



Asthma Sinus Allergy Program at  
Greater Baltimore Medical Center  
Physicians Pavilion North I  
6535 N. Charles Street, Suite 200  
Towson, MD 21204-6819

Alvin Sanico, MD, FAAAAI  
Tel 410.583.8393  
Fax 410.583.8394  
center@asap-gbmc.com  
www.asap-gbmc.com

Date of Visit: \_\_\_\_\_

Patient Age: \_\_\_\_\_

Patient Gender (circle): **M** **F**

## PATIENT SATISFACTION SURVEY

Our mission is to provide the best of care and service. Please help us achieve our mission by providing your feedback. Please CIRCLE the appropriate rating and feel free to write your comments and suggestions. Thank you for your input.

Feedback about our PEOPLE	Poor	Fair	Good	Excellent
Courtesy of the staff member when you scheduled your visit	1	2	3	4
Courtesy of the staff member when you checked-in	1	2	3	4
Courtesy of the staff member when your vital signs were taken	1	2	3	4
Courtesy of the physician	1	2	3	4
Courtesy of the staff member in the testing or procedure area	1	2	3	4
Courtesy of the staff member when you checked-out	1	2	3	4
Efforts to address your questions or concerns	1	2	3	4
Efforts to include you in decisions about your treatment	1	2	3	4
Amount of time spent with you	1	2	3	4
Level of confidence in your care providers	1	2	3	4
Level of satisfaction with your care providers	1	2	3	4

**Compliments or Complaints:**

Feedback about our PROCESS	Poor	Fair	Good	Excellent
Ease of scheduling your appointment	1	2	3	4
Level of helpfulness on the telephone	1	2	3	4
Speed of the registration and check-in process	1	2	3	4
Length of wait before you were brought to the exam room	1	2	3	4
Length of wait in the exam room before being seen by the physician	1	2	3	4
Explanation given about the tests or procedures	1	2	3	4
Level of comfort during the skin testing (if applicable)	1	2	3	4
Level of comfort during the lung function testing (if applicable)	1	2	3	4
Level of comfort during the nasal endoscopy (if applicable)	1	2	3	4
Information given to you about your condition	1	2	3	4
Information given to you about your treatment	1	2	3	4

**Compliments or Complaints:**

Feedback about our PLACE	Poor	Fair	Good	Excellent
Ease of finding our building	1	2	3	4
Ease of finding our suite	1	2	3	4
Ease of parking	1	2	3	4
Your impression of the main reception area	1	2	3	4
Your impression of the check-in and picture taking area	1	2	3	4
Your impression of the examination room	1	2	3	4
Your impression of the testing or procedure area	1	2	3	4
Your impression of the internet café	1	2	3	4

**Compliments or Complaints:**

Feedback about your PERSONAL SATISFACTION	Poor	Fair	Good	Excellent
How was your overall experience?	1	2	3	4
What is the likelihood that you would recommend us to others?	1	2	3	4

**What else can we do to make our center even better?**

[ ] Check here if you have additional comments on the back page.