## Multisource feedback assessment form (Patient)



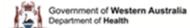


## Doctor's information

	Doctor's Name				Gender	I am	Male	Fen	nale
	Date of Visit				Current Po	sition			
mainly Please unable	think back to all you	our own repliues a		m above, ar	Completion Routine Other: of forms checkup  Indicate the following questions. Please mark (0) 'Unable to assess' if you are an ulitple patients will be compiled before feedback is given to the doctor.				
This doctor:			Unable to assess	I strongly disagree	I disa	gree Neutral	I agree	I strongly agree	
1.		I am treated w	ith respect.	0	1	2	3	4	5
2.	The doctor shows interest in my health problems.			0	1	2	3	4	5
3.	The doctor listens to me.			0	1	2	3	4	5
4.	I understand what this doctor is telling me.			0	1	2	3	4	5
5.	This doctor discusses treatment options wit			0	1	2	3	4	5
6.	I can ask	the doctor question	ons and get answers.	0	1	2	3	4	5
7.	When this doctor does an examintion, I know what is going to be done and who			0	1	2	3	4	5
8.	The doctor deals with my problems carefull		ns carefully.	0	1	2	3	4	5
9.	This doctor's office has a system for me receive care after office hour			0	1	2	3	4	5
10.	When I need repor provid	ts, files or letters des them in a time		0	1	2	3	4	5
11.	_	formation about p							
	care. (for example, quitting smoking, bloc pressure control, weight control, sleeping		ol, sleeping,	0	1	2	3	4	5
	alcohol, nutrition and exercise).  I believe this doctor is knowledgeable and		-				7		
12.	skilled in providing proper ca		-	0	1	2	3	4	5
13.	I would send a fri	end or family mer	mber to this doctor.	0	1	2	3	4	5
Global Rating An overall rating of the doctor's performance and professionalism in all areas.									
				Below ex <sub>l</sub>	pected level	At exped	Ak cted level	oove expected	

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Comments	
Signature of patient:	Date: / / /