

Patient Experience Survey

Your primary care physician is partnering with Case Western Reserve University to improve your care.

Please fill out this survey and put it in the attached envelope. The survey is anonymous and confidential.

Directions: Please indicate how much you agree or disagree with the following statements.

Mark how much you disagree or agree with the following statements:

1. I go to this doctor for almost all of my medical care.

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

2. This doctor can take care of almost any medical problem I might have.

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

3. This doctor knows a lot about the rest of my family

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

4. This doctor and I have been through a lot together.

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

5. I can easily talk about personal things with this doctors

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

6. Sometimes this doctor does not listen to me

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

7. I am confident this doctor will act as my advocate

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

8. This doctor not does not always know about care I have received at other places.

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

9. This doctor and practice keep track of all my health care.

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

10. This doctor always follows up on a problem I've had either at the next visit or by phone.

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

11. If I am sick, I would always contact this practice first.

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

12. It is easy to get in for an urgent appointment when I feel ill.

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

13. This practice gives me the care I want and need when I want and need it.

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

14. I would recommend this physician to a family member or close friend.

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

15. If you could improve one thing about this practice, what would it be?

Please complete the following statements after your visit with the doctor today.

As a result of your visit to the doctor today, do you feel you are:

16. Able to cope with life..... *Much Better* *Better* *Same or less*

17. Able to understand your illness..... *Much Better* *Better* *Same or less*

18. Able to cope with our illness..... *Much Better* *Better* *Same or less*

19. Able to keep yourself healthy..... *Much Better* *Better* *Same or less*

20. Confident about your health..... *Much More* *More* *Same or less*

21. Able to help yourself..... *Much More* *More* *Same or less*

**Thank you for completing this questionnaire.
Please put it in the attached envelope and return it to the
front desk.**

