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Reopening After COVID-19

Patient Sentiment Survey Template

How to use this template

Many patients have mixed feelings about returning for care, and it's important to tailor your outreach to address any concerns that they may have. To better understand how your specific patient community is feeling right now, we recommend sending a recurring pulse survey using these suggested questions. You can prioritize your outreach to patients who feel comfortable returning, and reach out to patients who are less comfortable with in-person appointments with alternatives like virtual care.

Feel free to copy these questions into your preferred survey vendor, or a free option like Google Forms, SurveyMonkey, or Typeform.

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Survey Template: Patient Sentiment

- **Q1** Did you have a previously scheduled appointment that had to be cancelled due to COVID-19?
    - Yes
    - No
- **Q2** Would you consider either rescheduling or coming in for a new appointment in the near future?
    - Yes
    - No
    - I'm not sure
        - [If the respondent answers 'No' or 'I'm not sure' to Q2] **Q2A** Why is that [select all that apply]?
            - I don't feel safe
            - I'm not sure if I'm allowed to
            - I have no or reduced income and am not sure I can afford to
            - Other [short answer]
        - [If the respondent answers 'No' or 'I'm not sure' to Q2] **Q2B** What would help you feel comfortable returning to in-person appointments [select all that apply]?
            - Additional email updates about precautionary steps the practice is taking
            - A call from a staff member at the practice to discuss my questions
            - Clarity on appointment types being offered right now
            - Increased location availability and hours
            - More information on updated insurance or billing policies
            - Other [this should be a short answer response]
        - [If the respondent answers 'No' or 'I don't know' to Q2] **Q2C** Would you like to schedule a virtual appointment or consultation?
            - Yes
            - No
- **Q3** Is there anything else you would like to share that would impact your comfort level with returning to in-office appointments?
    - [Short Answer]