



Patient satisfaction with dental restorations (Dentist Survey)

INSTRUCTIONS: Below are statements about the dental visit. Please circle the NUMBER that best indicates how much you agree or disagree with each statement.

	Strongly Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat agree	Strongly Agree
a. The restoration procedure went without complications.	1	2	3	4	5
b. The patient had a strong preference for the restoration material that I used today.	1	2	3	4	5
c. The patient perceived me as friendly.	1	2	3	4	5
d. The filling procedure was painful for this patient today.	1	2	3	4	5
e. The patient was anxious during the restorative procedure(s) today.	1	2	3	4	5
f. The patient was interested in information about the restorative procedure.	1	2	3	4	5

	Not at all Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	Extremely Satisfied
g. Overall, how satisfied was the patient with all aspects of the dental treatment and visit?	1	2	3	4	5

	Poor	Fair	Neutral	Good	Excellent
h. Overall, how would the patient rate your technical abilities for this restorative procedure(s)?	1	2	3	4	5