



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

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 my MOST RECENT VISIT, this doctor:						
1. Explained my illness or concern to me clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Explained my treatment choices or options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Explained my follow-up plan to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Told me how and when to take my medicine, if medicine was prescribed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Told me of side effects of the medicine, if medicine was prescribed	<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 this doctor, how do you feel about this doctor's attitude and behavior towards you? This doctor:						
6. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Shows interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. 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"/>
9. Answers my questions well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Examines me appropriately for my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. 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"/>
Rate each statement about this doctor's office. The office:						
13. Is easy to get into (e.g. wheelchair accessible, parking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Has appropriate waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn over





Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
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How do you feel this doctor runs his or her practice?

Telephone:

- 18. I can reach the office by phone during the day 1 2 3 4 5 UA
- 19. I receive an appropriate explanation if my appointment is delayed 1 2 3 4 5 UA
- 20. My messages are returned 1 2 3 4 5 UA

The Staff:

- 21. Are helpful and pleasant 1 2 3 4 5 UA
- 22. Are respectful of patients 1 2 3 4 5 UA
- 23. Behave in a professional manner 1 2 3 4 5 UA
- 24. Work well with the doctor 1 2 3 4 5 UA
- 25. Prevent patients from hearing confidential information about other patients 1 2 3 4 5 UA

Office Practices:

- 26. In an emergency situation this doctor's office provides me with clear instructions on what I am to do 1 2 3 4 5 UA
- 27. This doctor provides reports to my family doctor 1 2 3 4 5 UA
- 28. When asked, this doctor provides insurance and medico legal reports in a timely manner 1 2 3 4 5 UA
- 29. When asked, this doctor provides reports, files or copies of letters in a timely manner 1 2 3 4 5 UA
- 30. This doctor arranges appointments with other specialists when necessary 1 2 3 4 5 UA
- 31. This doctor's office follows-up on serious problems 1 2 3 4 5 UA
- 32. I am told what to do if my problems do not get better 1 2 3 4 5 UA

General:

- 33. I am asked about prescription and non-prescription medicine I may be taking 1 2 3 4 5 UA
- 34. This doctor talks to me about preventative care (e.g. quitting smoking, weight control, sleeping, alcohol, exercise, etc.) 1 2 3 4 5 UA
- 35. This doctor has good written health information 1 2 3 4 5 UA
- 36. This doctor refers me to appropriate educational resources (e.g. web sites, brochures, patient support groups, books) 1 2 3 4 5 UA
- 37. I would go back to this doctor 1 2 3 4 5 UA
- 38. I would send a friend to this doctor 1 2 3 4 5 UA
- 39. This doctor presents him/herself in a professional manner 1 2 3 4 5 UA
- 40. I was helped by this doctor 1 2 3 4 5 UA

