

CYCLE TIME TRACKING FORM

(Collect a baseline, and then measure as needed.)

Instructions:

- This form is used to help us keep track of how long you are in the clinic today.
- Please mark in the time of your appointment.
- As you move from one place in the clinic to the next, write down the time
- As you leave the clinic, mark down the time and put the sheet on the desk as you go out.
- Ask for help if you don't know what to mark down. Thank you for your help 😊

Primary Care Practice Patient Cycle Time

Day (Circle) M T W Th F Sa Su Date _____.

Scheduled appointment time _____.

Person/ service you are seeing _____.

Times		Office Use
<input style="width: 100%; height: 20px;" type="text"/>	1. Time you checked in at the front desk.	
<input style="width: 100%; height: 20px;" type="text"/>	2. Time you sat in the waiting room.	
<input style="width: 100%; height: 20px;" type="text"/>	3. Time staff came to get you.	
<input style="width: 100%; height: 20px;" type="text"/>	4. Time staff member left you in the exam/service room.	
<input style="width: 100%; height: 20px;" type="text"/>	5. Time person you are seeing came in room.	
<input style="width: 100%; height: 20px;" type="text"/>	6. Number of times the provider was interrupted or left the room and came back.	
<input style="width: 100%; height: 20px;" type="text"/>	7. Time provider left the room because the visit was over.	
<input style="width: 100%; height: 20px;" type="text"/>	8. Time you left the exam/ service room.	
<input style="width: 100%; height: 20px;" type="text"/>	9. Time you left the clinic.	

Comments: