Patient Questionnaire

Please take a moment to provide feedback on appointment today and overall preference relating to healthcare. Your response will be used to measure the quality of care we provide. Your responses will be kept confidential.

Anonymous

Which doctor did you see today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To what extent would you agree or disagree with the following statements relating to the doctor you saw today and our office?**

1. The most recent time you looked for information about health or medical topics, where did you go? Check all that apply.

|  |  |  |
| --- | --- | --- |
| ❑Family | ❑Internet | ❑I have never looked for information about health or medical topic |
| ❑Friend | ❑Doctor or other healthcare provider |
| ❑Television; radio; newspaper; or magazines | ❑Other (please specify in the comments below) | ❑Telephone information number of disease focused group such as the American Cancer Society or the American Heart Association |

Comments:

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1. In the past 12 months, which of the following internet sources have you used to get information about health or medical topics? Check all that apply.

|  |  |  |
| --- | --- | --- |
| ❑Family | ❑Internet | ❑I have never looked for information about health or medical topic |
| ❑Friend | ❑Doctor or other healthcare provider |
| ❑Television; radio; newspaper; or magazines | ❑Other (please specify in the comments below) | ❑Telephone information number of disease focused group such as the American Cancer Society or the American Heart Association |

Comments:

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1. In general, how much do you **trust** information about health or medical topics from each of the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
| Doctor |  |  |  |  |  |
| Other healthcare provider (nurse; pharmacist; or other professional who provides care) |  |  |  |  |  |
| Friends and Family |  |  |  |  |  |
| Online community for patients or caregivers dealing with the same health condition |  |  |  |  |  |
| Disease focused groups such as the American Cancer Society or the American Heart Association | ❑ | ❑ | ❑ | ❑ | ❑ |
| Your health insurance company (health plan) | ❑ | ❑ | ❑ | ❑ | ❑ |
|  | Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
| Internet | ❑ | ❑ | ❑ | ❑ | ❑ |
| Television; radio; newspaper; or magazines | ❑ | ❑ | ❑ | ❑ | ❑ |
| Government health agencies |  |  |  |  |  |

Comments:

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1. Medical treatment decisions are choices about your health such as which medication to take or whether to have surgery. When did you last you make a medical treatment decision related to your health?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Undecided** | **Disagree** | **Strongly Disagree** |
| I knew all of the treatment options that were available to me | ❑ | ❑ | ❑ | ❑ | ❑ |
| I knew the benefits of each treatment option | ❑ | ❑ | ❑ | ❑ | ❑ |
| I knew the risks and side effects of each treatment option | ❑ | ❑ | ❑ | ❑ | ❑ |
| I had information that applied to me | ❑ | ❑ | ❑ | ❑ | ❑ |

Comments:

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1. It is easy to schedule appointments with my doctor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❑Strongly Agree | ❑Agree | ❑Undecided | ❑Disagree | ❑Strongly Disagree |
|  |  |  |  |  |

1. The office staff is friendly and helpful.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❑Strongly Agree | ❑Agree | ❑Undecided | ❑Disagree | ❑Strongly Disagree |
|  |  |  |  |  |

1. I saw the doctor within 15 minutes of my appointment time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❑Strongly Agree | ❑Agree | ❑Undecided | ❑Disagree | ❑Strongly Disagree |

1. I am satisfied with the length of time scheduled with my doctor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❑Strongly Agree | ❑Agree | ❑Undecided | ❑Disagree | ❑Strongly Disagree |
|  |  |  |  |  |

1. Messages left with the office are returned in a timely manner.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❑Strongly Agree | ❑Agree | ❑Undecided | ❑Disagree | ❑Strongly Disagree |
|  |  |  |  |  |

1. I can reach my provider, or a designated medical professional, after hours, on weekends or holidays.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❑Strongly Agree | ❑Agree | ❑Undecided | ❑Disagree | ❑Strongly Disagree |
|  |  |  |  |  |

1. I would recommend this doctor to my friends and family.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❑Strongly Agree | ❑Agree | ❑Undecided | ❑Disagree | ❑Strongly Disagree |

Comments:

|  |
| --- |
|  |

**Thank you for taking the time to complete this survey. Please turn in this form to one of our staff at the front desk.**