Yale NewHaven Health Greenwich Hospital

MEDICAL PRACTICE SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope

	se rate your visit on: 09/ 2019					12
BA	CKGROUND QUESTIONS			:		
2.	Was this your first visit here?	n befo loctor, PA), P), or	re [mir	nutes	
the re	RUCTIONS: Please rate the services you received from our practice. Select sponse that best describes your experience. If a question does not apply to blease skip to the next question. Space is provided for you to comment on or bad things that may have happened to you.		ase use fill in the Ex		compl	
AC	CESS	very poor	poor 2	fair	good 4	very good 5
2.	Ease of contacting (e.g., email, phone, web portal) the clinic		0	0	0	10
Comr	nents (describe good or bad experience)					
MC	OVING THROUGH YOUR VISIT	poor	poor 2	fair .	good	good 5
	Degree to which you were informed about any delays	0	0	0	0 0	0
Comn	nents (describe good or bad experience):					
·	PSF/ASSISTANT	very	poor	falr	good	very good
1	How well the nurse/assistant listened to you	0	0	0	0	5
	Concern the nurse/assistant showed for your problem nents (describe good or bad experience):	<u> </u>	0	0		•
CA	RE PROVIDER	very poor	poor 2	fair 3		very good 5
PRACT	G YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN . ITTIONER (NP), OR MIDWIFE. <u>PLEASE ANSWER THE FOLLOWING QUESTIONS WITH</u> DER IN MIND.	ASSIS THAT	TANT HEAL	(PA) TH C	, NUR	SE
1. 2.	Concern the care provider showed for your questions or worries	000	0 0 0	0 0 0	0 0 0	•
4.	Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)	0	0	0	0	



	ARE PROVIDER (continued)	poor 1	poor 2	fair	. good 4	yery good 5
5.	Likelihood of your recommending this care provider to others	0	0	0	0	
Con	nments (describe good or bad experience):					
PI	ERSONAL ISSUES	very poor	poor 2.	.fair	good	yer) good
1.	Our concern for your privacy	0	0	0	0	•
2.	AND	0	0	0	0	0
3.		0	0	0	0	
4.	How well staff respected your needs based on your culture		0	0	0	6
5.	How well staff respected your needs based on your religious beliefs	0	0	0	0	8
6.	How well staff respected your needs based on your race or ethnicity	0	0	0	0	-
7.	How well staff respected your needs based on your gender identity	0	0	0	0	4
8.	How well staff respected your needs based on your sexual orientation	0	0	0	0	
Cont	ments (describe good or bad experience):					
67	(4.)					
	₹5° ′\v°					
0,	VERALLASSESSMENT	very poor	poor 2	fair	good	
O. 1.		poor 1	poor 2		-	good
	How well the staff worked together to care for you	1 0	2	3 .	4.	good
1. 2.	How well the staff worked together to care for you Likelihood of your recommending our practice to others) poor 1 O O	0	0	4.	good
1. 2.	How well the staff worked together to care for you) poor 1 O O	0	0	4.	good
1. 2.	How well the staff worked together to care for you Likelihood of your recommending our practice to others) poor 1 O O	0	0	4.	good
1. 2.	How well the staff worked together to care for you Likelihood of your recommending our practice to others) poor 1 O O	0	0	4.	good
1. 2.	How well the staff worked together to care for you Likelihood of your recommending our practice to others) poor 1 O O	0	0	4.	-
1. 2. Com	How well the staff worked together to care for you Likelihood of your recommending our practice to others) poor 1 O O	0	0	4.	good
1. 2. Com	How well the staff worked together to care for you Likelihood of your recommending our practice to others) poor 1 O O	0	0	4.	good
1. 2. Com	How well the staff worked together to care for you Likelihood of your recommending our practice to others) poor 1 O O	0	0	4.	good







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Plea	se rate your visit on: 09 /2019						
BA	ACKGROUND QUESTIONS			A STAN	, in		
1.	Was this your first visit here?	n room b by a doct tant (PA) er (NP),	efore tor, or	mi	nutes	5 02	r TEL
the r	RUCTIONS: Please rate the services you received from our practice. <u>Selesponse</u> that best describes your experience. If a question does not app please skip to the next question. Space is provided for you to comment dor bad things that may have happened to you.	ly to	Please u to fill in the		compl		
AC	CESS	441.1 P	ery poo	fair	good:	very good 5	
1. 2.	Ease of scheduling your appointment Ease of contacting (e.g., email, phone, web portal) the clinic		0 0	0	0.0	80	v
Com	ments (describe good or bad experience): ルナカッ GOOD AM チEOMD SURELTV~	p M	R	W	<u> </u>		
M	OVING THROUGH YOUR VISIT		ery oor poor		good	very good	٠.
1. 2.	Degree to which you were informed about any delays		0 0	0 0	0 0	SK SK	
Com	ments (describe good or bad experience): No COMPLAIM.			•		_	
			•				#
NU	JRSE/ASSISTANT	ne contract	ery oor poor	fair	good	very good	-
1. 2.	How well the nurse/assistant listened to you		0 0	0 0	0 0	数	
Com	ments (describe good or bad experience): プルモン WEJTE!!	SIA	, Wite	£21,	ďλ		
						<u> </u>	,
CA	REPROVIDER	r^ p	ery oor, poor 1 2	fair	good	good	
PRAC	NG YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSI CTITIONER (NP), OR MIDWIFE. <u>PLEASE ANSWER THE FOLLOWING QUESTIONS</u> <u>VIDER IN MIND.</u>	ICIAN AS WITH TH	SISTAN IAT HEA	T (PA)	NUR ARE	SE .	
1.	Concern the care provider showed for your questions or worries		0 0	0	0	×	
2.	Explanations the care provider gave you about your problem or condition		0 0	0	0 .	2	
3.	Care provider's efforts to include you in decisions about your care		0 0	0	0	X	1 17
4.	Care provider's discussion of any proposed treatment (options, risks, benefit etc.)		0 0	0	0	X 6	



CARE: PROVIDER (continued) 5. Likelihood of your recommending this care provider to others Comments (describe good or bad experience): ALREADY PERSONALISSUES 1. Our concern for your privacy Yery PERSONALISSUES 1. Our concern for your privacy Yery PERSONALISSUES 1. Our concern for your privacy Yery PERSONALISSUES 1. Our concern for your privacy	Very good
5. Likelihood of your recommending this care provider to others	very
PERSONAL ISSUES PERSONAL ISSUES 1 2 3 4	very
PERSONALISSUES very poor tal, good poor tal, good tal,	very
PERSONAL ISSUES very poor fair good	very
PERSONALISSUES 1 2 3 4	yery
PERSONAL ISSUES 1 2 3 4	yery
PERSONAL ISSUES 1 2 3 4	good
	5
	`
2. How well the staff protected your safety (by washing hands, wearing ID, etc.) O O O	KRARA
3. Response to concerns/complaints made during your visit	Ø
4. How well staff respected your needs based on your culture	政
5. How well staff respected your needs based on your religious beliefs	B
6. How well staff respected your needs based on your race or ethnicity	8
7. How well staff respected your needs based on your gender identity	d
8. How well staff respected your needs based on your sexual orientation	Ø.
Comments (describe good or bad experience): WO 1550E5	
very	very
OVERALL'ASSESSMENT poor poor poor poor poor poor poor poo	g000
How well the staff worked together to care for you	20
2. Likelihood of your recommending our practice to others	Xd.
Comments (describe good or bad experience): 1'M HAPPY SO FADT.	





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MEDICAL PRACTICE SURVEY

THE PORT OF THE BORY					
We thank you in advance for completing this questionnaire. When you have finishe enclosed envelope	d, ple	ase ma	il it ir	ı the	
BACKGROUND QUESTIONS 1. Was this your first visit here? 2. How many minutes did you wait after your scheduled appointment time before you were called to an exam room? 3. How many minutes did you wait in the exam room before you were seen by a doctor, physician assistant (PA), nurse practitioner (NP), or midwife? minutes					
BACKGROUND QUESTIONS					
here? wait in the exam room you were seen by a do physician assistant (PA appointment time before you were called to an exam room?	before ctor, (), , or	e ð	D minutes	2	
INSTRUCTIONS: Please rate the services you received from our practice. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.		se use bla I in the circ Examp	cle comp		
ACCESS		poor fai	1	2	
Ease of scheduling your appointment Ease of contacting (e.g., email, phone, web portal) the clinic		0 0	0	0	
Comments (describe good or bad experience):		for.	* 4.5	+	
day to get back to me.		101c	<u>we</u>	·	
MOVING THROUGH YOUR VISIT	very poor	poor fail	good 4	very good	
Degree to which you were informed about any delays	0	0 0	0	@	
Wait time at clinic (from arriving to leaving)	0	0 0	0	0	
Comments (describe good or bad experience):	-				
		•			
				•	
NURSE/ASSISTANT	T 6.1 40.	ooor fair		very good 5	
How well the nurse/assistant listened to you	0	0 0	0	6	



		very	poor	fair	good	every
NURSE/ASSIS/TANT (continued) 2. Concern the nurse/assistant showed for your problem			2	3.	4	5
		0	. 0	Ų	60	\odot
comments (describe good or bad experience): Had No problem						
	*					
CARE PROVIDER			poor 2			
DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PERACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIC PROVIDER IN MIND.	HYSICIAN A	ASSIS	STAN	T (PA	. NU	RSE
Concern the care provider showed for your questions or worries		0	0	0	0	0
2. Explanations the care provider gave you about your problem or condition		0	0	0	0	
3. Care provider's efforts to include you in decisions about your care		0	0	0	0	(2)
Care provider's discussion of any proposed treatment (options, risks, ber etc.)			·O	0	0	(3)
Likelihood of your recommending this care provider to others	and the second second	0	Ö	0	0	®
omments (describe good or bad experience): Very ma Intern	a i	VI	ر ا ب	me	_	•
very clear explanations to my question	13					
) .()	•	*	0.50			
·			62			•
PERSONAL ISSUES			poor 2	4		
Our concern for your privacy	, la color a correr p	O	0			MA CONTRACTOR
How well the staff protected your safety (by washing hands, wearing ID, etc.)		-	0	. 0	0	(Q)
Response to concerns/complaints made during your visit			0	0	0	@
comments (describe good or bad experience):	٠,			*		
Debugsing Applifying Sephinkanaga State (C. 1977). In the septimental best debugsing strained by the following septiments. The constrained by the following septiments.	306 CS + 026 - 02	Sign.	eg.: 95-61,10 g/8	95% mA-500	V-91	(Vinn)
OVERALL ASSESSMENT			pec:			-11.4: Tel
How well the staff worked together to care for you		0	0	0	0	(A)
Likelihood of your recommending our practice to others		0	0	0	0	0
comments (describe good or bad experience):						
				1.07		
5				•		
Patient's Name: (optional) (.						
elephone Number: (optional)		a ¥				. ' :



