

EvergreenHealth

PRIMARY & SPECIALTY CARE

CLINICIAN AND GROUP EXPERIENCE SURVEY

Survey Instructions:

Answer each question by completely filling in the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → If Yes, go to #1 No

Please use black or blue ink
to fill in the circle completely.

Example:

YOUR PROVIDER

1. Our records show that you visited the provider named below
Dr. Rubin Maidan, MD Is that right?

Yes → If Yes, go to #1 No **If No, please stop and return the survey in the envelope provided.**

The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

Yes → If Yes, go to #1 No

Questions that ask about "this visit" are referring to your visit with this provider on 11/22/2017

APPOINTMENT AND OFFICE CONTACT

3. Was this visit with this provider an appointment for an illness, injury or condition that needed care right away?
- Yes No → If No, go to #5
4. When you made this appointment for care you needed right away, did you get this appointment as soon as you thought you needed?
- Yes No
5. Was this visit with this provider an appointment for a check-up or routine care?
- Yes No → If No, go to #7
6. When you made this appointment for a check-up or routine care, did you get this appointment as soon as you thought you needed?
- Yes No
7. Was this visit with this provider an appointment for an illness, injury or condition that needed care right away?
- Yes No → If No, go to #9
8. In the last 3 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
- Never Sometimes Usually Always
9. In the last 3 months, did you phone this provider's office with a medical question after regular office hours?
- Yes No → If No, go to #11
10. In the last 3 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
- Never Sometimes Usually Always
11. In the last 3 months, did this provider order a blood test, x-ray, or other test for you?
- Yes No → If No, go to #13
12. In the last 3 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow-up to give you the results?
- Never Sometimes Usually Always

YOUR CARE FROM THIS PROVIDER ON

11/22/2017

13. Wait time includes time spent in the waiting room and exam room. During this visit, did you see this provider within 15 minutes of your appointment time?

- Yes No

14. During this visit, did this provider explain things in a way that was easy to understand?

- Yes, definitely Yes, somewhat No

15. During this visit, did this provider listen carefully to you?

- Yes, definitely Yes, somewhat No

16. During this visit, did you talk with this provider about any health questions or concerns?

- Yes No → If No, go to #18

17. During this visit, did this provider give you easy to understand information about these health questions or concerns?

- Yes, definitely Yes, somewhat No

18. During this visit, did this provider seem to know the important information about your medical history?

- Yes, definitely Yes, somewhat No

19. During this visit, did this provider have your medical records?

- Yes No

20. During this visit, did this provider show respect for what you had to say?

- Yes, definitely Yes, somewhat No

21. During this visit, did this provider spend enough time with you?

- Yes, definitely Yes, somewhat No

22. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 0 Worst Provider Possible 1 2 3 4
 5 6 7 8 9 10 Best Provider Possible

23. Would you recommend this provider's office to your family and friends?

- Yes, definitely Yes, somewhat No

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

24. During this visit, were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Yes, definitely Yes, somewhat No

25. During this visit, did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Yes, definitely Yes, somewhat No

ALL YOUR CARE IN THE LAST 3 MONTHS

These questions ask about all your health care. Include all the providers you saw for health care in the last 3 months. Do not include the times you saw a dentist:

26. In the last 3 months, did you take any prescription medicine?

- Yes No → If No, go to #18

27. In the last 3 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?

- Never Sometimes Usually Always

NURSE/ASSISTANT (... continued)

Concern the nurse/assistant showed for your problem

Comments (describe good or bad experience):

Very Poor	Poor	Fair	Good	Very Good
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

CARE PROVIDER

Please answer these questions with the Provider named in the first question of this survey in mind.

1. Friendliness/courtesy of the care provider.
2. Explanations the care provider gave you about your problem or condition.
3. Concern the care provider showed for your questions or worries.
4. Care provider's efforts to include you in decisions about your treatment.
5. Information the care provider gave you about medications (if any).
6. Instructions the care provider gave you about follow-up care (if any).
7. Degree to which care provider talked with you using words you could understand.
8. Amount of time the care provider spent with you.
9. Your confidence in this care provider.
10. Likelihood of your recommending this care provider to others.

Very Poor	Poor	Fair	Good	Very Good
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Comments (describe good or bad experience):

PERSONAL ISSUES

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. How well staff protected your safety (by washing hands, wearing gloves, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Our sensitivity to your needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Our concern for your privacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4. Cleanliness of our practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5. Ease of finding our clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6. Degree to which having an electronic medical record system (computer) in the room makes your interactions with the provider easier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7. Degree to which electronic medical records improve access to your medical information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Comments (describe good or bad experience):

OVERALL ASSESSMENT

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. How well the staff worked together to care for you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2. Likelihood of your recommending our practice to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Comments (describe good or bad experience):

Patient's Name: (optional)

Telephone Number: (Optional)