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**Your Provider**

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1. Our records show that you received care from the provider named below.
- \_\_\_\_\_
2. On your last visit, did this provider explain things in a way that was easy to understand?
- Yes, definitely  
 Yes, somewhat  
 No
3. On your last visit, did this provider listen carefully to you?
- Yes, definitely  
 Yes, somewhat  
 No
4. On your last visit, did this provider give you easy to understand instructions about taking care of these health problems and concerns?
- Yes, definitely  
 Yes, somewhat  
 No
5. On your last visit, did this provider seem to know the important information about your medical history?
- Yes, definitely  
 Yes, somewhat  
 No
6. On your last visit, did this provider show respect for what you had to say?
- Yes, definitely  
 Yes, somewhat  
 No

7. On your last visit, did this provider spend enough time with you?

- Yes, definitely  
 Yes, somewhat  
 No

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**Your Care**

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8. On your last visit, did the clinical staff at this provider office treat you with courtesy and respect?
- Yes, definitely  
 Yes, somewhat  
 No
9. Unless your physician told you otherwise; when this provider ordered a blood test, x-ray or other test for you, did someone from this office follow up to give you those results?
- Yes, definitely  
 Yes, somewhat  
 No
10. On your last visit, were you seen promptly for your appointment?
- Yes, definitely  
 Yes, somewhat  
 No
11. On your last visit, did the clerks and receptionist at this provider office treat you with courtesy and respect?
- Yes, definitely  
 Yes, somewhat  
 No
12. On your last visit, were the clerks and receptionist staff as helpful as you thought they should be?
- Yes, definitely  
 Yes, somewhat  
 No

13. On your last visit, did the staff at this provider office inform you about the Patient Portal and the benefits it can provide to you?

- Yes
- No

16. Likelihood of you recommending our services to others?

- Yes, definitely
- Yes, somewhat
- No

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**About You**

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14. Did someone help you complete this survey?

- Yes
- No → **Thank you.**

15. How did that person help you? Select the best answer.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

**Thank you**

**Comments (please tell us your overall experience)** \_\_\_\_\_

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