Patient and Provider/Staff Online Satisfaction Survey Examples - Patient Portal

The attached are examples of patient and provider/staff online patient portal satisfaction surveys.

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3 Examples of Patient Portal Satisfaction Online Surveys

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for Patients

Over the past few months, we have been testing a patient portal, [redacted], as a way to help you safely and confidentially communicate with your doctor's office. [redacted] can be securely accessed over the web from the comfort of your home or office, and can be used to e-mail your doctor with questions you might have, or to view your health records, make an appointment, or even get a refill on your prescription. As a patient of [redacted], we are asking for your help. We would value your feedback on ways in which you think we can make the patient portal better.

This survey takes about 10 minutes to complete. Your participation in this survey is completely voluntary and will not affect your health care or your benefits. Your individual responses to this survey will be kept confidential and anonymous and only summary responses across all patients will be shared with staff. If you have any questions about this survey, please contact [redacted].

Thank you in advance for your feedback!

1. In the past 6 months, how many times did you call [redacted]?

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ More than 5 times

2. If you called [redacted] in the past 6 months, what was your reason for doing so? (check all that apply)

☐ Make or change an appointment

☐ Ask for a referral

☐ Refill prescriptions

☐ Ask about lab results

☐ Ask a question

☐ Other reason: _____

3. If you called [redacted] in the past 6 months, what is your overall rating of this phone call?

○ Poor ○ Fair ○ Good ○ Very Good ○ Excellent

4. In the past 6 months, how many times did you send an e-mail to [redacted] staff or your doctor?

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ More than 5 times

5. In the past 6 months, how many times were you seen in the clinic by either a doctor or nurse?

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ More than 5 times

6. If you emailed [redacted] in the past 6 months, what was your reason for doing so? (check all that apply)

- ☐ Make or change an appointment
- ☐ Ask for a referral
- ☐ Refill prescriptions
- ☐ Ask about lab results
- ☐ Ask a question
- ☐ Other reason: _____

7. If you emailed [redacted] in the past 6 months, what is your overall rating of this email communication?

○ Poor ○ Fair ○ Good ○ Very Good ○ Excellent

8. How many times have you used [redacted] Patient Portal in the past 6 months?

○ Never ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ More than 5 times

9. If you used [redacted] Patient Portal in the past 6 months, for which services did you use it? (check all that apply)

- ☐ Communicate with doctor or nurse
- ☐ Refill prescriptions
- ☐ View health records
- ☐ Find information about a health issue
- ☐ Request a referral
- ☐ View lab results
- ☐ Make or change an appointment
- ☐ Pay a bill
- ☐ Other: _____

10. If you used [redacted] Patient Portal in the past 6 months, what is your overall rating of it?

○ Poor ○ Fair ○ Good ○ Very Good ○ Excellent

11. Did using [redacted] Patient Portal save you a call to the [redacted] in the past 6 months?

○ Yes ○ No ○ I did not use NextMD Patient Portal in the past 6 months

12. Did using [redacted] Patient Portal save you a visit to [redacted] in the past 6 months?

- ◯ Yes
- ◯ No
- ◯ I did not use NextMD Patient Portal in the past 6 months

13. If you used [redacted] Patient Portal in the past 6 months, please check the box that best reflects your opinion.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
It was easy to register to use [redacted] Patient Portal.	◯	◯	◯	◯	◯
It is easy logging into [redacted] Patient Portal.	◯	◯	◯	◯	◯
My medical information on [redacted] Patient Portal is accurate and up-to-date.	◯	◯	◯	◯	◯
It is easy to use [redacted] Patient Portal.	◯	◯	◯	◯	◯
The information on [redacted] Patient Portal is easy to understand.	◯	◯	◯	◯	◯
Using [redacted] Patient Portal makes me feel more connected with my doctor.	◯	◯	◯	◯	◯
My communication with the clinic has been better since I've been using [redacted] Patient Portal.	◯	◯	◯	◯	◯

14. Do you have any concerns about using [redacted] Patient Portal?

15. If there are ways we can improve [redacted] Patient Portal please list them below:

16. How likely are you to recommend [redacted] to family and friends?

- ◯ Strongly Agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly Disagree
- ◯ NA

17. How satisfied are you with your ability to get the care you need from [redacted]?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- NA

18. In general, how would you rate your overall health?

- Poor
- Fair
- Good
- Very Good
- Excellent

19. [redacted] Patient Portal can be used as a resource to help you get more information about any illness you have. Has a doctor ever told you that you have any of these things?

	Yes	No
Diabetes or high blood sugar		
Hypertension or high blood pressure		
Asthma		
Chronic bronchitis or emphysema		
Heart disease		
Cancer		
Depression		
HIV/AIDS		
Any other chronic illness		

20. Are you male or female?

- Female
- Male

21. In which age group do you fall?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or older

22. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

Thank you for taking the time to give us this feedback!

Patient portal survey

1. How many times have you used [redacted] patient portal in the past 6 months?

- ◯ Never
- ◯ 1
- ◯ 1
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ More than 5 times

2. If you used [redacted] patient portal in the past 6 months, for which services did you use it? (Check all that apply)

- ☐ Communicate with doctor or nurse
- ☐ Refill prescriptions
- ☐ View health records
- ☐ Find information about a health issue
- ☐ Request a referral
- ☐ View lab results
- ☐ Send a message to request an appointment

Other (please specify)

3. If you used [redacted] patient portal in the past 6 months, what is your overall rating of it?

- ◯ Poor
- ◯ Fair
- ◯ Good
- ◯ Very good
- ◯ Excellent
- ◯ I did not use the patient portal in the past 6 months

4. Did using [redacted] patient portal save you a call to the clinic in the past 6 months?

- ◯ Yes
- ◯ No
- ◯ I did not use the patient portal in the past 6 months

5. Did using [redacted] patient portal save you a visit to the clinic in the past 6 months?

- ◯ Yes
- ◯ No
- ◯ I did not use the patient portal in the past 6 months

6. [redacted] patient portal can be used as a resource to help you get more information about any medical condition you might have. If you have any of the following conditions do you use the portal to get more information on the condition(s)?

	Yes	No
Diabetes or high blood sugar	○	○
Hypertension or high blood pressure	○	○
Asthma	○	○
Chronic bronchitis or emphysema	○	○
Heart disease	○	○
Cancer	○	○
Depression	○	○
HIV/AIDS	○	○
Any other chronic illness	○	○
N/A	○	○

7. Do you have any concerns about using [redacted] patient portal?

8. Are there any ways that we can improve [redacted] patient portal?

Patient portal survey - Spanish

1. Cuántas veces ha usado el Portal para [redacted] del [redacted] en los últimos 6 meses?

- ◯ Nunca
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ Más de 5 veces

2. Si uso el Portal para Pacientes de la [redacted] en los últimos 6 meses, para cuales servicios lo utilizo?

- ☐ Comunicarme con el doctor(a) o enfermero(a)
- ☐ Pedir receta medica
- ☐ Ver su expediente de salud
- ☐ Encontrar información sobre un problema de salud
- ☐ Pedir una remisión con un especialista
- ☐ Ver resultados de laboratorio
- ☐ Mandar un mensaje para pedir una cita

Otro (por favor especifique):

3. Si uso el Portal para [redacted] del condado de Summit en los últimos 6 meses, cuál es su puntuación en general?

- ◯ Pobre
- ◯ Normal
- ◯ Buena
- ◯ Muy buena
- ◯ Excelente
- ◯ No he utilizado el Portal para Pacientes en los últimos 6 meses

4. Le evito tener que llamar a la clínica [redacted]el usar el Portal para Pacientes?

- ◯ Si
- ◯ No
- ◯ No he utilizado el Portal de Paciente en los últimos 6 meses

5. Le ahorro una cita en la clínica [redacted]el usar el Portal para Pacientes?

- ◯ Si
- ◯ No
- ◯ No he utilizado el Portal de Paciente en los últimos 6 meses

6. El Portal para Pacientes de la [redacted] puede ser utilizado como un recurso para ayudarle a obtener más información acerca de cualquier tipo de condición que pueda tener.

Si tiene una de las siguientes condiciones, usa usted el Portal para Pacientes para obtener más información sobre la condición (es)?

	Si	No
Diabetes o azúcar alta	○	○
Hipertension o presionalta	○	○
Asma	○	○
Bronchitis crónica o enfisema	○	○
Enfermedad cardiaca	○	○
Cancer	○	○
Depresion	○	○
HIV/SIDA	○	○
Cualquier enfermedad cronica	○	○
N/A	○	○

7. Tiene usted alguna preocupación al usar el [redacted]?

8. Hay alguna manera en la que podríamos mejorar el Portal para Pacientes de [redacted]?

Gracias por tomarse el tiempo de completar este cuestionario!

Done

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An Example of Patient Portal Satisfaction Online Surveys

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for Providers/Staff

Employee portal survey

1. What is your primary role?

- ◯ Front Desk
- ◯ Clinic Assistant
- ◯ Medical Provider
- ◯ Behavioral Health Provider
- ◯ Health Educator
- ◯ Admin/Other

2. Please check the response that most accurately reflects your opinion for each option.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know	N/A
Using a patient portal can make it easier for me to do my job.	○	○	○	○	○	○	○
A patient portal is a good way for patients to reach me about non-urgent medical matters.	○	○	○	○	○	○	○
Using a patient portal can help improve my relationship with my patients.	○	○	○	○	○	○	○
Using a patient portal will take up too much of my time.	○	○	○	○	○	○	○
Using a patient portal has a high potential to lead to liability issues.	○	○	○	○	○	○	○
The calls I get from patients will increase because they will not understand the information on the patient portal.	○	○	○	○	○	○	○

3. About how much of your time each day is spent trying to reach patients to communicate follow-up information?

- ◯ Less than one hour
- ◯ 1-2 hours
- ◯ More than 2 but less than 3 hours
- ◯ 3 or more hours
- ◯ This is not a part of my job responsibilities

4. About how much of your time each day is spent on tasks directly associated with the patient portal? (For example, electronic communication, prescription refill requests, appointments)

- ◯ Less than one hour
- ◯ 1-2 hours
- ◯ More than 2 but less than 3 hours
- ◯ 3 or more hours
- ◯ I do not use the patient portal
- ◯ I do not have access to the patient portal yet

5. Any additional comments:

Done

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