

QUESTION

Make an X in the box that best describes your opinion

- 1. My overall impression of UCSF is:
- 2. I will tell my friends that dental care here is:
- 3. I rate my oral health BEFORE treatment as:
- 4. I rate my oral health AFTER treatment as:
- 5. Considering cost, I rate the value of my care as:

Poor	Fair	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please rate these on their quality of care:

- 6. My student dentist
- 7. The faculty dentist
- 8. My student hygienist
- 9. The faculty hygienist

NA*	Poor	Fair	Good	Excellent
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Please indicate how you were treated at UCSF:

- 10. My student was professional
- 11. My student listened carefully
- 12. My student used words I understood
- 13. My student explained my problems and taught me how to keep my mouth healthy
- 14. My student gave me choices for my dental work and let me decide what to do
- 15. My student listened when I was in pain and did something about it.
- 16. My student wanted me to be happy with the result of my dental treatment
- 17. My student treated me with kindness and respect
- 18. My student's speech was clear and easy to understand

NA*	Poor	Fair	Good	Excellent
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Make an X in the the box that best describes your opinion

Please rate our services and facilities

- 19. I was given clear directions to the clinic
- 20. The reception staff was helpful in responding to my questions
- 21. I was given accurate and complete information about appointments
- 22. I did not have problems when scheduling appointments
- 23. I did not have problems when contacting my student dentist or hygienist
- 24. The waiting area was clean and comfortable
- 25. The telephone system was easy to use
- 26. The staff was professional and courteous on the phone
- 27. I received a phone call to remind me of my appointment
- 28. I was able to make appointments in a timely manner

NA*	Poor	Fair	Good	Excellent
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Please give us your overall rating of the following areas:

- 29. Reception & appointments
- 30. Phone services
- 31. Financial service staff
- 32. Waiting rooms
- 33. Clinic facilities
- 34. Restrooms

NA*	Poor	Fair	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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THANK YOU FOR YOUR TIME

*NA means Not Applicable