



Tri-Cities Skin & Cancer
1009 N State of Franklin Access Rd.
Johnson City, TN 37659
Phone: (423) 929-7546
Fax: (423) 929-7968
Email: garritsonbs@tcskincare.com

How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. Tri Cities Skin & Cancer welcomes your feedback and your answers will be kept confidential. Thank you for your participation. You may either e-mail, fax, or send this survey to us.

General Patient Information

How would you rate our concern for your privacy?

☐ Outstanding ☐ Good ☐ Adequate ☐ Needs improvement ☐ Poor ☐ N/A

How often have you visited Tri Cities Skin & Cancer within the past year?

☐ First Visit ☐ 2-5 Visits ☐ More than 6

Scheduling Your Appointment

Did you schedule an appointment by phone or did you drop in?

☐ Scheduled by phone ☐ Dropped in

If you scheduled an appointment, did you have to wait longer than expected to get scheduled?

☐ Yes ☐ No

How easy was it to make an appointment by telephone?

☐ Very easy ☐ ☐ ☐ ☐ ☐ ☐ Very difficult

How long did you wait to speak to a scheduling staff member?

☐ 0 to 2 minutes ☐ 3 to 5 minutes ☐ 5 to 7 minutes ☐ Longer



Tri-Cities Skin & Cancer
1009 N State of Franklin Access Rd.
Johnson City, TN 37659
Phone: (423) 929-7546
Fax: (423) 929-7968
Email: garritsonbs@tcskincare.com

Was the person who scheduled your appointment courteous and helpful?

☐ ☐ ☐ ☐ ☐ ☐ ☐

Very Rude
courteous

Day of Your Appointment

How would you rate the courtesy of the staff at the reception desk?

☐ ☐ ☐ ☐ ☐ ☐ ☐

Very Rude
courteous

How long did you wait in the reception area beyond your scheduled appointment time?

☐ ☐ ☐ ☐

0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other _____

How long did you wait in the exam room before the physician appeared?

☐ ☐ ☐ ☐

0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other _____

Which department(s) did you visit during your appointment?

General Dermatology ☐
Surgery or MOHS ☐
Light Box ☐
Cosmetic Services ☐

The Nursing Staff

How would you rate the competence of the nurse who helped you?

☐ ☐ ☐ ☐ ☐ ☐

Outstanding Good Adequate Needs improvement Poor N/A



Tri-Cities Skin & Cancer
1009 N State of Franklin Access Rd.
Johnson City, TN 37659
Phone: (423) 929-7546
Fax: (423) 929-7968
Email: garritsonbs@tcskincare.com

How would you characterize the concern that the nurse showed for your problem?

☐ Outstanding ☐ Good ☐ Adequate ☐ Needs improvement ☐ Poor ☐ N/A

Did the nurse respond to your requests within a reasonable period?

☐ Yes ☐ No

The Doctor

Did you feel that your doctor spent an adequate amount of time with you?

☐ Yes ☐ No ☐ N/A

Mark the boxes that characterize the demeanor of your doctor:

☐ Attentive ☐ Concerned ☐ Friendly ☐ Distracted ☐ Rushed ☐ Inconsiderate

Did you feel that your doctor's examination was thorough?

☐ Yes ☐ No ☐ N/A

Please rate the clarity of the doctor's explanation of your condition and treatment options:

☐ Outstanding ☐ Good ☐ Adequate ☐ Needs improvement ☐ Poor ☐ N/A

How well did your doctor include you in healthcare decisions?

☐ Outstanding ☐ Good ☐ Adequate ☐ Needs improvement ☐ Poor ☐ N/A

Were your questions answered to your satisfaction?

☐ Yes ☐ No ☐ N/A



Tri-Cities Skin & Cancer
1009 N State of Franklin Access Rd.
Johnson City, TN 37659
Phone: (423) 929-7546
Fax: (423) 929-7968
Email: garritsonbs@tcskincare.com

Would you recommend this facility and its staff to your family and friends?

☐

Yes

☐

No

☐

N/A

Additional Feedback

Please list any areas in which our service could be improved.

Please share any additional comments.

Personal Information

Providing the following information is optional.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Gender: _____ Age: _____

Would you like someone to contact you regarding your responses on this survey?

☐

Yes

☐

No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.