



Sample



Patient Questionnaire

Gender: Male Female

Age:

- 25 or under 45-54
- 26-34 55-64
- 35-44 65 and over

Over the last five years how often have you seen this doctor? Once 2-3 times Over 3 times

Today's visit is mainly for:

- New concern Ongoing concern Examination

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
Based on the MOST RECENT VISIT to your doctor:						
1. Your doctor explained your illness or injury to you thoroughly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Your doctor adequately explained your treatment choices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Your doctor clearly explained your problem and how to avoid it in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Your doctor explained when to return for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If your doctor gave you a prescription for medicine:						
5. Your doctor clearly explained how and when to take your medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Your doctor told you of any side effects of the medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Based on ALL OF YOUR VISITS to your doctor's office, how do you feel about your doctor's attitude and behavior towards you? My doctor:						
7. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Shows interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Asks details about my personal life, when appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Answers my questions well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Examines me appropriately for my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Helps me with my fears and worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Talks with me about treatment plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn over



Sample

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

Rate each statement about your doctor's office. The office:

- 15. Is easy to get into (e.g. parking, wheelchair, etc.)
- 16. Has sufficient waiting areas
- 17. Examining rooms are adequately sized and have adequate equipment
- 18. Is clean and in good repair
- 19. Provides adequate privacy

How do you feel that your doctor runs his or her practice?

Telephone:

- 20. It is easy to reach the office by phone during the day
- 21. I am able to reach a doctor by telephone after office hours
- 22. In urgent cases, a doctor is available by phone

The Staff:

- 23. Is very capable
- 24. Is helpful and pleasant
- 25. Is respectful of patients
- 26. Behaves in a professional manner
- 27. Works well with my doctor
- 28. Prevents patients from hearing confidential information about other patients

Office Practices:

- 29. I can get an appointment quickly
- 30. I do NOT wait long in the reception area for my appointment
- 31. When asked, my doctor provides reports, files, or copies of letters
- 32. I am advised of results of tests or x-rays
- 33. My doctor arranges appointments with specialists when necessary
- 34. Someone from my doctor's office follows-up on any serious problems I may have
- 35. I am told what to do if my problems do not get better

General:

- 36. My physician talks to me about preventative care (e.g. quitting smoking, weight control, sleeping, alcohol, exercise, etc.)
- 37. My doctor asks regularly about prescription and non-prescription medicine I may be taking
- 38. My doctor has printed health information available
- 39. I would go back to this doctor
- 40. I would send a friend to this doctor