



## 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 many times have you visited Marble Falls Minor Emergency Center or Hill Country Urgent Care?**

- 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



## 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?

- 
- 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 visit?

- Laboratory
- CT Scan
- Xray

## The Nursing Staff

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

- 
- Outstanding Good Adequate Needs improvement Poor N/A

How would 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

**Which doctor did you see today?**

- Dr Armen     Dr Childers     Dr Dickey     Dr Little     Dr Scanlon     Dr Williams     Other Doctor or Don't Know

**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

**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 x-ray exam?**

- Outstanding       Good       Adequate       Needs improvement       Poor       N/A

**If you received a lab or x-ray 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.**

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Marble Falls Minor Emergency Center / Hill Country Urgent Care  
1701 Hwy 281 N.  
Marble Falls, TX 78654  
830-798-1122

**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.

You may return the survey to the receptionist, place in box in waiting room or mail to below address.

**Please feel free to contact us for concerns or questions:**

Medical Director: Michael W. Dickey, MD; 1701 US Hwy 281; Marble Falls, TX; 78654; 830-798-1122 or  
e-mail: [mike@mfmec.com](mailto:mike@mfmec.com)

Patient Account Supervisor: Reina Mc Daniel; 1701 US Hwy 281; Marble Falls, TX; 78654 830-798-1122  
or e-mail: [reina@mfmec.com](mailto:reina@mfmec.com)