

Pacific Optometry

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Online Survey

Thank you for agreeing to provide feedback to Pacific Optometry. We want your help to continually improve the services offered to patients. We appreciate your candid response to the 5 minute online survey below.

Is this the first time you visited the doctor? Yes No

On a scale of 1 (=worst) to 5 (=best), please rate your experience with the eye care professional:

Our practice, optometrist, and staff scale (worst) 1 2 3 4 5 (best)

How would you rate your overall experience with your visit?

What is the likelihood you would return for your next visit?

How likely are you to recommend our practice to your family and friends?

Did the optometrist listen to your explanations and questions carefully?

Did the optometrist answer your questions thoroughly and properly?

What is the degree of trust you have with your optometrist?

How easy was it to schedule a visit?

How clean was the medical office in general?

How would you rate the medical staff friendliness?

How would you rate the medical staff effectiveness?

General questions

Please enter how many minutes you spent with your optometrist? _____

Please enter how many minutes you spent waiting to see your optometrist? _____

Please enter below any additional comments you would like to share with us: