Allergy/Immunology Clinic Patient Satisfaction Survey 2018-2019

Dear Allergy Patient,

To our physicians in training, your feedback regarding the care they provided will offer them opportunities to continually improve their skills. Please help them by filling out this brief survey, and giving it to the Allergy Front Desk staff. Please note that we will not include your name or any identifier so that we can get your most honest

Thank you for providing this very important feedback.

Sameer Mathur MD, PhD

Director, Allergy/Immunology Fellowship Program

(Please circle one)

Dr. Cheryl Steiman

. Ania Lang

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Dr. Julia Thorsen

Allergy Fellow:

Dr. Eve Anglo

Dr. Dan Rosenberg

Dr. David Peloza

How many times have you seen this physical (Please circle one answer) 1 + 2 + 3ician, including today? # 5 or more times

'n Was this physician friendly?

Definitely Most of the time Half of the time A little Not at all

Did this physician have a compassionate and caring professional style? Definitely Most of the time Half of the time A little Not at all

(Please circle one answer)

- Do you feel this physician was concerned about your comfort during the examination?
- Most of the time Half of the time Not at all
- Definitely A little
- Do you feel that this physician was knowledgeable, competent and up to date?
- Definitely) Most of the time

Half of the time

A little

Not at all

- Definitely) Most of the time Did this physician discuss treatment benefits and risks?
- Half of the time A little Not at all
- Did this physician discuss what to do if you are having problems?
- Definitely Most of the time Half of the time A little Not at all
- Definitely Most of the time Do you feel this physician listened carefully to your concerns? Half of the time A little Not at all
- Were your concerns addressed and explained in an understandable way?
- Definitely Most of the time Half of the time A little Not at all
- 10. Do you feel this physician spent enough time with you? Definitely) Most of the time Half of the time A little Not at all
- 11. Would you recommend this physician to a family member? Definitely Most of the time Half of the time A little Not at all

Comments:

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