

# PATIENT QUESTIONNAIRE

## 360 Degree Evaluation

### INFORMATION ABOUT YOUR DOCTOR

1. Doctor's Name: \_\_\_\_\_
2. Over the last year how often have you seen this Doctor?    \_\_\_Once    \_\_\_2-3 times    \_\_\_Over 3 times
3. This doctor has taken care of me on:                            \_\_\_Inpatient    \_\_\_Outpatient    \_\_\_Both

The following statements describe your doctor's behaviors. Please rate your doctor's performance using the scale to the right. Base your rating on the visits you had over the last year.

	<u>Never</u>	<u>Sometimes</u>	<u>Half The Time</u>	<u>Often</u>	<u>Always</u>	<u>Unable to Evaluate</u>
<b>A. PATIENT CARE</b>						
1. Promotes health maintenance (talks about preventive care such as quitting smoking, weight control, alcohol, exercise, etc.)	1	2	3	4	5	UE
2. Asks regularly about prescription and non-prescription medicine I am taking	1	2	3	4	5	UE
3. Clearly explains my medical problem(s)	1	2	3	4	5	UE
4. Clearly explains my treatment choices	1	2	3	4	5	UE
5. Tells me about any side effects of the medicine	1	2	3	4	5	UE
6. Tells me when to return for follow-up care	1	2	3	4	5	UE
7. Clearly explains how to avoid my problem(s) in the future	1	2	3	4	5	UE
<b>B. PROFESSIONALISM</b>						
1. Demonstrates respect for my						
a. Culture	1	2	3	4	5	UE
b. Gender	1	2	3	4	5	UE
c. Disability	1	2	3	4	5	UE
d. Sexual Orientation	1	2	3	4	5	UE
e. Age	1	2	3	4	5	UE
f. Religion	1	2	3	4	5	UE
2. Is courteous to me	1	2	3	4	5	UE
<b>C. INTERPERSONAL &amp; COMMUNICATION SKILLS</b>						
1. Listens to me						
2. Spends enough time with me	1	2	3	4	5	UE
3. Shows interest in my problems	1	2	3	4	5	UE
4. Answers my questions thoroughly	1	2	3	4	5	UE
5. Helps me with my fears and worries	1	2	3	4	5	UE
6. Talks with me about treatment plans	1	2	3	4	5	UE
7. Answers my messages in a reasonable amount of time	1	2	3	4	5	UE

