



## Patient Questionnaire

**Surgeon:** Mr. John Rogers M.D., F.R.C.S..

### Marking Instructions

Please indicate your answer by filling in the bubbles  
like this,  not like  or . Thank you!

A. Your Gender:  Male  Female

- B. Your Age:
- |  |  |
|--|--|
| <input type="radio"/> Less than 1 year | <input type="radio"/> 25-34 years            |
| <input type="radio"/> 1-5 years        | <input type="radio"/> 35-44 years            |
| <input type="radio"/> 6-10 years       | <input type="radio"/> 45-54 years            |
| <input type="radio"/> 11-15 years      | <input checked="" type="radio"/> 55-64 years |
| <input type="radio"/> 16-24 years      | <input type="radio"/> 65 years and over      |

C. Over the last five years how often have you seen this doctor?

- Once  2-3 times  Over 3 times

D. Today's visit is mainly for:

- New concern  Ongoing concern  Examination

E. This questionnaire is being completed by:

- Self (patient)  Caregiver/Parent

### Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are NOT relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

#### Based on the MOST RECENT VISIT to my surgeon:

- My surgeon explained my condition to me satisfactorily
- Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood
- Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood
- My surgeon explained what could be done if my illness was to recur
- My surgeon or his/her staff explained when to return for follow-up care
- My surgeon or his/her staff provided me with instructions on how and when to take my medicine
- My surgeon told me of side effects of the treatment

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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5. My surgeon or his/her staff explained when to return for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7. My surgeon told me of side effects of the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<hr/>						
<b>Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:</b>						
8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Shows interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Asks appropriate details about my personal history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Answers my questions well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Examines me appropriately for my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Talks with me about treatment plans and alternatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



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**A. Your Gender:**  Male  Female

**B. Your Age:**  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

**C. Over the last five years how often have you seen this doctor?**

Once  2-3 times  Over 3 times

**D. Today's visit is mainly for:**

New concern  Ongoing concern  Examination

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Indicate how much you agree with each of the following statements using the scale on the right.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

### Based on the MOST RECENT VISIT to my surgeon:

1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. My surgeon explained what could be done if my illness was to recur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. My surgeon or his/her staff explained when to return for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. My surgeon told me of side effects of the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:

8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Shows interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Asks appropriate details about my personal history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Answers my questions well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Examines me appropriately for my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Talks with me about treatment plans and alternatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

**Rate each statement about your surgeon's office.**

- |  |                       |                       |                       |                       |                                  |                                  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|----------------------------------|
| 15. The office is easily accessible (e.g. parking, wheelchair, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| 16. The office has sufficient waiting areas                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 17. Examining rooms are adequately sized and have adequate equipment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 18. The office is clean and in good repair                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 19. The office provides adequate privacy                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |

**How do you feel that your surgeon runs his or her practice?**

**Telephone:**

- |   |                       |                       |                       |                       |                                  |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 20. I can reach the office by phone during the day  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 22. My messages are returned  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

**The Staff:**

- |  |                       |                       |                       |                       |                                  |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 23. Is very capable  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 24. Is helpful and pleasant  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 25. Is respectful of patients  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 26. Behaves in a professional manner   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 27. Works well with my surgeon   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 28. Prevents patients from hearing confidential information about other patients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

**Office Practices:**

- |  |                       |                       |                       |                       |                                  |                                  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|----------------------------------|
| 29. I receive an appropriate explanation if my appointment is delayed              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| 30. When asked, my surgeon provides insurance and medico-legal reports             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 31. When asked, my surgeon provides copies of files or letters                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 32. I am advised of results of tests and x-rays                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 33. My surgeon arranges appointments with other specialists when necessary         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 34. Someone from my surgeon's office follows-up on any serious problems I may have | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 35. I am told what to do if my problems do not get better                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |

**General:**

- |   |                       |                       |                       |                       |                                  |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 36. I am asked about prescription and non-prescription medication I may be taking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 37. My surgeon has printed health information available                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 38. I would go back to this surgeon   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 39. I would send a friend to this surgeon   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |



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- B. Your Age:**
- |  |  |
|--|--|
| <input type="radio"/> Less than 1 year | <input type="radio"/> 25-34 years            |
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**C. Over the last five years how often have you seen this doctor?**

- Once  2-3 times  Over 3 times

**D. Today's visit is mainly for:**

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Indicate how much you agree with each of the following statements using the scale on the right.

#### Based on the MOST RECENT VISIT to my surgeon:

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Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
------------------------	---------------	--------------	------------	---------------------	------------------------

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

#### Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:

8. Spends enough time with me
9. Shows interest in my problems
10. Asks appropriate details about my personal history
11. Answers my questions well
12. Examines me appropriately for my problems
13. Treats me with respect
14. Talks with me about treatment plans and alternatives

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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**How do you feel that your surgeon runs his or her practice?**

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- |   |                       |                       |                       |                                  |                                  |                                  |
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| 5. My surgeon or his/her staff explained when to return for follow-up care                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
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| 7. My surgeon told me of side effects of the treatment  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |

Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:

- |  |                       |                       |                       |                       |                                  |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 8. Spends enough time with me                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 9. Shows interest in my problems                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 10. Asks appropriate details about my personal history   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 11. Answers my questions well                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 12. Examines me appropriately for my problems            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 13. Treats me with respect                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 14. Talks with me about treatment plans and alternatives | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>How do you feel that your surgeon runs his or her practice?</b>						
<b>Telephone:</b>						
20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>The Staff:</b> (Princess Grace Hospital)						
23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31. When asked, my surgeon provides copies of files or letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>General:</b>						
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



## Patient Questionnaire

**Surgeon:** Mr. John Rogers M.D., F.R.C.S..

### Marking Instructions

Please indicate your answer by filling in the bubbles  
like this,  not like  or . Thank you!

**A. Your Gender:**  Male  Female

- B. Your Age:**  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

**C. Over the last five years how often have you seen this doctor?**

- Once  2-3 times  Over 3 times

**D. Today's visit is mainly for:**

- New concern  Ongoing concern  Examination

**E. This questionnaire is being completed by:**

- Self (patient)  Caregiver/Parent

### Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

#### Based on the MOST RECENT VISIT to my surgeon:

1. My surgeon explained my condition to me satisfactorily
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood
4. My surgeon explained what could be done if my illness was to recur
5. My surgeon or his/her staff explained when to return for follow-up care
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine
7. My surgeon told me of side effects of the treatment

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. My surgeon explained what could be done if my illness was to recur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. My surgeon or his/her staff explained when to return for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. My surgeon told me of side effects of the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:</b>						
8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Shows interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Asks appropriate details about my personal history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Answers my questions well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Examines me appropriately for my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Talks with me about treatment plans and alternatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>How do you feel that your surgeon runs his or her practice?</b>						
<b>Telephone:</b>						
20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>The Staff:</b>						
23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
31. When asked, my surgeon provides copies of files or letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>General:</b>						
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



## Patient Questionnaire

**Surgeon:** Mr. John Rogers M.D., F.R.C.S..

### Marking Instructions

Please indicate your answer by filling in the bubbles  
like this,  not like  or . Thank you!

A. Your Gender:  Male  Female

- B. Your Age:  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

C. Over the last five years how often have you seen this doctor?  
 Once  2-3 times  Over 3 times

D. Today's visit is mainly for:  
 New concern  Ongoing concern  Examination

E. This questionnaire is being completed by:  
 Self (patient)  Caregiver/Parent

### Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

#### Based on the MOST RECENT VISIT to my surgeon:

1. My surgeon explained my condition to me satisfactorily
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6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine
7. My surgeon told me of side effects of the treatment

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. My surgeon explained what could be done if my illness was to recur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. My surgeon or his/her staff explained when to return for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. My surgeon told me of side effects of the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:</b>						
8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>How do you feel that your surgeon runs his or her practice?</b>						
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20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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<b>The Staff:</b>						
23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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<b>General:</b>						
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



**Patient Questionnaire**

**Surgeon:** Mr. John Rogers M.D., F.R.C.S..

**Marking Instructions**

Please indicate your answer by filling in the bubbles like this,  not like  or . Thank you!

- A. Your Gender:**  Male  Female
- B. Your Age:**  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

- C. Over the last five years how often have you seen this doctor?**  
 Once  2-3 times  Over 3 times
- D. Today's visit is mainly for:**  
 New concern  Ongoing concern  Examination
- E. This questionnaire is being completed by:**  
 Self (patient)  Caregiver/Parent

**Interpretation of the Rating Scale**

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1. My surgeon explained my condition to me satisfactorily
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood
4. My surgeon explained what could be done if my illness was to recur
5. My surgeon or his/her staff explained when to return for follow-up care
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine
7. My surgeon told me of side effects of the treatment

**Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:**

8. Spends enough time with me
9. Shows interest in my problems
10. Asks appropriate details about my personal history
11. Answers my questions well
12. Examines me appropriately for my problems
13. Treats me with respect
14. Talks with me about treatment plans and alternatives

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. My surgeon explained what could be done if my illness was to recur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. My surgeon or his/her staff explained when to return for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. My surgeon told me of side effects of the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<hr/>						
8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Shows interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Asks appropriate details about my personal history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Answers my questions well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Examines me appropriately for my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Talks with me about treatment plans and alternatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>How do you feel that your surgeon runs his or her practice?</b>						
<b>Telephone:</b>						
20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>The Staff:</b>						
23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
31. When asked, my surgeon provides copies of files or letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>General:</b>						
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



## Patient Questionnaire

**Surgeon:** Mr. John Rogers M.D., F.R.C.S..

### Marking Instructions

Please indicate your answer by filling in the bubbles  
like this,  not like  X or . Thank you!

**A. Your Gender:**  Male  Female

- B. Your Age:**  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

**C. Over the last five years how often have you seen this doctor?**

- Once  2-3 times  Over 3 times

**D. Today's visit is mainly for:**

- New concern  Ongoing concern  Examination

**E. This questionnaire is being completed by:**

- Self (patient)  Caregiver/Parent

### Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

#### Based on the MOST RECENT VISIT to my surgeon:

1. My surgeon explained my condition to me satisfactorily
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood
4. My surgeon explained what could be done if my illness was to recur
5. My surgeon or his/her staff explained when to return for follow-up care
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine
7. My surgeon told me of side effects of the treatment

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

#### Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:

8. Spends enough time with me
9. Shows interest in my problems
10. Asks appropriate details about my personal history
11. Answers my questions well
12. Examines me appropriately for my problems
13. Treats me with respect
14. Talks with me about treatment plans and alternatives

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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**How do you feel that your surgeon runs his or her practice?**

**Telephone:**

20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**The Staff:**

23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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**Office Practices:**

29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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**General:**

36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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## Patient Questionnaire

**Surgeon:** Mr. John Rogers M.D., F.R.C.S..

### Marking Instructions

Please indicate your answer by filling in the bubbles  
like this,  not like  or . Thank you!

**A. Your Gender:**  Male  Female

- B. Your Age:**  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
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**C. Over the last five years how often have you seen this doctor?**

- Once  2-3 times  Over 3 times

**D. Today's visit is mainly for:**

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	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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7. My surgeon told me of side effects of the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:</b>						
8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



## Patient Questionnaire

**Surgeon:** Mr. John Rogers M.D., F.R.C.S..

**Marking Instructions**  
 Please indicate your answer by filling in the bubbles  
 like this, ● not like ☒ or ☑. Thank you!

- A. Your Gender:**  Male  Female
- B. Your Age:**  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

- C. Over the last five years how often have you seen this doctor?**  
 Once  2-3 times  Over 3 times
- D. Today's visit is mainly for:**  
 New concern  Ongoing concern  Examination
- E. This questionnaire is being completed by:**  
 Self (patient)  Caregiver/Parent

**Interpretation of the Rating Scale**

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

**Based on the MOST RECENT VISIT to my surgeon:**

1. My surgeon explained my condition to me satisfactorily
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood
4. My surgeon explained what could be done if my illness was to recur
5. My surgeon or his/her staff explained when to return for follow-up care
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine
7. My surgeon told me of side effects of the treatment

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. My surgeon explained what could be done if my illness was to recur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. My surgeon or his/her staff explained when to return for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. My surgeon told me of side effects of the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<hr/>						
<b>Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:</b>						
8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Shows interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Asks appropriate details about my personal history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Answers my questions well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Examines me appropriately for my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Talks with me about treatment plans and alternatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>How do you feel that your surgeon runs his or her practice?</b>						
<b>Telephone:</b>						
20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>The Staff:</b>						
23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
31. When asked, my surgeon provides copies of files or letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>General:</b>						
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Patient Questionnaire

Surgeon: Mr. John Rogers M.D., F.R.C.S.

Marking Instructions

Please indicate your answer by filling in the bubbles like this. ● not like ✕ or ✓. Thank you!

A. Your Gender: ● Male ○ Female

- B. Your Age: ○ Less than 1 year ○ 25-34 years  
 ○ 1-5 years ○ 35-44 years  
 ○ 6-10 years ○ 45-54 years  
 ○ 11-15 years ● 55-64 years  
 ○ 16-24 years ○ 65 years and over

C. Over the last five years how often have you seen this doctor?

- Once ○ 2-3 times ○ Over 3 times

D. Today's visit is mainly for:

- New concern ○ Ongoing concern ○ Examination

E. This questionnaire is being completed by:

- Self (patient) ○ Caregiver/Parent

Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are NOT relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

Based on the MOST RECENT VISIT to my surgeon:

- |   |                       |                       |                       |                                  |                                  |                                  |
|---|-----------------------|-----------------------|-----------------------|----------------------------------|----------------------------------|----------------------------------|
| 1. My surgeon explained my condition to me satisfactorily   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| 2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| 3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| 4. My surgeon explained what could be done if my illness was to recur                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| 5. My surgeon or his/her staff explained when to return for follow-up care                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| 6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| 7. My surgeon told me of side effects of the treatment  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |

Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:

- |  |                       |                       |                       |                       |                                  |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 8. Spends enough time with me                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 9. Shows interest in my problems                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 10. Asks appropriate details about my personal history   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 11. Answers my questions well                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 12. Examines me appropriately for my problems            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 13. Treats me with respect                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 14. Talks with me about treatment plans and alternatives | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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<b>How do you feel that your surgeon runs his or her practice?</b>						
<b>Telephone:</b>						
20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>The Staff:</b> (Princess Grace Hospital)						
23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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<b>General:</b>						
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



## Patient Questionnaire

Surgeon: Mr. John Rogers M.D., F.R.C.S..

### Marking Instructions

Please indicate your answer by filling in the bubbles like this.  not like X or ✓. Thank you!

A. Your Gender:  Male  Female

- B. Your Age:  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

C. Over the last five years how often have you seen this doctor?

- Once  2-3 times  Over 3 times

D. Today's visit is mainly for:

- New concern  Ongoing concern  Examination

E. This questionnaire is being completed by:

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### Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are NOT relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

### Based on the MOST RECENT VISIT to my surgeon:

- |   |                       |                       |                       |                       |                                  |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 1. My surgeon explained my condition to me satisfactorily   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
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| 6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
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### Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:

- |  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 8. Spends enough time with me                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
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30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. When asked, my surgeon provides copies of files or letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>General:</b>						
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Patient Questionnaire

Surgeon: Mr. John Rogers M.D., F.R.C.S.

### Marking Instructions

Please indicate your answer by filling in the bubbles like this,  not like  or  Thank you!

A. Your Gender:  Male  Female

- B. Your Age:
- Less than 1 year     25-34 years
- 1-5 years             35-44 years
- 6-10 years             45-54 years
- 11-15 years           55-64 years
- 16-24 years           65 years and over

C. Over the last five years how often have you seen this doctor?

Once             2-3 times             Over 3 times

D. Today's visit is mainly for:

New concern     Ongoing concern     Examination

E. This questionnaire is being completed by:

Self (patient)     Caregiver/Parent

### Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Based on the MOST RECENT VISIT to my surgeon:</b>						
1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4. My surgeon explained what could be done if my illness was to recur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. My surgeon or his/her staff explained when to return for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. My surgeon told me of side effects of the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:</b>						
8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Shows interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Asks appropriate details about my personal history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Answers my questions well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Examines me appropriately for my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Talks with me about treatment plans and alternatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>How do you feel that your surgeon runs his or her practice?</b>						
<b>Telephone:</b>						
20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>The Staff:</b>						
23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31. When asked, my surgeon provides copies of files or letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>General:</b>						
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



**Patient Questionnaire**

**Surgeon:** Mr. John Rogers M.D., F.R.C.S..

**Marking Instructions**

Please indicate your answer by filling in the bubbles like this, ● **not** like ☒ or ☑. Thank you!

**A. Your Gender:** ● Male ○ Female

- B. Your Age:** ○ Less than 1 year ○ 25-34 years  
 ○ 1-5 years ○ 35-44 years  
 ○ 6-10 years ○ 45-54 years  
 ○ 11-15 years ○ 55-64 years  
 ● 16-24 years ○ 65 years and over

**C. Over the last five years how often have you seen this doctor?**  
 ● Once ○ 2-3 times ○ Over 3 times

**D. Today's visit is mainly for:**  
 ○ New concern ● Ongoing concern ○ Examination

**E. This questionnaire is being completed by:**  
 ● Self (patient) ○ Caregiver/Parent

**Interpretation of the Rating Scale**

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

**Based on the MOST RECENT VISIT to my surgeon:**

1. My surgeon explained my condition to me satisfactorily
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood
4. My surgeon explained what could be done if my illness was to recur
5. My surgeon or his/her staff explained when to return for follow-up care
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine
7. My surgeon told me of side effects of the treatment

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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7. My surgeon told me of side effects of the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:</b>						
8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Shows interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Asks appropriate details about my personal history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Answers my questions well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Examines me appropriately for my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Talks with me about treatment plans and alternatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>How do you feel that your surgeon runs his or her practice?</b>						
<b>Telephone:</b>						
20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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<b>The Staff:</b>						
23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



**Patient Questionnaire**

**Surgeon:** Mr. John Rogers M.D., F.R.C.S..

**Marking Instructions**

Please indicate your answer by filling in the bubbles like this,  **not like**  or . Thank you!

- A. Your Gender:**  Male  Female
- B. Your Age:**  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

- C. Over the last five years how often have you seen this doctor?**  
 Once  2-3 times  Over 3 times
- D. Today's visit is mainly for:**  
 New concern  Ongoing concern  Examination
- E. This questionnaire is being completed by:**  
 Self (patient)  Caregiver/Parent

**Interpretation of the Rating Scale**

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	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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<b>Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:</b>						
8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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**How do you feel that your surgeon runs his or her practice?**

**Telephone:**

20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The Staff:**

23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Office Practices:**

29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31. When asked, my surgeon provides copies of files or letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**General:**

36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



## Patient Questionnaire

Surgeon: Mr. John Rogers M.D., F.R.C.S..

### Marking Instructions

Please indicate your answer by filling in the bubbles like this,  not like  or . Thank you!

A. Your Gender:  Male  Female

- B. Your Age:  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

C. Over the last five years how often have you seen this doctor?  
 Once  2-3 times  Over 3 times

D. Today's visit is mainly for:  
 New concern  Ongoing concern  Examination

E. This questionnaire is being completed by:  
 Self (patient)  Caregiver/Parent

### Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

#### Based on the MOST RECENT VISIT to my surgeon:

1. My surgeon explained my condition to me satisfactorily
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood
4. My surgeon explained what could be done if my illness was to recur
5. My surgeon or his/her staff explained when to return for follow-up care
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine
7. My surgeon told me of side effects of the treatment

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

#### Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:

8. Spends enough time with me
9. Shows interest in my problems
10. Asks appropriate details about my personal history
11. Answers my questions well
12. Examines me appropriately for my problems
13. Treats me with respect
14. Talks with me about treatment plans and alternatives

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>How do you feel that your surgeon runs his or her practice?</b>						
<b>Telephone:</b>						
20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>The Staff:</b>						
23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
31. When asked, my surgeon provides copies of files or letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>General:</b>						
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



### Patient Questionnaire

Surgeon: Mr. John Rogers M.D., F.R.C.S..

#### Marking Instructions

Please indicate your answer by filling in the bubbles like this,  not like  or . Thank you!

A. Your Gender:  Male  Female

- B. Your Age:  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

C. Over the last five years how often have you seen this doctor?

- Once  2-3 times  Over 3 times

D. Today's visit is mainly for:

- New concern  Ongoing concern  Examination

E. This questionnaire is being completed by:

- Self (patient)  Caregiver/Parent

#### Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

#### Based on the MOST RECENT VISIT to my surgeon:

- |   |                       |                       |                       |                                  |                                  |                       |
|---|-----------------------|-----------------------|-----------------------|----------------------------------|----------------------------------|-----------------------|
| 1. My surgeon explained my condition to me satisfactorily   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| 2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| 3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| 4. My surgeon explained what could be done if my illness was to recur                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| 5. My surgeon or his/her staff explained when to return for follow-up care                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| 6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| 7. My surgeon told me of side effects of the treatment  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |

#### Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:

- |  |                       |                       |                       |                       |                                  |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 8. Spends enough time with me                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 9. Shows interest in my problems                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 10. Asks appropriate details about my personal history   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 11. Answers my questions well                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 12. Examines me appropriately for my problems            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 13. Treats me with respect                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 14. Talks with me about treatment plans and alternatives | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |



	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<b>How do you feel that your surgeon runs his or her practice?</b>						
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23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



## Patient Questionnaire

Surgeon: Mr. John Rogers M.D., F.R.C.S..

### Marking Instructions

Please indicate your answer by filling in the bubbles like this,  not like  or . Thank you!

A. Your Gender:  Male  Female

- B. Your Age:
- Less than 1 year
  - 1-5 years
  - 6-10 years
  - 11-15 years
  - 16-24 years
  - 25-34 years
  - 35-44 years
  - 45-54 years
  - 55-64 years
  - 65 years and over

C. Over the last five years how often have you seen this doctor?

- Once
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D. Today's visit is mainly for:

- New concern
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E. This questionnaire is being completed by:

- Self (patient)
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This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

#### Based on the MOST RECENT VISIT to my surgeon:

1. My surgeon explained my condition to me satisfactorily
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3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood
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5. My surgeon or his/her staff explained when to return for follow-up care
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine
7. My surgeon told me of side effects of the treatment

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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4. My surgeon explained what could be done if my illness was to recur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. My surgeon or his/her staff explained when to return for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. My surgeon told me of side effects of the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:</b>						
8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Shows interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Asks appropriate details about my personal history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>How do you feel that your surgeon runs his or her practice?</b>						
<b>Telephone:</b>						
20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>The Staff:</b>						
23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31. When asked, my surgeon provides copies of files or letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>General:</b>						
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>How do you feel that your surgeon runs his or her practice?</b>						
<b>Telephone:</b>						
20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>The Staff:</b>						
23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31. When asked, my surgeon provides copies of files or letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>General:</b>						
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



## Patient Questionnaire

**Surgeon:** Mr. John Rogers M.D., F.R.C.S..

**Marking Instructions**  
 Please indicate your answer by filling in the bubbles  
*like this,*  *not like*  *X* *or*  *Thank you!*

- A. Your Gender:**  Male     Female
- B. Your Age:**  Less than 1 year     25-34 years  
 1-5 years     35-44 years  
 6-10 years     45-54 years  
 11-15 years     55-64 years  
 16-24 years     65 years and over

- C. Over the last five years how often have you seen this doctor?**  
 Once     2-3 times     Over 3 times
- D. Today's visit is mainly for:**  
 New concern     Ongoing concern     Examination
- E. This questionnaire is being completed by:**  
 Self (patient)     Caregiver/Parent

**Interpretation of the Rating Scale**

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

**Based on the MOST RECENT VISIT to my surgeon:**

1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. My surgeon explained what could be done if my illness was to recur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. My surgeon or his/her staff explained when to return for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. My surgeon told me of side effects of the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:**

8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Shows interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Asks appropriate details about my personal history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Answers my questions well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Examines me appropriately for my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Talks with me about treatment plans and alternatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

**Rate each statement about your surgeon's office.**

15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**How do you feel that your surgeon runs his or her practice?**

**Telephone:**

20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**The Staff:**

23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Office Practices:**

29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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**General:**

36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



## Patient Questionnaire

Surgeon: Mr. John Rogers M.D., F.R.C.S..

### Marking Instructions

Please indicate your answer by filling in the bubbles  
*like this,*  **not like**  **X** **or** . Thank you!

A. Your Gender:  Male  Female

B. Your Age:  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

C. Over the last five years how often have you seen this doctor?  
 Once  2-3 times  Over 3 times

D. Today's visit is mainly for:  
 New concern  Ongoing concern  Examination

E. This questionnaire is being completed by:  
 Self (patient)  Caregiver/Parent

#### Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
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#### Based on the MOST RECENT VISIT to my surgeon:

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#### Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:

8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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14. Talks with me about treatment plans and alternatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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**How do you feel that your surgeon runs his or her practice?**

**Telephone:**

20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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**The Staff:**

23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Office Practices:**

29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**General:**

36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



## Patient Questionnaire

**Surgeon:** Mr. John Rogers M.D., F.R.C.S.

### Marking Instructions

Please indicate your answer by filling in the bubbles like this,  not like  or . Thank you!

- A. Your Gender:  Male  Female
- B. Your Age:  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

- C. Over the last five years how often have you seen this doctor?  
 Once  2-3 times  Over 3 times
- D. Today's visit is mainly for:  
 New concern  Ongoing concern  Examination
- E. This questionnaire is being completed by:  
 Self (patient)  Caregiver/Parent

### Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess"

Indicate how much you agree with each of the following statements using the scale on the right.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

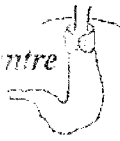
### Based on the MOST RECENT VISIT to my surgeon:

- |   |                       |                       |                       |                       |                                  |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 1. My surgeon explained my condition to me satisfactorily   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 4. My surgeon explained what could be done if my illness was to recur                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 5. My surgeon or his/her staff explained when to return for follow-up care                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 7. My surgeon told me of side effects of the treatment  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

### Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:

- |  |                       |                       |                       |                       |                                  |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 8. Spends enough time with me                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 9. Shows interest in my problems                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 10. Asks appropriate details about my personal history   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 11. Answers my questions well                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 12. Examines me appropriately for my problems            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 13. Treats me with respect                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 14. Talks with me about treatment plans and alternatives | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>How do you feel that your surgeon runs his or her practice?</b>						
<b>Telephone:</b>						
20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>The Staff:</b>						
23. is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Office Practices:</b>						
29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
31. When asked, my surgeon provides copies of files or letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>General:</b>						
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



## Patient Questionnaire

Surgeon: Mr. John Rogers M.D., F.R.C.S..

### Marking Instructions

Please indicate your answer by filling in the bubbles like this,  not like  or . Thank you!

A. Your Gender:  Male  Female

- B. Your Age:  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

C. Over the last five years how often have you seen this doctor?

- Once  2-3 times  Over 3 times

D. Today's visit is mainly for:

- New concern  Ongoing concern  Examination

E. This questionnaire is being completed by:

- Self (patient)  Caregiver/Parent

### Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are NOT relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

### Based on the MOST RECENT VISIT to my surgeon:

- |   |                       |                       |                       |                                  |                                  |                       |
|---|-----------------------|-----------------------|-----------------------|----------------------------------|----------------------------------|-----------------------|
| 1. My surgeon explained my condition to me satisfactorily   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| 2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| 3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| 4. My surgeon explained what could be done if my illness was to recur                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| 5. My surgeon or his/her staff explained when to return for follow-up care                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| 6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
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### Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:

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|--|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 8. Spends enough time with me                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 9. Shows interest in my problems                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 10. Asks appropriate details about my personal history   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 11. Answers my questions well                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
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| 13. Treats me with respect                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
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	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
<b>Rate each statement about your surgeon's office.</b>						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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**How do you feel that your surgeon runs his or her practice?**

**Telephone:**

20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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**The Staff:**

23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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**Office Practices:**

29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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**General:**

36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### Patient Questionnaire

Surgeon: Mr. John Rogers M.D., F.R.C.S.

#### Marking Instructions

Please indicate your answer by filling in the bubbles  
like this. ● not like ○ or ✓. Thank you!

- A. Your Gender:  Male  Female
- B. Your Age:  Less than 1 year  25-34 years  
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- C. Over the last five years how often have you seen this doctor?  
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Indicate how much you agree with each of the following statements using the scale on the right.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
	1	2	3	4	5	UA
<b>Based on the MOST RECENT VISIT to my surgeon:</b>						
1. My surgeon explained my condition to me satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Before booking my surgery my surgeon explained any alternatives thoroughly in language I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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<b>Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:</b>						
8. Spends enough time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
1	2	3	4	5	UA

**Rate each statement about your surgeon's office.**

- |  |                       |                       |                       |                       |                                  |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 15. The office is easily accessible (e.g. parking, wheelchair, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 16. The office has sufficient waiting areas                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
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| 18. The office is clean and in good repair                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 19. The office provides adequate privacy                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

**How do you feel that your surgeon runs his or her practice?**

**Telephone:**

- |   |                       |                       |                       |                       |                                  |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 20. I can reach the office by phone during the day  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
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**The Staff:**

- |  |                       |                       |                       |                       |                                  |                                  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|----------------------------------|
| 23. Is very capable  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 24. Is helpful and pleasant  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 25. Is respectful of patients  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 26. Behaves in a professional manner   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 27. Works well with my surgeon   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| 28. Prevents patients from hearing confidential information about other patients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |

**Office Practices:**

- |  |                       |                       |                       |                       |                                  |                                  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|----------------------------------|
| 29. I receive an appropriate explanation if my appointment is delayed              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| 30. When asked, my surgeon provides insurance and medico-legal reports             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 31. When asked, my surgeon provides copies of files or letters                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 32. I am advised of results of tests and x-rays                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 33. My surgeon arranges appointments with other specialists when necessary         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 34. Someone from my surgeon's office follows-up on any serious problems I may have | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| 35. I am told what to do if my problems do not get better                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |

**General:**

- |   |                       |                       |                       |                       |                                  |                                  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|----------------------------------|
| 36. I am asked about prescription and non-prescription medication I may be taking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 37. My surgeon has printed health information available                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| 38. I would go back to this surgeon   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 39. I would send a friend to this surgeon   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |



## Patient Questionnaire

**Surgeon:** Mr. John Rogers M.D., F.R.C.S..

### Marking Instructions

Please indicate your answer by filling in the bubbles  
like this,  **not** like  X or . Thank you!

**A. Your Gender:**  Male  Female

- B. Your Age:**  Less than 1 year  25-34 years  
 1-5 years  35-44 years  
 6-10 years  45-54 years  
 11-15 years  55-64 years  
 16-24 years  65 years and over

**C. Over the last five years how often have you seen this doctor?**

- Once  2-3 times  Over 3 times

**D. Today's visit is mainly for:**

- New concern  Ongoing concern  Examination

**E. This questionnaire is being completed by:**

- Self (patient)  Caregiver/Parent

### Interpretation of the Rating Scale

This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with each of the following statements using the scale on the right.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>UA</b>

### Based on the MOST RECENT VISIT to my surgeon:

- |   |                       |                       |                       |                       |                                  |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 1. My surgeon explained my condition to me satisfactorily   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 4. My surgeon explained what could be done if my illness was to recur                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 5. My surgeon or his/her staff explained when to return for follow-up care                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 7. My surgeon told me of side effects of the treatment  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

### Based on ALL OF YOUR VISITS to your surgeon's office, how do you feel about your surgeon's attitude and behavior towards you? My surgeon:

- |  |                       |                       |                       |                       |                                  |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 8. Spends enough time with me                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 9. Shows interest in my problems                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 10. Asks appropriate details about my personal history   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 11. Answers my questions well                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 12. Examines me appropriately for my problems            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 13. Treats me with respect                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 14. Talks with me about treatment plans and alternatives | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
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**Rate each statement about your surgeon's office.**

15. The office is easily accessible (e.g. parking, wheelchair, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
16. The office has sufficient waiting areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. Examining rooms are adequately sized and have adequate equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. The office is clean and in good repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
19. The office provides adequate privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**How do you feel that your surgeon runs his or her practice?**

**Telephone:**

20. I can reach the office by phone during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
22. My messages are returned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**The Staff:**

23. Is very capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Is helpful and pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. Is respectful of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. Behaves in a professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. Works well with my surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. Prevents patients from hearing confidential information about other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Office Practices:**

29. I receive an appropriate explanation if my appointment is delayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
30. When asked, my surgeon provides insurance and medico-legal reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
31. When asked, my surgeon provides copies of files or letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
32. I am advised of results of tests and x-rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. My surgeon arranges appointments with other specialists when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
34. Someone from my surgeon's office follows-up on any serious problems I may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I am told what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**General:**

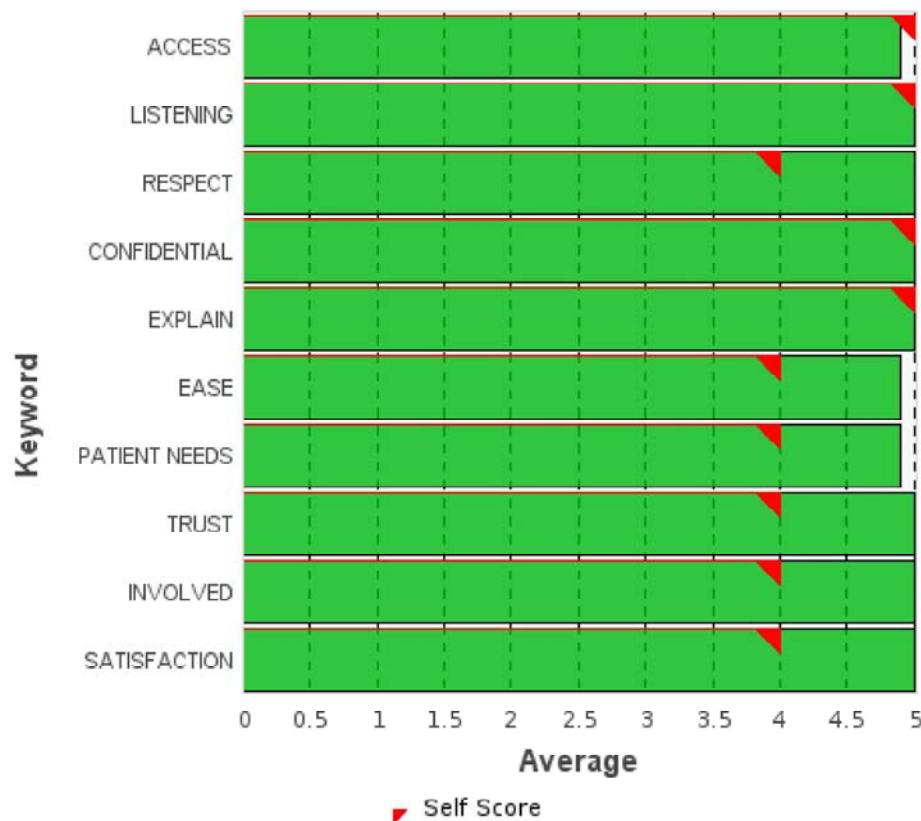
36. I am asked about prescription and non-prescription medication I may be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. My surgeon has printed health information available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. I would go back to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I would send a friend to this surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



## Patient/User Feedback - 28/01/2015

### Your Result

<b>Name</b>	Mr John Rogers
<b>Role Appraised</b>	Patient / Service User
<b>Pack Prepared Date</b>	<b>28/01/2015</b>
<b>Report Date</b>	Tuesday 21 March 2017
<b>Number of Replies</b>	20
<b>Number of Patients / Service Users Selected</b>	31
<b>Self Appraisal Completed</b>	Yes



The following are the average scores of the responses from your contacts who have so far responded. The scores are based around the following:

5 = **All of the time**, 4 = **Most of the time**, 3 = **Sometimes/unsure**,  
2 = **Not enough**, 1 = **Not at all**

Average scores at 3 or below are highlighted as areas for possible further development.

Once you have received as many responses as you believe you will get (normally around 3 weeks and do not expect 100% response rate - note: you cannot identify who has or has not responded) you can use the Print button to print this report for future use / discussion / filing.

**Keyword: Access**

<b>Question 1:Did I or my colleagues provide appropriate treatment for you when you required it?</b>	<b>Average: 4.9</b>
<b>Suggestion: Appears satisfactory currently.</b>	
<b>Comment:</b> Very professional an high quality treatment quick results.	
<b>Comment:</b> Always able to get a prompt appointment	
<b>Comment:</b> Nurse at hospital gave me paracetamol in tablets instead of soluble	
<b>Comment:</b> Very informative and extremely open communication.	

**Keyword: Listening**

<b>Question 2:Did I listen carefully to you?</b>	<b>Average: 5</b>
<b>Suggestion: Appears satisfactory currently.</b>	
<b>Comment:</b> Indeed	
<b>Comment:</b> Listened to everything I said.	

**Keyword: Respect**

<b>Question 3:Did I treat you politely with respect and dignity?</b>	<b>Average: 5</b>
<b>Suggestion: Appears satisfactory currently.</b>	
<b>Comment:</b> consistently.	

**Keyword: Confidential**

<b>Question 4:Did I keep your personal information confidential?</b>	<b>Average: 5</b>
<b>Suggestion: Appears satisfactory currently.</b>	
<b>Comment:</b> Any information that needed to be discussed with family was cleared with me	
<b>Comment:</b> I think so.	

**Keyword: Explain**

<b>Question 5:Did I explain your condition &amp; treatment to you?</b>	<b>Average: 5</b>
<b>Suggestion: Appears satisfactory currently.</b>	
<b>Comment:</b> Simple pedagogical and detailed explanation of all details.	
<b>Comment:</b> Understood all of what was said to me.	

**Keyword: Ease**

<b>Question 6:Did you feel enough at ease to raise all the concerns you might have?</b>	<b>Average: 4.9</b>
<b>Suggestion: Appears satisfactory currently.</b>	

**Keyword: Patient needs**

**Question 7:Did I assess your condition, treatment & personal needs?** **Average: 4.9**

**Suggestion: Appears satisfactory currently.**

**Comment:** I wished you'd given me some anti-gas medicine

**Comment:** Taylor made treatment.

**Keyword: Trust**

**Question 8:Do you have trust and confidence in what I have said and done for you?** **Average: 5**

**Suggestion: Appears satisfactory currently.**

**Comment:** Very much confidence since you are very skilled surgeon from what I have heard and seen.

**Comment:** I have total trust and confidence in what you have told me and done for me

**Comment:** at all times.

**Keyword: Involved**

**Question 9:Were you involved in deciding what was in your care plan including your treatment?** **Average: 5**

**Suggestion: Appears satisfactory currently.**

**Comment:** Every option was discussed at length and I felt comfortable every step of the way

**Comment:** Very much guided by my need too.

**Keyword: Satisfaction**

**Question 10:Overall, were you satisfied with the service you received from me?** **Average: 5**

**Suggestion: Appears satisfactory currently.**

**Comment:** I am very glad your treatment will and has changed my life for the better.

**Comment:** Excellent service. I have recommended you in the past

**Comment:** It is always worth the journey from X for an appointment