



Sample



Patient Questionnaire

Gender: Male Female

Age:

- Less than 1 19-45
- 1-5 46-65
- 6-10 66 and over
- 11-18

This questionnaire is being completed by:

- Self (patient)
- Caregiver/parent/significant other on behalf of the patient

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 or applicable to you. If any of these items are **NOT** relevant or applicable to you, mark these "**Unable to Assess/Not Applicable**".

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

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess/Not Applicable UA/NA
1	2	3	4	5	UA/NA

This doctor:

1. Listened to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Showed interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Answered my questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Respected my privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Treated me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Helped me with my fears and worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Asked appropriate questions about my problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Examined me appropriately for my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Explained any test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Explained my illness or concern to me clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Explained my follow-up plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Told me what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Talked to me about preventative care (e.g., quitting smoking, weight control, sleeping, alcohol, exercise, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Suggested appropriate educational resources (e.g., web sites, brochures, patient support groups, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Helped me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I would be happy to see this physician again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>