



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. BIMA welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

General Patient Information

In general, what is the quality of your health?

- Outstanding Good Some chronic issues Poor

How would you rate our concern for your privacy?

- Outstanding Good Needs improvement Poor N/A

How often have you visited BIMA 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 E-Portal

If you scheduled an appointment, did you have to wait longer than expected to get scheduled? How long is your expectation? _____

- Yes No

How easy was it to make an appointment by telephone?

- Very easy 2 3 4 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

Was the person who scheduled your appointment courteous and helpful?

- Very courteous 2 3 4 Rude

If you were seeking a referral to a specialist, was your request handled within 48 hours?

- Yes No N/A

If you are a new patient, were you contacted by our Medical Concierge prior to your appointment?

- Yes No N/A

Day of Your Appointment

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

- Very courteous 2 3 4 Rude

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 Practitioner
- Walk-in/Urgent Care
- Weight Loss
- Women's Health
- Counseling & Therapy

The Nursing Staff (Name: _____)

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

- Outstanding
- Good
- Needs improvement
- Poor
- N/A

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

- Outstanding
- Good
- Needs improvement
- Poor
- N/A

Did the nurse respond to your requests within a 24 hour period?

- Yes
- No

The Doctor (Dr. _____)

Were you able to see the doctor of your choice?

- Yes
- No
- N/A

Did you feel that your doctor spent an adequate amount of time with you? How Long did the doctor spend with you? _____ If NO, What do you feel is adequate? _____

- Yes
- No
- N/A



Birmingham Internal Medicine Associates
7191 Cahaba Valley Road Suite 300
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205-930-2060

Mark the boxes that characterize the demeanor of your doctor (MARK ALL THAT APPLY):

- Attentive Concerned Friendly Distracted Rushed Inconsiderate

How would you rate the competence and knowledge of your doctor?

- Outstanding Good Needs improvement Poor N/A

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 Needs improvement Poor N/A

How well did your doctor include you in healthcare decisions?

- Outstanding Good Needs improvement Poor N/A

Were your questions answered to your satisfaction?

- Yes No N/A

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

- Yes No N/A

The Lab Staff (FYI these are employees of St. Vincent's)

How would you rate the professionalism and competence of the person who drew your blood and worked on your lab exam?

- Outstanding Good Needs improvement Poor N/A



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If you received a lab exam, please indicate the type(s) of lab exam you received:

- Blood test
- Breast exam
- CT scan
- MRI
- X-ray
- Other _____

If you received a lab exam, was the service prompt, comfortable, and courteous?

- Outstanding
- Good
- Needs improvement
- Poor
- 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? If so what is the best phone number to reach you? _____

- 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.

Feel free to mail the survey or drop off at our office at your convenience Attention: Administrator