

Patient Questionnaire

Doctor's name: (Please print name)

Gender I am: Male Female

Today's visit was mainly for A new problem An ongoing problem Completion of forms
 Routine checkup Other:

Please think back to all your previous visits to the doctor named above, and answer the following questions. Please mark (0) 'unable to assess' if you are unable to answer an item. Your own replies are confidential. Replies by multiple patients will be compiled before feedback is given to the doctor.

Please mark (✓) with an ink pen

1. I am treated with respect.
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree

2. This doctor shows interest in my health problems.
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree

3. This doctor listens to me.
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree

4. I understand what this doctor is telling me.
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree

5. This doctor discusses treatment options with me.
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree

6. I can ask the doctor questions and get answers.
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree

7. When this doctor does an examination, I know what is going to be done and why.
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree

8. This doctor deals with my problems carefully.
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree

9. This doctor's office has a system for me to receive care after office hours.
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree

10. When I need reports, files or letters, this doctor provides them in a timely manner.
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree

11. I am given information about preventative care (for example, quitting smoking, blood pressure control, weight control, sleeping, alcohol, nutrition and exercise).
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree

12. I believe this doctor is knowledgeable and skilled in providing proper care.
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree

13. I would send a friend or family member to this doctor.
 0 Unable to assess 1 I strongly disagree 2 I disagree 3 Neutral 4 I agree 5 I strongly agree