                    |                                       |                          |                   |
|----------------|--------------------|---------------------------------------|--------------------------|-------------------|
| Very Satisfied | Somewhat Satisfied | Neither Satisfied<br>nor Dissatisfied | Somewhat<br>Dissatisfied | Very dissatisfied |
| 1              | 2                  | 3                                     | 4                        | 5                 |

1. Professionalism of staff ..... 1 2 3 4 5
2. Competency of staff ..... 1 2 3 4 5
3. Communication/explanation of questions regarding ..... 1 2 3 4 5
4. Friendliness of phone reception ..... 1 2 3 4 5
5. Availability of appointments..... 1 2 3 4 5
6. Length of time in the waiting room ..... 1 2 3 4 5
7. Friendliness of reception during visit(s) ..... 1 2 3 4 5
8. Friendliness of financial advisor(s)..... 1 2 3 4 5
9. Helpfulness of financial advisor(s)..... 1 2 3 4 5
10. Explanation of financial obligations..... 1 2 3 4 5
11. Accessibility of the physicians..... 1 2 3 4 5
12. Accessibility of the nursing staff ..... 1 2 3 4 5
13. Length of time to return phone calls ..... 1 2 3 4 5
14. Location of the office..... 1 2 3 4 5
15. Atmosphere and decor of office ..... 1 2 3 4 5
16. Prices vs. value of services provided ..... 1 2 3 4 5
17. Quality of the print materials provided (kits) ..... 1 2 3 4 5
18. Have you ever visited our website at [www.CTfertility.com](http://www.CTfertility.com)? \_\_\_ Yes \_\_\_ No
19. If yes, how did you find the quality and comprehensiveness of the information  
available on the website ..... 1 2 3 4 5
20. Would you want to see any features or information added to website? \_\_\_ Yes \_\_\_ No
21. If yes, what? \_\_\_\_\_
22. My overall experience at Connecticut Fertility Associates..... 1 2 3 4 5
23. I am on-line at home. \_\_\_\_\_ Yes \_\_\_\_\_ No
24. If yes, what is your e-mail address?\_\_\_\_\_
25. I would utilize internet/email communication during my course of treatment. \_\_\_ Yes \_\_\_ No

Please describe what has been the best part of your experience with our center and what areas we could be of better service to you. It is our goal to continually improve our services to you: \_\_\_\_\_

(Please feel free to use reverse side of this form for additional comments.)