

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/A.

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service/care provided was valuable to improving my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The educational information I received was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I clearly understand the next steps in my plan of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. If lab work was done, did you receive your lab results in a timely manner following your office visit?

Yes No Not applicable

5. Would you return to see this physician/practitioner for further care?

Yes No

6. Would you recommend this practice to family and friends?

Yes No

7. a. Did any specific staff member stand out?

Yes No

b. If yes, who and why?

8. a. Was there any aspect of your care that could be improved?

Yes No

b. If yes, please explain.

9. Please tell us what you like best about the care you received.

10. Please tell us what you like least about the care you received.