

Please indicate your response to the following questions by marking an "X" in the appropriate box.

In this section, we would like you to consider the following questions about your visit with Dr. Aloha.

- 1. How carefully do you think this Doctor LISTENED to your concerns and questions? Wouldn't listen at all  1  2  3  4  5  6  7 Really listened carefully
- 2. Did the Doctor SPEND ENOUGH TIME with you? Did not spend enough time  1  2  3  4  5  6  7 Spent as much time as needed
- 3. To what degree do you feel this Doctor HELPED or IS HELPING you? Didn't help at all  1  2  3  4  5  6  7 Really helped me
- 4. How much CONFIDENCE do you have in this Doctor's KNOWLEDGE and ABILITY? No confidence at all  1  2  3  4  5  6  7 Total confidence
- 5. Would you RECOMMEND this Doctor to your relatives and friends? Would not recommend  1  2  3  4  5  6  7 Would definitely recommend
- 6. Was this Doctor your REGULAR Doctor?  Yes  No, but have seen this doctor before  No  Do Not Have Regular Doctor
- 7. What would you like to be able to tell this Doctor that they are doing well or where they might improve?

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- 8. How satisfied were you with the CARE and HELPFULNESS shown to you by this Doctor's NURSE or ASSISTANT? Not at all satisfied  1  2  3  4  5  6  7 Extremely satisfied Does not apply
  - 9. How satisfied were you with the way the medical professionals WORK TOGETHER TO COORDINATE your care? Not at all satisfied  1  2  3  4  5  6  7 Extremely satisfied Does not apply
  - 10. How HELPFUL were the clerks and receptionists at this clinic? Not at all helpful  1  2  3  4  5  6  7 Extremely helpful
  - 11. If you HAD TO WAIT for more than 15 minutes after your appointment time, were you given an explanation? Delay, and was not given an explanation  Delay, but was given an explanation  No delay
  - 12. TAKING EVERYTHING into consideration, how satisfied were you with your visit? Not at all satisfied  1  2  3  4  5  6  7 Extremely satisfied
  - 13. If this was a scheduled appointment: How satisfied were you with the day and time of this appointment? Not at all satisfied  1  2  3  4  5  6  7 Extremely satisfied

Thank you for your time in completing this questionnaire. This information is used to provide feedback to physicians in a CONFIDENTIAL format.

Please return this survey today to: Kaiser Permanente, P.O. Box 5030, Chicago, IL 60680-4135