



Customer feedback survey for dental clinics 2024

To be completed by personnel

Wellbeing services county _____

Dental clinic _____

Please give feedback on this visit

Tick the best option. If the question does not apply to you, please go to the next question.

1. How likely are you to recommend the service you received to someone close to you?

I would not recommend it

I would recommend it warmly

0 1 2 3 4 5 6 7 8 9 10

2. What affected your experience the most?

	1 Completely disagree	2 Partially disagree	3 Neither agree nor disagree	4 Partially agree	5 Completely agree
3. I received the service/treatment when I needed it.					
4. I felt that the staff cared about me comprehensively.					
5. The decisions concerning my treatment/the matter were made together with me.					
6. I felt safe during the care/service.					
7. I know how my care/the service will continue.					
8. The information I received on care/the service was understandable.					
9. I felt that the service I received was useful.					

Please answer the questions about your visit at the dental clinic.

Tick the best option. If the question does not apply to you, please go to the next question.

	1 Completely disagree	2 Partially disagree	3 Neither agree nor disagree	4 Partially agree	5 Completely agree
10. It was flexible and quick to make an appointment.					
11. The staff explained to me clearly the planned treatment and the treatment options.					
12. The staff explained to me clearly and simply the client fees and how the fees should be paid.					
13. The staff took into account the pain of treatment and I received the necessary pain relief.					
14. The staff took into account my dental fear.					
15. I was given instructions on dental and oral care.					
16. The appointed time for my visits was sufficiently long.					
17. The cost for my treatment was reasonable.					

My background information:

18. How many times have you visited or been treated at a dental clinic during the previous 12 months?

19. The reason for your visit this time

emergency or first aid

other reason

20. Who did you visit this time?

a dentist-dental assistant team
or a dentist

dental hygienist

dental assistant

21. Did you find your visit to dental health care

not at all scary

somewhat scary

very scary

22. Year of birth

23. Gender

female

male

other

24. Education

elementary or
comprehensive
school

vocational education
or matriculation
examination

college-level
education or
bachelor's degree

master's
degree or
doctoral level

25. Native language

a) I received services in my native language

yes

no

b) My native language is

Finnish

Swedish

Sami

other, please specify which _____