

1. How long have you been a patient of this specialist?

- ₁ less than 1 year
 ₂ 1 - 2 years
 ₃ 3 - 5 years
 ₄ more than 5 years

2. Which of the following best describes your familiarity with this specialist? **(Please check only one)**

- 1 I don't recall ever seeing this specialist *(if so, please disregard this survey)*
 2 I saw this specialist on only one occasion for a consultation, diagnostic test or surgical procedure
 3 I've met and consulted with this specialist on more than one occasion, but do not consider myself a regular patient of this specialist
 4 I consider myself a regular patient of this specialist
 5 Other _____

3. Listed below is a series of statements about this specialist. Please indicate how strongly you agree or disagree with each statement by circling the appropriate number. **(NA = Not Applicable)**

<i>This Specialist,</i>						Don't Know or NA
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
a. Was able to help me with my problem	1	2	3	4	5	6
b. Seems genuinely concerned about me	1	2	3	4	5	6
c. Was very thorough in diagnosing and treating my condition	1	2	3	4	5	6
d. Follows up when I feel it's necessary	1	2	3	4	5	6
e. Is someone I feel I can trust	1	2	3	4	5	6
f. Explains my diagnosis and treatment clearly	1	2	3	4	5	6
g. Seems knowledgeable about his/her specialty area	1	2	3	4	5	6
h. Spends enough time with me	1	2	3	4	5	6
i. Gives helpful advice	1	2	3	4	5	6
j. Listens carefully to me	1	2	3	4	5	6
k. Is easy to get an appointment with	1	2	3	4	5	6

4. The last time you had a routine office visit with this specialist, how long did you have to wait for an appointment?

- ₁ less than 1 week
 ₂ 1 - 2 weeks
 ₃ 3 - 5 weeks
 ₄ more than 5 weeks
 ₅ appointment made during last visit
 ₆ have not had a routine office visit

5. Was that acceptable to you? ₁ Yes ₂ No

6. The last time you had an urgent problem and needed to see this specialist, how long did you have to wait for an appointment?

- ₁ within 24 hours
 ₂ 1 - 2 days
 ₃ 3 - 5 days
 ₄ more than 5 days
 ₅ never had an urgent problem

7. Was that acceptable to you? ₁ Yes ₂ No

over

8. When you arrive at this specialist's office, how long do you usually have to wait from the time of your scheduled appointment until you are seen?
- 0-15 minutes 16-30 minutes 31-45 minutes 46 minutes or more
- 1 2 3 4
9. Is the wait time at the office acceptable to you? Yes No
- 1 2
10. When you have an appointment to see this specialist, whom do you usually see? *(Please check only one response. If you usually see more than one person, check the person that spends the most time with you.)*
- 1 The specialist I expected to see 2 Another specialist 3 Resident/Intern/Trainee
- 4 Nurse Practitioner 5 Physician Assistant 6 Other _____
11. Do you usually see the same doctor/health care professional each time you have an appointment with this specialist?
- 1 Yes, always 2 Usually 3 No, usually see different people
12. We hope that you haven't experienced any problems with this specialist, but if you have, it is important that we know about them. During the past 18 months, have you personally experienced any of the following situations with this specialist's office? **(Check all that apply)**
- 1 Specialist failed to return my phone call
- 2 Specialist was unfriendly
- 3 Had difficulty reaching the specialist's office by phone
- 4 Specialist always seems to be in a rush
- 5 Had difficulty reaching the specialist after hours
13. Has this specialist treated you for a specific medical problem or condition? Yes No
- 1 2
14. **(If yes)** Since this specialist has treated you, how has your medical problem or condition changed?
- Improved significantly Improved somewhat Remained about the same
- 1 2 3
- Worsened, but this was expected based on my medical problem Worsened
- 4 5
15. Overall, how satisfied have you been with the services provided by this specialist?
- Very satisfied Satisfied Neither satisfied Dissatisfied Very dissatisfied
- 1 2 3 4 5

The last few questions are for classification purposes only.

16. In general, would you say your health is: Excellent Very good Good Fair Poor
- 1 2 3 4 5
17. Your age is: 16 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65 or older
- 1 2 3 4 5 6
18. Are you: Male Female
- 1 2
19. If we need further detail, may we call you? *If yes, please indicate:*

Name: _____ Daytime Phone:() _____

Thank you for your assistance with this study. Please return the completed questionnaire in the postage-paid envelope.