


INSTRUCTIONS: For each item, read the questions and responses, and please mark the response that best matches with your experience. Mark your answer in the oval like this . Please mark only one oval for each question.

Please tell us about your visit with Eve Handley Gordon, MD

1. Did this doctor or health care provider explain things in a way that was easy to understand?

01 02 03 04 05 06 07 08 09 10
 Did not explain at all Explained very well

2. Did this doctor or health care provider listen carefully to you?

01 02 03 04 05 06 07 08 09 10
 Did not listen carefully at all Listened very carefully

3. Did this doctor or health care provider give you easy-to-understand instructions about what to do to take care of the health problems or concerns that were bothering you?

01 02 03 04 05 06 07 08 09 10
 Instructions were hard to understand Instructions were easy to understand

4. Did this doctor or health care provider seem to know important information about your medical history?

01 02 03 04 05 06 07 08 09 10
 Did not know at all Knew very well

5. Did this doctor or health care provider spend enough time with you?

01 02 03 04 05 06 07 08 09 10
 Spent very little time Spent as much time as needed

6. Did this doctor or health care provider show respect for what you had to say?

01 02 03 04 05 06 07 08 09 10
 Did not show respect at all Very respectful

7. How would you rate this doctor or health care provider?

01 02 03 04 05 06 07 08 09 10
 Worst doctor or health care provider possible Best doctor or health care provider possible

8. Overall, how satisfied are you with the service you received from this doctor or health care provider?

01 02 03 04 05 06 07 08 09 10
 Extremely dissatisfied Extremely satisfied

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- 9. Did this doctor or health care provider seem informed and up-to-date about the care you got from other doctors or health care providers?

01	02	03	04
Definitely no	Somewhat no	Somewhat yes	Definitely yes

- 10. During this visit, did you and this doctor or health care provider talk about specific things (i.e., related to changes in your habits or lifestyle) that you could do to prevent illness?

01	02	03	04
Definitely no	Somewhat no	Somewhat yes	Definitely yes

- 11. If you smoke or chew tobacco, were you advised to quit by the provider you saw during this visit?

01	02	03
No	Yes	I do not smoke or chew tobacco

- 12. If you smoke or chew tobacco, did the provider you saw during this visit offer you strategies or medications to help you quit?

01	02	03
No	Yes	I do not smoke or chew tobacco

- 13. In the last 3 months, if you left a phone message for this doctor or health care provider, how long was it before you received a response?

01	02	03	04	05
Never received a response	Greater than 24 hours	By the end of the day	Less than 4 hours	Did not leave a phone message

Now, please tell us about the rest of your visit in the Allergy Department

- 14. Did you need to contact us more than once to make this appointment?

01	02
No	Yes

- 15. If you made this appointment by phone, were you satisfied with the ease of getting through to make this appointment?

01	02	03	04	05
Definitely no	Somewhat no	Somewhat yes	Definitely yes	I did not make this appointment by phone

- 16. How satisfied were you with your ability to get this appointment as soon as you wanted it?

01	02	03	04	05	06	07	08	09	10
Very dissatisfied					Very satisfied				

- 17. Did the receptionist who checked you in for this visit treat you with courtesy?

01	02	03	04	05
Definitely no	Somewhat no	Somewhat yes	Definitely yes	No one checked me in for this visit

- 18. Was the receptionist who checked you in helpful?

01	02	03	04	05
Definitely no	Somewhat no	Somewhat yes	Definitely yes	No one checked me in for this visit

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9. Did this doctor or health care provider seem informed and up-to-date about the care you got from other doctors or health care providers?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
01	02	03	04
Definitely no	Somewhat no	Somewhat yes	Definitely yes

10. During this visit, did you and this doctor or health care provider talk about specific things (i.e., related to changes in your habits or lifestyle) that you could do to prevent illness?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
01	02	03	04
Definitely no	Somewhat no	Somewhat yes	Definitely yes

11. If you smoke or chew tobacco, were you advised to quit by the provider you saw during this visit?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
01	02	03
No	Yes	I do not smoke or chew tobacco

12. If you smoke or chew tobacco, did the provider you saw during this visit offer you strategies or medications to help you quit?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
01	02	03
No	Yes	I do not smoke or chew tobacco

13. In the last 3 months, if you left a phone message for this doctor or health care provider, how long was it before you received a response?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
01	02	03	04	05
Never received a response	Greater than 24 hours	By the end of the day	Less than 4 hours	Did not leave a phone message

Now, please tell us about the rest of your visit in the Allergy Department

14. Did you need to contact us more than once to make this appointment?

<input type="radio"/>	<input type="radio"/>
01	02
No	Yes

15. If you made this appointment by phone, were you satisfied with the ease of getting through to make this appointment?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
01	02	03	04	05
Definitely no	Somewhat no	Somewhat yes	Definitely yes	I did not make this appointment by phone

16. How satisfied were you with your ability to get this appointment as soon as you wanted it?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
01	02	03	04	05	06	07	08	09	10
Very dissatisfied					Very satisfied				

17. Did the receptionist who checked you in for this visit treat you with courtesy?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
01	02	03	04	05
Definitely no	Somewhat no	Somewhat yes	Definitely yes	No one checked me in for this visit

18. Was the receptionist who checked you in helpful?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
01	02	03	04	05
Definitely no	Somewhat no	Somewhat yes	Definitely yes	No one checked me in for this visit

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19. For this visit, if you waited more than 15 minutes in the waiting room, did the staff inform you about the estimated length of the delay?

 01	 02	 03
No	Yes	I did not wait more than 15 minutes

20. Did the nurse or assistant who prepared you for the visit with this doctor or health care provider treat you with courtesy?

 01	 02	 03	 04	 05
Definitely no	Somewhat no	Somewhat yes	Definitely yes	No one prepared me for this visit

21. Was the nurse or assistant who prepared you for the visit with this doctor or health care provider helpful?

 01	 02	 03	 04	 05
Definitely no	Somewhat no	Somewhat yes	Definitely yes	No one prepared me for this visit

22. Did the nurse or assistant who prepared you for this visit with this doctor or health care provider show care and concern towards you?

 01	 02	 03	 04	 05
Definitely no	Somewhat no	Somewhat yes	Definitely yes	No one prepared me for this visit

23. When getting this appointment, were you satisfied with the length of time between the referral and your appointment in this department?

 01	 02	 03	 04	 05
Definitely no	Somewhat no	Somewhat yes	Definitely yes	I did not need a referral

24. Overall, how satisfied were you with this medical visit?

 01	 02	 03	 04	 05	 06	 07	 08	 09	 10
Very dissatisfied				Very satisfied					

25. If you had a test or procedure (e.g., x-ray, blood work, or lab work) ordered at this visit, were you satisfied with the timeliness with which you received the results?

 01	 02	 03	 04	 05
Definitely no	Somewhat no	Somewhat yes	Definitely yes	I did not have any tests or procedures

26. If you went to the Lab following your visit, were you satisfied with the services you received there?

 01	 02	 03	 04	 05
Definitely no	Somewhat no	Somewhat yes	Definitely yes	I did not visit the lab

27. How long did you wait to have your blood drawn by the lab technician from the time you checked in with the receptionist?

 01	 02	 03	 04	 05
Greater than 15 min	11 - 15 min	5 - 10 min	Less than 5 min	I did not visit the lab

While we value your comments and feedback, we will not be able to respond directly to any written comments you make. So, if you have specific concerns about your visit that you would like to discuss, you are welcome to contact the Member Services Call Center for assistance at (800) 464-4000.

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