

# Portland Family Practice Survey

Your name: \_\_\_\_\_ Appointment day/time: \_\_\_\_\_

Name of Physician seeing you: \_\_\_\_\_

## YOUR MOST RECENT VISIT

1. What was the **MAIN REASON** for this medical office visit?

- Routine check-up
- Ongoing care or follow-up visit
- Urgent need

2. How satisfied were you with how well the **MAIN REASON** for this visit was **ADDRESSED**?

Completely Dissatisfied						Completely Satisfied
1	2	3	4	5		

3. In general, how would you **RATE YOUR HEALTH**?

- Poor
- Fair
- Good
- Very Good
- Excellent

4. How satisfied were you with the **OVERALL CARE** you received during this visit?

Completely Dissatisfied						Completely Satisfied
1	2	3	4	5		

## MAKING AN APPOINTMENT

5. Did you call the Call Center for:

- Appointment
- Medical Concern

6. How long did you **WAIT on HOLD**?

- Less than 5 minutes
- 5-10 minutes
- 10-20 minutes
- More than 20 minutes

7. If you called with a medical concern, were your needs addressed?

- Yes
- No
- I called for lab results
- I called for x-ray results
- I called for a referral
- I called regarding prescription refills

8. Was the response to your medical concern or request timely?

- Yes
- No

9. When you scheduled an appointment, did you **SCHEDULE** it with the **FIRST PERSON** you talked to?
- Yes
  - No

10. How satisfied were you with the **COURTESY and HELPFULNESS** of the **PERSON WHO SCHEDULED THIS VISIT?**

Completely Dissatisfied					Completely Satisfied
1	2	3	4		5

11. If you wanted a **SAME DAY APPOINTMENT**, were you able to get this?

- Yes
- No
- Did not want a same day appointment

12. How much **TIME** did you wait to get an appointment?

- Less than 7 days
- 1-4 Weeks
- 1-4 Months

13. How **CONVENIENT** was the appointment time for you?

Not Convenient At all					Completely Convenient
1	2	3	4		5

14. Overall, how satisfied were you with the ability to get an appointment with the **PHYSICIAN of YOUR CHOICE?**

Completely Dissatisfied					Completely Satisfied
1	2	3	4		5

**IN THE MEDICAL OFFICE**

15. How satisfied were you with the **COURTESY and RESPECT** shown to you by the **RECEPTIONIST** who checked you in for this visit?

Completely Dissatisfied					Completely Satisfied
1	2	3	4		5

16. Once you arrived at Portland Family Practice, how satisfied were you with the **AMOUNT OF TIME** you waited in the **WAITING ROOM** to see your doctor or provider?

Completely Dissatisfied					Completely Satisfied
1	2	3	4		5



**YOUR MEDICAL TEAM**

20. How satisfied were you with the personal **INTEREST and ATTENTION** shown to you by the **NURSE or MEDICAL ASSISTANT** who prepared you for your visit with the doctor or provider?  
Completely Dissatisfied 1 2 3 4 5 Completely Satisfied

**YOUR DOCTOR OF PROVIDER**

21. Which statement **BEST DESCRIBES THE DOCTOR or PROVIDER** you saw during this visit?  
 I see this doctor/provider for most of my medical care.  
 I have seen this doctor before, although I receive most of my medical care from another person.  
 I was not familiar with the doctor.

22. How satisfied were you with the personal **INTEREST and ATTENTION** shown to you by the **DOCTOR or PROVIDER**?  
Completely Dissatisfied 1 2 3 4 5 Completely Satisfied

23. How satisfied were you with how **FAMILIAR** the doctor or provider was **WITH YOUR MEDICAL HISTORY**?  
Completely Dissatisfied 1 2 3 4 5 Completely Satisfied

24. How satisfied were you with how well the **DOCTOR or PROVIDER LISTENED** to what you had to say?  
Completely Dissatisfied 1 2 3 4 5 Completely Satisfied

25. How satisfied were you with how well the **DOCTOR or PROVIDER UNDERSTOOD** your problem?  
Completely Dissatisfied 1 2 3 4 5 Completely Satisfied

26. How satisfied were you with how well the **DOCTOR or PROVIDER EXPLAINED** things to you?  
Completely Dissatisfied 1 2 3 4 5 Completely Satisfied

27. How satisfied were you with how much **TIME your DOCTOR or PROVIDER SPENT** with you during your visit?

Completely Dissatisfied					Completely Satisfied
1	2	3	4	5	

28. How satisfied were you with the extent to which you were **INVOLVED in MAKING DECISIONS** about your care during this visit?

Completely Dissatisfied					Completely Satisfied
1	2	3	4	5	

29. How much **CONFIDENCE** do you have in the **DOCTOR or PROVIDER'S ABILITY or COMPETENCE?**

No Confidence					Total Confidence
1	2	3	4	5	

30. How satisfied were you with the **COURTESY AND RESPECT** shown to you by the **DOCTOR or PROVIDER** during this visit?

Completely Dissatisfied					Completely Satisfied
1	2	3	4	5	

31. How likely would you be to **RECOMMEND this DOCTOR or PROVIDER** to a friend or relative?

Would not Recommend					Would definitely Recommend
1	2	3	4	5	

32. If you had any **TESTS** during this visit, did someone tell you **HOW YOU WOULD FIND OUT** about the results?

- Yes
- No
- Did not have tests

33. Did the **DOCTOR or PROVIDER** review with you **WHAT TO DO** if your medical problems did not clear up or the symptoms got worse?

- Yes
- No

34. At the end of your visit, were you given **INSTRUCTIONS ON THE NEXT STEPS** for dealing with your health situation?

- Yes
- No

35. Overall, how satisfied are you with your **ABILITY TO GET THE CARE** you need from Portland Family Practice?

Completely Dissatisfied					Completely Satisfied
1	2	3	4	5	

36. How likely would you be to **RECOMMEND PORTLAND FAMILY PRACTICE** to a friend or relative?

Would not Recommend				Would definitely Recommend
1	2	3	4	5

37. **HOW MANY MEDICAL VISITS** have you had in the last 12 months for yourself or with an immediate family member?

- 1-2
- 3-4
- 5-6
- 7 or more

38. How many **years in a row** have you been a patient of Portland Family Practice?

- Less than 1 year
- 1-2 years
- 2-5 years
- 5-10 years
- 10 or more years

THANK YOU FOR PARTICIPATING IN OUR EFFORTS TO IMPROVE OUR PATIENT CARE

Portland Family Practice Physicians and Staff