

Clinic Waiting Time Feedback Questionnaire

Date of Visit

MM/DD/YYYY

Department/Clinic Visited

e.g., Pediatrics, General Me

Time of Arrival

e.g., 10:30 AM

How long did you wait before being attended to?

☐ Less than 15 minutes ☐ 15-30 minutes ☐ 30-60 minutes ☐ More than 60 minutes

Do you think the waiting time was reasonable?

☐ Yes ☐ No

How satisfied are you with the waiting time?

Select an option ▼

What can we do to improve your waiting experience?

Your suggestions

Name (Optional)

Your name

Email (Optional)

Your email