

Name of Trainee Doctor: Dr. \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions**

As part of our routine quality assurance activities, we want to ask a few questions about your experience with the doctor named above. This doctor is currently a trainee in our medical center, and we routinely seek feedback from patients about how our trainees are doing. Your answers to these questions will remain confidential – your name is not required on this form. Below is a list of statements about your doctor. Please read each one carefully and circle the number that best describes how much you agree with the statement. Thank you for your valuable feedback.

	<b><u>Strongly Agree</u></b>	<b>Agree</b>	<b>Probably Agree</b>	<b>Not Sure</b>	<b>Probably Disagree</b>	<b>Disagree</b>	<b><u>Strongly Disagree</u></b>
The doctor wanted to understand how I saw things	1	2	3	4	5	6	7
The doctor usually sensed or realized what I was feeling	1	2	3	4	5	6	7
The doctor just took no notice of the things that I thought or felt	1	2	3	4	5	6	7
The doctor's response to me was usually so fixed and automatic that I didn't really get through to him/her	1	2	3	4	5	6	7
The doctor treated me with respect and courtesy	1	2	3	4	5	6	7
I was able to explain my problem to the doctor as fully as I needed to	1	2	3	4	5	6	7
The doctor explained things so now I know what might be the matter with me	1	2	3	4	5	6	7
The doctor explained what treatment, tests, or other follow-up is going to happen	1	2	3	4	5	6	7
The doctor gave me the opportunity to express my feelings or ideas in planning treatment, tests, or follow-up	1	2	3	4	5	6	7
The doctor gave me the opportunity to ask questions	1	2	3	4	5	6	7
The doctor used understandable and non-technical language	1	2	3	4	5	6	7
The doctor was careful and thorough	1	2	3	4	5	6	7
I feel satisfied with the medical care that I received	1	2	3	4	5	6	7

**Any Comments?** Please write them here: