

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 opinion.

Thank you for providing this very important feedback.

Sameer Mathur MD, PhD
Director, Allergy/Immunology Fellowship Program

(Please circle one)

Allergy Fellow:

- | | |
|-------------------------|-------------------|
| Dr. Eve Anglo | Dr. Ania Lang |
| Dr. Cheryl Steinman | Dr. David Pelosa |
| <u>Dr. Julia Thross</u> | Dr. Dan Rosenberg |

1. How many times have you seen this physician, including today?
(Please circle one answer) 1 2 3 4 5 or more times

2. Was this physician friendly?
Definitely Most of the time Half of the time A little Not at all

3. 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)

4. Do you feel this physician was concerned about your comfort during the examination?
Definitely Most of the time Half of the time A little Not at all

5. 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

6. Did this physician discuss treatment benefits and risks?
Definitely Most of the time Half of the time A little Not at all

7. 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

8. Do you feel this physician listened carefully to your concerns?
Definitely Most of the time Half of the time A little Not at all

9. 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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