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

Please rate your visit on: 09/ 2019

BACKGROUND QUESTIONS

1. Was this your first visit here? ..... ○ Yes ✓ No
2. How many **minutes** did you wait after your scheduled appointment time before you were called to an exam room? 05 minutes
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? ..... 05 minutes

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.

Please use black or blue ink to fill in the circle completely.
Example: ●

ACCESS

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Ease of scheduling your appointment	○	○	○	○	●
2. Ease of contacting (e.g., email, phone, web portal) the clinic	○	○	○	○	●

Comments (describe good or bad experience):

MOVING THROUGH YOUR VISIT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Degree to which you were informed about any delays	○	○	○	○	●
2. Wait time at clinic (from arriving to leaving)	○	○	○	○	●

Comments (describe good or bad experience):

NURSE/ASSISTANT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well the nurse/assistant listened to you	○	○	○	○	●
2. Concern the nurse/assistant showed for your problem	○	○	○	○	●

Comments (describe good or bad experience):

CARE PROVIDER

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Concern the care provider showed for your questions or worries	○	○	○	○	●
2. Explanations the care provider gave you about your problem or condition	○	○	○	○	●
3. Care provider's efforts to include you in decisions about your care	○	○	○	○	●
4. Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)	○	○	○	○	●

DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.

this section continued on next page...

CARE PROVIDER (...continued)	very poor 1	poor 2	fair 3	good 4	very good 5
5. Likelihood of your recommending this care provider to others	O	O	O	O	●

Comments (describe good or bad experience):_____

PERSONAL ISSUES	very poor 1	poor 2	fair 3	good 4	very good 5
1. Our concern for your privacy	O	O	O	O	●
2. How well the staff protected your safety (by washing hands, wearing ID, etc.)	O	O	O	O	●
3. Response to concerns/complaints made during your visit	O	O	O	O	●
4. How well staff respected your needs based on your culture	O	O	O	O	●
5. How well staff respected your needs based on your religious beliefs	O	O	O	O	●
6. How well staff respected your needs based on your race or ethnicity	O	O	O	O	●
7. How well staff respected your needs based on your gender identity	O	O	O	O	●
8. How well staff respected your needs based on your sexual orientation	O	O	O	O	●

Comments (describe good or bad experience):_____

OVERALL ASSESSMENT	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well the staff worked together to care for you	O	O	O	O	●
2. Likelihood of your recommending our practice to others	O	O	O	O	●

Comments (describe good or bad experience):_____

Patient's Name: (optional)_____

Telephone Number: (optional)_____

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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

Please rate your visit on: 09 /2019

BACKGROUND QUESTIONS

1. Was this your first visit here? ..... ○ Yes ☒ No

2. How many **minutes** did you wait after your scheduled appointment time before you were called to an exam room? [| | 5] OR LESS minutes

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? ..... [| | 5] OR LESS minutes

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.

Please use black or blue ink to fill in the circle completely. Example: ●

ACCESS

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Ease of scheduling your appointment	○	○	○	○	☒
2. Ease of contacting (e.g., email, phone, web portal) the clinic	○	○	○	○	☒

Comments (describe good or bad experience): VERY GOOD AND WAS MY SECOND SURGERY.

MOVING THROUGH YOUR VISIT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Degree to which you were informed about any delays	○	○	○	○	☒
2. Wait time at clinic (from arriving to leaving)	○	○	○	○	☒

Comments (describe good or bad experience): NO COMPLAIN.

NURSE/ASSISTANT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well the nurse/assistant listened to you	○	○	○	○	☒
2. Concern the nurse/assistant showed for your problem	○	○	○	○	☒

Comments (describe good or bad experience): THEY WERE ALL VERY ATTENTIVE.

CARE PROVIDER

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Concern the care provider showed for your questions or worries	○	○	○	○	☒
2. Explanations the care provider gave you about your problem or condition	○	○	○	○	☒
3. Care provider's efforts to include you in decisions about your care	○	○	○	○	☒
4. Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)	○	○	○	○	☒

DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.

this section continued on next page...

CARE PROVIDER (...continued)

	very poor 1	poor 2	fair 3	good 4	very good 5
5. Likelihood of your recommending this care provider to others	O	O	O	O	X

Comments (describe good or bad experience): ALREADY RECOMMENDED IT TO ALL MY FRIENDS.

PERSONAL ISSUES

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Our concern for your privacy	O	O	O	O	X
2. How well the staff protected your safety (by washing hands, wearing ID, etc.)	O	O	O	O	X
3. Response to concerns/complaints made during your visit	O	O	O	O	X
4. How well staff respected your needs based on your culture	O	O	O	O	X
5. How well staff respected your needs based on your religious beliefs	O	O	O	O	X
6. How well staff respected your needs based on your race or ethnicity	O	O	O	O	X
7. How well staff respected your needs based on your gender identity	O	O	O	O	X
8. How well staff respected your needs based on your sexual orientation	O	O	O	O	X

Comments (describe good or bad experience): NO ISSUES

OVERALL ASSESSMENT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well the staff worked together to care for you	O	O	O	O	X
2. Likelihood of your recommending our practice to others	O	O	O	O	X

Comments (describe good or bad experience): I'M HAPPY SO FAR.

Patient's Name: (optional) (

Telephone Number: (optional)

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BACKGROUND QUESTIONS

1. Was this your first visit here? ..... ○ Yes ● No

2. How many **minutes** did you wait after your scheduled appointment time before you were called to an exam room? 0 0 1 minutes

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? ..... 0 0 2 minutes

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.

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Example: ●

ACCESS

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Ease of scheduling your appointment	○	○	○	○	●
2. Ease of contacting (e.g., email, phone, web portal) the clinic	○	○	●	○	○

Comments (describe good or bad experience): Always have to leave message; usually wait for next day to get back to me.

MOVING THROUGH YOUR VISIT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Degree to which you were informed about any delays	○	○	○	○	●
2. Wait time at clinic (from arriving to leaving)	○	○	○	○	●

Comments (describe good or bad experience):

NURSE/ASSISTANT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well the nurse/assistant listened to you	○	○	○	○	●

this section continued on next page...

NURSE/ASSISTANT (...continued)

	very poor 1	poor 2	fair 3	good 4	very good 5
2. Concern the nurse/assistant showed for your problem	○	○	○	●	○

Comments (describe good or bad experience): Had no problem

CARE PROVIDER

	very poor 1	poor 2	fair 3	good 4	very good 5
DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.					
1. Concern the care provider showed for your questions or worries	○	○	○	○	●
2. Explanations the care provider gave you about your problem or condition	○	○	○	○	●
3. Care provider's efforts to include you in decisions about your care	○	○	○	○	●
4. Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)	○	○	○	○	●
5. Likelihood of your recommending this care provider to others	○	○	○	○	●

Comments (describe good or bad experience): very nice Intern, giving me very clear explanations to my questions

PERSONAL ISSUES

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Our concern for your privacy	○	○	○	○	●
2. How well the staff protected your safety (by washing hands, wearing ID, etc.)	○	○	○	○	●
3. Response to concerns/complaints made during your visit	○	○	○	○	●

Comments (describe good or bad experience):

OVERALL ASSESSMENT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well the staff worked together to care for you	○	○	○	○	●
2. Likelihood of your recommending our practice to others	○	○	○	○	●

Comments (describe good or bad experience):

Patient's Name: (optional) [redacted]

Telephone Number: (optional)

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