

**C. YOUR CARE PROVIDER**

	very poor 1	poor 2	fair 3	good 4	very good 5
8. Degree to which care provider talked with you using words you could understand .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Amount of time the care provider spent with you.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Your confidence in this care provider.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Likelihood of your recommending this care provider to others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Ease of obtaining lab or x-ray results from doctor's office.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): \_\_\_\_\_

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**D. PERSONAL ISSUES**

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Convenience of our office hours .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Our sensitivity to your needs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Our concern for your privacy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Degree to which the staff addressed your needs related to a disability.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How well the staff respected your needs related to sexual orientation and gender identity.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How well the staff respected your cultural, racial and religious needs .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): \_\_\_\_\_

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**E. OVERALL ASSESSMENT**

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Overall cheerfulness of our practice .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Overall cleanliness of our practice .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Overall rating of care received during your visit .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Likelihood of your recommending our practice to others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): \_\_\_\_\_

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Patient's Name: (optional) \_\_\_\_\_

May we contact you? \_\_\_\_\_

Telephone Number: (optional) \_\_\_\_\_

**Please mail completed survey in the enclosed envelope to:  
Press Ganey Associates, 710 Rush Street, South Bend, IN 46601**