



Patient Feedback Form

1 Very Poor	2 Poor	3 Adequate	4 Good	5 Excellent
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(please circle at appropriate level)

Question	Performance				
Was professional in appearance	1	2	3	4	5
Made me feel at ease	1	2	3	4	5
Was friendly	1	2	3	4	5
Spoke in a way I can understand	1	2	3	4	5
Gave me enough time	1	2	3	4	5
Found out what I might be worried about	1	2	3	4	5
Listened to me	1	2	3	4	5
Told me what she/he is going to do	1	2	3	4	5
Examined me sensitively	1	2	3	4	5
Checked to see if I am happy with planned treatments or tests	1	2	3	4	5
Let me ask questions	1	2	3	4	5
Checked that I understand	1	2	3	4	5
Understood my needs and worries	1	2	3	4	5
Explained if there are any risks to the treatment	1	2	3	4	5
Allowed me to make up my own mind	1	2	3	4	5

Please enter in the space below any other comments about the doctor that you would like to say