**Patient Questionnaire**

**Interpretation of the Rating Scale**

Answer the questions about this doctor using the following:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Based on the MOST RECENT VISIT to your doctor:

1. Your doctor explained your illness or injury to you thoroughly
2. Your doctor adequately explained your treatment choices
3. Your doctor clearly explained your problem and how to avoid it in the future
4. Your doctor explained when to return for follow-up care

If your doctor gave you a prescription for medicine:

5. Your doctor clearly explained how and when to take your medicine
6. Your doctor told you of any side effects of the medicine

Based on the 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
8. Shows interest in my problems
9. Asks details about my personal life, when appropriate
10. Answers my questions well
11. Examines me appropriately for my problems
12. Treats me with respect
13. Helps me with my fears and worries
14. Talks with me about treatment plans
<table>
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<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Is easy to get into (e.g. parking, wheelchair, etc.)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>16. Has sufficient waiting areas</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>17. Examining rooms are adequately sized and have adequate equipment</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18. Is clean and in good repair</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>19. Provides adequate privacy</td>
<td>○</td>
<td>○</td>
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**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                                   | ○                 | ○        | ○       | ○     | ○              | ○              |