Dental Patient Experience Survey Template

All questions are optional. Select one answer for each choice question.
Write your answers to the open questions in the space provided.

Think about your latest visit to this dental practice. Please do not include your name, treatment details, or health information. Contact the practice directly about a concern that needs a response.

1. How easy was it to arrange this appointment?

- ☐ Very difficult
- ☐ Somewhat difficult
- ☐ Neither difficult nor easy
- ☐ Somewhat easy
- ☐ Very easy
- ☐ Someone else arranged it

2. How clear was the information you received before the visit?

- ☐ Very unclear
- ☐ Somewhat unclear
- ☐ Neither clear nor unclear
- ☐ Somewhat clear
- ☐ Very clear
- ☐ No information received

3. How satisfied were you with communication about any wait?

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied
- ☐ No wait or not applicable

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4. How clear were the explanations given during your visit?

- ☐ Very unclear
- ☐ Somewhat unclear
- ☐ Neither clear nor unclear
- ☐ Somewhat clear
- ☐ Very clear
- ☐ Not applicable

5. Did you have the opportunity to ask the questions you wanted to ask?

- ☐ Yes, fully
- ☐ Partly
- ☐ No
- ☐ I had no questions
- ☐ Prefer not to say

6. What worked well in the service you received?

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7. What could make the visit experience easier?