



Marble Falls Minor Emergency Center
1701 Hwy 281 N.
Marble Falls, TX 78654
830-798-1122

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. Marble Falls Minor Emergency Center 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 Adequate Needs improvement Poor N/A

How often have you visited Marble Falls Minor Emergency Center within the past year?

- First Visit 2-5 Visits More than 6

Your Visit

What time of day did you come in to see a physician?

- Morning Early afternoon Late afternoon Evening

If you had a scheduled appointment, did you have to wait longer than expected to be seen by the physician?

- Yes No



The Doctor

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?

- Yes No N/A

Mark the boxes that characterize the demeanor of your doctor:

- Attentive Concerned Friendly Distracted Rushed Inconsiderate

How would you rate the competence of your doctor?

- Outstanding Good Adequate 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 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



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

- -
 -
- Yes No N/A

The Lab Staff

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

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

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

- -
 -
 -
- Blood test CT scan X-ray Other _____

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

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

Additional Feedback

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

Please share any additional comments.



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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.