



Sample



Patient Questionnaire

Patient Information:

Gender: Male Female

Age:

- younger than 5 35 - 44
- 5 - 14 45 - 54
- 15 - 24 55 - 64
- 25 - 34 65 - or over

This questionnaire is being completed by:

Self (Patient) Caregiver/Parent

Physician's Name: Dr.

Marking Instructions

Please indicate your answer by filling in the bubbles like this, ● not like ⊗ or ✓. Thank you!

Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with the statements on the left side of the page using the following scale.

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
1. Showed interest in my anesthetic concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Asked appropriate details about my personal health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Answered my questions well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Treated me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Talked with me about anesthetic options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Offered me an opportunity to participate in the decision about the type of anesthetic I would receive, if an option was available to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Gave appropriate consideration to my need for privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Provided appropriate follow-up information pertaining to my anesthetic care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Satisfaction						
9. Overall I was satisfied with my anesthetic care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I would be happy to have the same Anesthesiologist again for a future operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I would be happy to have the same anesthetic again for a future operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>