✓ ChecklistGuro

Healthcare Patient Experience Checklist: Satisfaction & Feedback

Pre-Appointment Communication

Assesses clarity and ease of scheduling, reminders, and pre-appointment instructions.

Was the scheduling process easy to navigate?

☐ Very Easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very Difficult

Appointment Date

Enter date...

Scheduled Appointment Time

Did you receive appointment reminders?

☐ Yes

☐ No

☐ Not Applicable

Reminder Method(s)

☐ Text Message

☐ Email

☐ Phone Call

☐ None

Please describe any difficulties experienced during scheduling.

Write something...

Arrival & Check-In

Evaluates the efficiency and friendliness of the check-in process and waiting area experience.

Arrival Time

Check-In Method

☐ Front Desk

☐ Kiosk

☐ Online Portal

Wait Time (Minutes)

Enter a number...

Staff Friendliness

☐ Excellent

☐ Good

☐ Fair

☐ Poor

Comments on Check-In Experience

Write something...

Clinical Encounter

Focuses on provider communication, empathy, and the patient's understanding of their care plan.

Did the provider introduce themselves?

☐ Yes

☐ No

☐ Not Applicable

Did the provider explain the diagnosis and treatment options clearly?

☐ Yes, Very Clearly

☐ Yes, Understandably

☐ Somewhat Clearly

☐ Not Clearly

☐ Not Discussed

Describe the provider's communication style (e.g., empathetic, rushed, dismissive)

Write something...

Rate the provider's level of empathy (1-10, 10 being highest)

Enter a number...

Did you feel your questions were addressed adequately?

- [ ] Yes, Completely
- [ ] Yes, Mostly
- [ ] Somewhat
- [ ] Not Fully
- [ ] Not Addressed

Please describe any concerns or uncertainties you have about your care plan.

Write something...

Facility Environment

Considers cleanliness, comfort, and overall aesthetics of the healthcare facility.

Temperature (Waiting Area)

Enter a number...

Cleanliness of Waiting Area

☐ Excellent

☐ Good

☐ Fair

☐ Poor

Noise Level

☐ Quiet

☐ Moderate

☐ Noisy

Describe any odors noticed
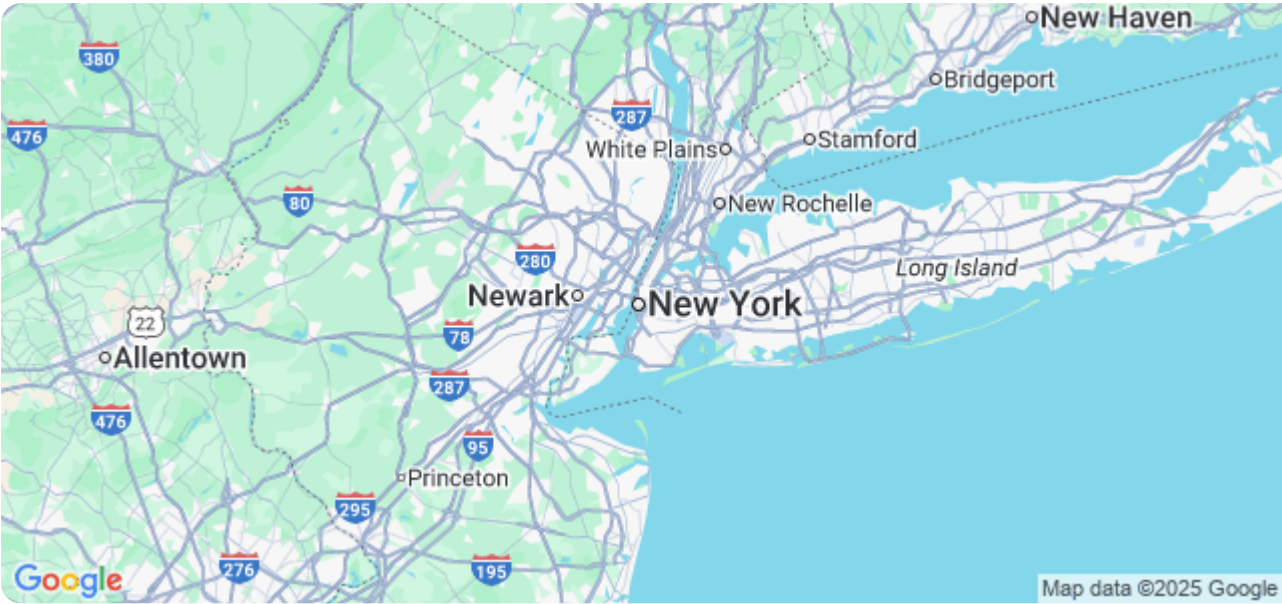
Write something...

Lighting Adequacy

☐ Excellent

☐ Good

☐ Fair

☐ Poor

Location of Hand Sanitizer Stations

📍 Set My Current Location

Map data ©2025 Google

Billing & Financial Communication

Examines clarity and transparency in billing practices and financial explanations.

Was the billing process easy to understand?

☐ Yes

☐ No

☐ Somewhat

Estimate of total bill amount (if known)

Enter a number...

Were payment options clearly explained?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Please describe any confusion or concerns about your bill.

Write something...

Were financial assistance options discussed (if applicable)?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Date bill was received

Enter date...

Post-Visit Follow-Up

Covers responsiveness to questions, appointment scheduling, and ongoing support.

Next Appointment Scheduled?

Enter date...

Time of Follow-Up Call (if applicable)

Was the patient provided with clear discharge instructions?

☐ Yes

☐ No

☐ N/A

Was the patient's medication reconciliation complete?

☐ Yes

☐ No

☐ N/A

Additional Notes on Patient Follow-Up (e.g., specific instructions given, concerns raised)

Write something...

Did the patient express any concerns during the follow-up?

☐ Yes

☐ No

Patient Feedback Mechanisms

Evaluates the availability and effectiveness of channels for patients to share their experiences.

How would you prefer to provide feedback?

☐ Online Survey

☐ Phone Call

☐ Email

☐ Suggestion Box

On a scale of 1-10 (1 being not at all, 10 being extremely), how satisfied were you with the feedback process?

Enter a number...

Please describe what we could do to improve our feedback process.

Write something...

Which of the following best describes your experience?

☐ Easy to use

☐ Timely

☐ Respectful

☐ Confidential

Date of Feedback Submission

Enter date...