

A. Your Gender: O Male

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

Patient Questionnaire

C. Over the last five years how often have

B.	Your Age:O Less than 1 year	O 25-34 years		-		s doctor		- 0	
	O 1-5 years	O 35-44 years		On	ice	O 2-3	times	00	ver 3 times
	O 6-10 years	O 45-54 years	D.		-	is mainly			
	O 11-15 years	55-64 years		Ne	w concerr	n O Ong	oing con	cern Ø Ex	amination
	O 16-24 years	O 65 years and over	E.		•		_	complete	d by:
Thi	erpretation of the Rating Scale s form is used by a variety of patier		ng item	•	f (patient) be releva		giver/Pare		ems
are	NOT relevant to you, mark these "	Unable to Assess .	St	rongly	Disagree	Neutral	Agree	Strongly	Unable
	icate how much you agree with eac tements using the scale on the righ	ŭ		sagree	2	3	4	Agree 5	to Assess
Ва	sed on the MOST RECENT VI	SIT to my surgeon:							
1.	My surgeon explained my condition	on to me satisfactorily		0	0	0	0	•	0
2.	Before booking my surgery, procedure thoroughly in language			0	0	0	0		•
3.	Before booking my surgery, alternatives thoroughly in languag	, , , , ,		0	0	0	0	•	0
4.	My surgeon explained what could b	e done if my illness was to recur		0	0	0	0	•	0
5.	My surgeon or his/her staff explor follow-up care	ained when to return		0	0	0	0	•	0
6.	My surgeon or his/her staff proving how and when to take my medicing			0	0	0	0	0	•
7.	My surgeon told me of side effect	s of the treatment		0	0	0	0	•	0
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? M y surg	geon's attitude and							
8.	Spends enough time with me		,	0	0	0	0	•	0
9.	Shows interest in my problems			0	0	0	0	•	0
10.	Asks appropriate details about my	personal history		0	0	0	0	6	0
11.	Answers my questions well			0	0	0	0	0	0
12.	Examines me appropriately for my	y problems	,	0	0	0	0	0	0
13.	Treats me with respect			0	0	0	0	ø	0
14.	Talks with me about treatment pla	ns and alternatives		0	0	0	0	φ	0

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Please turn



	Surgeon: Mr. John Rogers M.D., F	geon: Mr. John Rogers M.D., F.R.C.S ur Gender: Male O Female				Please indicate your answer by filling in the bubbles like this, not like X or X. Thank you!							
A.	Your Gender: Male O Fema	ale	C. Over	the las	t five ye	ars how	often h	ave					
В.	Your Age: O Less than 1 year	25-34 years	you	seen thi	s doctor	?							
	O 1-5 years	O 35-44 years	O Or	ice	02-3	times	• 0	ver 3 time					
	O 6-10 years	O 45-54 years		-	is mainly								
	O 11-15 years	O 55-64 years	_		concern								
	O 16-24 years	O 65 years and over	E. This questionnaire is being completed by: Self (patient) Caregiver/Parent										
Thi	erpretation of the Rating Scale s form is used by a variety of patien NOT relevant to you, mark these "U		ng items may	be relev	ant to you	•	of these it						
	icate how much you agree with eac	_	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess					
sta	tements using the scale on the right		1	2	3	4	5	UA					
	sed on the MOST RECENT VIS My surgeon explained my condition	· ·	_	_		_	_	<u></u>					
1.		·	0	0	0	0	•	0					
2.	Before booking my surgery, r procedure thoroughly in language	· · · · · · · · · · · · · · · · · · ·	0	0	0	0	•	0					
3.	Before booking my surgery, ratternatives thoroughly in language		0	0	0	0	٠	0					
4.	My surgeon explained what could be	e done if my illness was to recur	0	0	0	0	•	0					
5.	My surgeon or his/her staff expla for follow-up care	ained when to return	0	0	0	0	•	O					
6.	My surgeon or his/her staff prov how and when to take my medicine		0	0	0	0	•	0					
7.	My surgeon told me of side effects	of the treatment	0	0	•	0	•	0					
ho	sed on ALL OF YOUR VISITS I w do you feel about your surg havior towards you? My surge	eon's attitude and	····					·					
8.	Spends enough time with me		0	0	0	0	•	0					
9.	Shows interest in my problems		0	0	0	0	•	0					
10.	Asks appropriate details about my	personal history	0	0	0	0	•	0					
11.	Answers my questions well		0	0	0	0	•	0					
12.	Examines me appropriately for my	problems		0	0	0		0					
13.	Treats me with respect		0	0	0	0	&	0					
14.	Talks with me about treatment plan	ns and alternatives	0	0	0	0	(*)	0					
	P	lease turn											

Page 1 of 2

•		Strongly Disagree	Disagree		Agree	Strongly Agree	Unable to Assess
_	As a self-relative to the self	1	2	3	4	5	UA
	te each statement about your surgeon's office.	_	_	_	_	_	_
	The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	0	•
	The office has sufficient waiting areas	0	0	0	0		0
17.	Examining rooms are adequately sized and have adequate equipment	0	0	0	O 4		0
18.	The office is clean and in good repair	0	Ο,	0	0	•	0
19.	The office provides adequate privacy	0	0	0	0	•	0
	w do you feel that your surgeon runs his or her practice? lephone:			4			
20.	I can reach the office by phone during the day	0	0	0	0	•	0
21.	In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	0	0	0	0	•	0
22.	My messages are returned	0	0	0	0		O -
Th	e Staff:						•
23.	is very capable	0	0	0	0	®	0
24.	Is helpful and pleasant	0	0	0	0	Ø	0
25.	Is respectful of patients	0	0	0	0	@	0
26.	Behaves in a professional manner	0	0	0	0	•	0
27.	Works well with my surgeon	0	0	0	0	©	0
28.	Prevents: patients from hearing confidential information about other patients	0	0	0	0	٨	0
Off	ice Practices:						
29.	I receive an appropriate explanation if my appointment is delayed	0	0	0	0	0	\$
30.	When asked, my surgeon provides insurance and medico- legal reports	0	0	0	0	•	0 .
31.	When asked, my surgeon provides copies of files or letters	0	0	0	0	•	0
32.	I am advised of results of tests and x-rays	0	0	0	_	€	0
	My surgeon arranges appointments with other specialists when necessary	0	0	0	0	•	0
34.	Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	•	0
35.	I am told what to do if my problems do not get better	0	0	0	0	₫	0
Ger	neral:		•	J	Ü	•	O
36.	I am asked about prescription and non-prescription medication I may be taking	0	0	0	0	•	0
	My surgeon has printed health information available	0	0	0			
	I would go back to this surgeon	-			0	₩	0
	l would send a friend to this surgeon	0	0	0	0	⊕ ⁄ ,	0
		0	0	0	0	(b)	0



\$	Surgeon: Mr. John Rogers M.D., F	Marking Instructions Please indicate your answer by filling in the bubble like this, not like								
	Your Gender: Male O Fema			er the las	-		often h	ave		
В.	Your Age: O Less than 1 year	O 25-34 years	-	nce	© 2-3		O	ver 3 times		
	O 1-5 years	O 35-44 years	D. Tod	ay's visit	is mainl	y for:				
	○ 6-10 years ○ 11-15 years	45-54 years55-64 years		lew concer		-	cern OEx	amination		
	O 16-24 years	O 65 years and over	E. Thi	s questio	nnaire is	being	complete	d by:		
Thi: are:	erpretation of the Rating Scale s form is used by a variety of patier NOT relevant to you, mark these "	Unable to Assess".	0			giver/Pare J. If any of Agree		ems Unable		
	icate how much you agree with eac tements using the scale on the righ		Disagre		3	4	Agree 5	to Assess UA		
	sed on the MOST RECENT VI		1		3		-	UA		
1.	My surgeon explained my condition		0	0	0	0	0	0		
2.	Before booking my surgery, procedure thoroughly in language	my surgeon explained my	0	0	0	0	•	0		
3.	Before booking my surgery, alternatives thoroughly in languag		0	0	0	0	•	0		
4.	My surgeon explained what could b	e done if my illness was to recur	0	0	0	0	0	•		
5.	My surgeon or his/her staff expl for follow-up care	ained when to return	0	0	0	0	0	•		
6.	My surgeon or his/her staff pro- how and when to take my medicin		0	0	0	0	0	•		
7.	My surgeon told me of side effect	s of the treatment	0	0	0	0	•	0		
ho	ased on ALL OF YOUR VISITS ow do you feel about your surg havior towards you? My surg	geon's attitude and					·			
8.	Spends enough time with me		0	0	0	0	•	0		
9.	Shows interest in my problems		0	0	0	0	•	0		
10.	. Asks appropriate details about my	personal history	0	0	0	0	•	0		
11.	Answers my questions well		0	0	0	0	•	0		
	Examines me appropriately for m	y problems	0	0	0	0	•	0		
13.	. Treats me with respect		0	0	0	0	•	0		
14.	. Talks with me about treatment pla	ans and alternatives	0	0	0	0	•	0		
			200 E CO. C.	2010/08/	CONTRACTOR STATEMENT OF STATEME					

Please turn to page 2

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
Rate each statement about your surgeon's office.						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	•	0
16. The office has sufficient waiting areas	0	0	0	0	•	0
17. Examining rooms are adequately sized and have adequate equipment	0	0	0	0	•	0
18. The office is clean and in good repair	0	0	0	0	•	0
19. The office provides adequate privacy	0	0	0	0	•	0
How do you feel that your surgeon runs his or her practice? Telephone:						
20. I can reach the office by phone during the day	0	0	0	0	•	0
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	0	0	0	0	0	•
22. My messages are returned	0	0	0	0	•	0
The Staff:						
23. Is very capable	0	0	0	0	0	0
24. Is helpful and pleasant	0	0	0	0	•	0
25. Is respectful of patients	0	0	0	0	•	0
26. Behaves in a professional manner	0	0	0	0	•	0
27. Works well with my surgeon	0	0	0	0	•	0
28. Prevents patients from hearing confidential information about other patients	0	0	0	0	•	0
Office Practices:						
29. I receive an appropriate explanation if my appointment is delayed	0	0	0	0	0	•
30. When asked, my surgeon provides insurance and medico- legal reports	0	0	0	0	•	0
31. When asked, my surgeon provides copies of files or letters	0	0	0	0		0
32. I am advised of results of tests and x-rays	0	0	0	0	•	0
33. My surgeon arranges appointments with other specialists when necessary	0	0	0	0	0	•
34. Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	0	•
35. I am told what to do if my problems do not get better	0	0	0	0	0	0
General:						
36. I am asked about prescription and non-prescription medication I may be taking	0	0	0	0	•	0
37. My surgeon has printed health information available	0	0	0	0	0	•
38. I would go back to this surgeon	0	0	0	0	•	0
39. I would send a friend to this surgeon	0	0	0	0	•	0



S	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								
A.	Your Gender: • Male C Fema	ale	С	Over	the last	t five vea	ars how	often h	ave				
В.	Your Age: © Less than 1 year © 1-5 years © 6-10 years	25-34 years35-44 years45-54 years		you : On Toda	seen this ice y's visit	doctor © 2-3 is mainly	times / for:	00	iver 3 times				
	○ 11-15 years	♦ 55-64 years		• Ne	w concerr	ı () Ung	oing con	cern ()E)	kamination				
	○ 16-24 years	○ 65 years and over	Ε.		questio		being o	complete	ed by:				
This are Indi	erpretation of the Rating Scale is form is used by a variety of patier NOT relevant to you, mark these "licate how much you agree with each tements using the scale on the right."	Unable to Assess". h of the following	S	ns may trongly sagree	be relev Disagree	ant to you Neutral	. If any o	of these it Strongly Agree	Unable to Assess				
				1	2	3	4	5	UA				
1.	sed on the MOST RECENT VIS My surgeon explained my condition			.O	0	0	0	*	 				
2.	Before booking my surgery, in procedure thoroughly in language		**324	O	0	O	0	*	0				
3.	Before booking my surgery, alternatives thoroughly in languag	· · · · · · · · · · · · · · · · · · ·			C	0	0	•	0				
4.	My surgeon explained what could be	e done if my illness was to recur		0	0		0	0	٠				
5.	My surgeon or his/her staff explor follow-up care	ained when to return		0	0	0	0		•				
6.	My surgeon or his/her staff proving how and when to take my medicing			0	0	0	•	0	. 0				
7.	My surgeon told me of side effects	s of the treatment		0	0	0		0	0				
ho	sed on ALL OF YOUR VISITS w do you feel about your surghavior towards you? My surg	geon's attitude and											
8.	Spends enough time with me			0	0	0	0		0				
9.	Shows interest in my problems			O	0	0	0	٠	0				
10.	Asks appropriate details about my	personal history		0	0	0	0	۰	0				
11,	Answers my questions well			0	0	0	0	•	O				
12.	Examines me appropriately for my	y problems		0	0	Ó	0	•	0				
13.	Treats me with respect			0	0	0	0	•	0				
14.	Talks with me about treatment pla	ans and alternatives		0	0	0	0	•	0				

Please turn to page 2

		Strongly Disagree 1	Disagree 2	Neutral	Agree 4	Strongly Agree 5	Unable to Assess
Rate each statement about yo	our surgeon's office						
15. The office is easily accessible		0	0	0	0	0	•
16. The office has sufficient waiting		0	0	0	0	0	28
17. Examining rooms are adeq adequate equipment	~	0	0	0	0	0	9
18. The office is clean and in good	l repair	· . O	0	0	0	0	•
19. The office provides adequate p	privacy	0	0	0	O	0	
How do you feel that your sul Telephone:	rgeon runs his or her practice?		-				
20. I can reach the office by phone	e during the day	0	0	0	0	0	•
21. In an emergency situation, m with clear instructions on what		0	0	0		0	•
22. My messages are returned	1 .	Ö	0	0	0	0	۵
The Staff: Princes 6	(race thospital)						
23. Is very capable	1	Ó	0	0	0	*	0
24 Is helpful and pleasant		0	0	0	0	•	0
25. Is respectful of patients		0	0	0	\circ		0
26. Behaves in a professional mar	nner	0	0	0	0	٠	0
27. Works well with my surgeon		0	0	0	0	•	0
28. Prevents patients from hea about other patients	ring confidential information	0	0	0	0	0	•
Office Practices:							
29. I receive an appropriate expla	nation if my appointment is delayed	0	0	0	0	0	٠
 When asked, my surgeon processes the surgeon processes. 	rovides insurance and medico-	0	0	0	0	0	•
31. When asked, my surgeon pro-	vides copies of files or letters	0	\circ	0	0	0	•
32. I am advised of results of tests	s and x-rays	0	0	0	0	•	0
33. My surgeon arranges appoint when necessary	ntments with other specialists	0	0	0	0	•	0
34. Someone from my surgeon serious problems I may have	's office follows-up on any	O	0	0	0	۱	O
35. I am told what to do if my prob	elems do not get better	0	0	O	0	•	0
General:							
36. I am asked about presonedication I may be taking	cription and non-prescription	0	0	0	0	•	0
37. My surgeon has printed health	n information available	0	0	0	٠	0	0
38 I would go back to this surgeo	n	0	0	0	\bigcirc		0
39. I would send a friend to this su	urgeon	0	0	0	0	•	0



Patient Questionnaire

S	Surgeon: Mr. John Rogers M.D., F	rgeon: Mr. John Rogers M.D., F.R.C.S our Gender: O Male Female				struct by filling or	ions in the bubb . Thank	les you!					
A.	Your Gender: O Male	ale	C. Ove	r the las	t five yea	ırs how	often h	ave					
В.	Your Age: O Less than 1 year	O 25-34 years	-		s doctor?		0.0	.a. 2 timas					
	O 1-5 years	35-44 years	6 Oi		○ 2-3 t		00	ver 3 times					
	O 6-10 years	O 45-54 years			is mainly		OF	amination					
	O 11-15 years	O 55-64 years			n 🔘 Onge								
	O 16-24 years	O 65 years and over	E. This questionnaire is being completed by: Self (patient) Caregiver/Parent										
This are Ind	erpretation of the Rating Scale is form is used by a variety of patier NOT relevant to you, mark these "licate how much you agree with each tements using the scale on the right	Unable to Assess". h of the following	_	y be relev				Unable to Assess					
								UA					
Ва	sed on the MOST RECENT VIS My surgeon explained my condition	-	0	0	O	0	0	0					
2.	Before booking my surgery, procedure thoroughly in language	my surgeon explained my	O	ò	0	0	•	0					
3.	Before booking my surgery, alternatives thoroughly in languag		0	0	0	0	0	0					
4.	My surgeon explained what could be	e done if my illness was to recur	0	0	0	0	0	0					
5.	My surgeon or his/her staff expla for follow-up care	ained when to return	0	0	0	0	0	0					
6.	My surgeon or his/her staff prov		0	0	0	0	0	0					
7.	how and when to take my medicin My surgeon told me of side effects		0	0	0	0	0	0					
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? My surg	geon's attitude and											
8.	Spends enough time with me		0	0	0	0	0	0					
9.	Shows interest in my problems		0	0	О	0	0	0					
10.	Asks appropriate details about my	personal history	O	0	0	0	0	0					
11.	Answers my questions well		0	0	0	0	0	0					
12.	Examines me appropriately for my	problems	0	0	0	0	0	0					
13.	Treats me with respect		0	0	0	0	0	0					
14.	Talks with me about treatment pla	ns and alternatives	0	0	O	0	0	0					

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Please turn

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
Rate each statement about your surgeon's office.			854			
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	0	٨
16. The office has sufficient waiting areas	О	0	0	0	0	0
17. Examining rooms are adequately sized and have adequate equipment	0	0	0	0	0	0
18. The office is clean and in good repair	0	0	0	0	0	©
19. The office provides adequate privacy	0	0	О	0	0	0
How do you feel that your surgeon runs his or her practice? Telephone:						
20. I can reach the office by phone during the day	0	0	0	0	0	0
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	O	0	O	0	0	0
22. My messages are returned	0	0	0	0	•	0
The Staff:						
23. Is very capable	0	0	0	0	0	6
24. Is helpful and pleasant	0	0	0	0	0	0
25. Is respectful of patients	0	0	0	0	0	Ø
26. Behaves in a professional manner	0	0	0	0	0	0
27. Works well with my surgeon	0	0	0	0	0	Ø
28. Prevents patients from hearing confidential information about other patients	0	0	0	0	0	Ø
Office Practices:						
29. I receive an appropriate explanation if my appointment is delayed	0	0	0	0	•	0
30. When asked, my surgeon provides insurance and medico- legal reports	o	0	0	0	0	0
31. When asked, my surgeon provides copies of files or letters	0	0	0	0	6	0
32. I am advised of results of tests and x-rays	0	0	0	0	0	0
33. My surgeon arranges appointments with other specialists when necessary	o	0	0	0	6	0
34. Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	0	0
35. I am told what to do if my problems do not get better	0	0	0	O	0	0
General:						
36. I am asked about prescription and non-prescription medication I may be taking	0	0	0	0	6	0
37. My surgeon has printed health information available	0	0	0	0	0	6
38. I would go back to this surgeon	О	0	О	O	0	0
39. I would send a friend to this surgeon	O	0	О	0	0	0



Patient Questionnaire

8	Burgeon: Mr. John Rogers M.D., F	Please like this,	ndicate yo	A COLUMN TO STATE OF THE PARTY	by filling	ions in the bubbl . Thank		
Α.	Your Gender: Male O Fema	ale			70 000		v often ha	ave
B.	Your Age: O Less than 1 year	O 25-34 years	O On		o 2-3		00	ver 3 times
	O 1-5 years	Ø 35-44 years	D. Toda					
	O 6-10 years	O 45-54 years		-			cern OEx	amination
	O 11-15 years	O 55-64 years				_	1	
O 16-24 years O 65 years and over				questio f (patient)		being (giver/Pare	complete	a by:
This	erpretation of the Rating Scale is form is used by a variety of patier NOT relevant to you, mark these " icate how much you agree with eac	-					Unable to Assess	
stat	tements using the scale on the righ	t.	1	2	3	4	5	UA
Ba	sed on the MOST RECENT VI	SIT to my surgeon:			and the second			
1.	My surgeon explained my condition	on to me satisfactorily	0	0	0	0	0	0
2.	Before booking my surgery, procedure thoroughly in language		0	0	0	0	0	0
3.	Before booking my surgery, alternatives thoroughly in language		0	0	0	0	0	0
4.	My surgeon explained what could b	e done if my illness was to recur	0	0	0	0	0	0
5.	My surgeon or his/her staff expl for follow-up care	ained when to return	О	0	0	0	0	0
6.	My surgeon or his/her staff pro- how and when to take my medicin		О	0	0	0	0	0
7.	My surgeon told me of side effect	s of the treatment	0	0	0	0	0	0
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? My surg	geon's attitude and						
8.	Spends enough time with me		0	0	0	0	0	0
9.	Shows interest in my problems		0	0	0	0	0	0
10.	Asks appropriate details about my	personal history	0	0	0	0	0	0
11.	Answers my questions well		0	0	0	0	0	0
12.	Examines me appropriately for m	y problems	0	0	0	0	0	0
13.	Treats me with respect		0	0	0	0	0	0
14.	Talks with me about treatment pla	ans and alternatives	0	0	0	0	0	0

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Please turn

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
Rate each statement about your surgeon's office.	and the same					
5. The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	0	0
The office has sufficient waiting areas	0	0	0	0	0	0
7. Examining rooms are adequately sized and have			0.000000		حر الله	-
adequate equipment	0	0	0	0	Ø	0
The office is clean and in good repair	O	0	0	0	0	0
The office provides adequate privacy	0	0	0	0	0	0
How do you feel that your surgeon runs his or her practice?				- 1.75.11		
0. I can reach the office by phone during the day	0	0	0	0	0	0
 In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do 	0	0	0	0	0	0
My messages are returned	0	0	0	0	0	0
The Staff:	CA COST					
3. Is very capable	O	0	0	0	0	0
4. Is helpful and pleasant	0	0	0	0	0	0
5. Is respectful of patients	0	0	0	0	0	0
6. Behaves in a professional manner	0 -	0	0	0	0	0
7. Works well with my surgeon	0	0	0	0	0	0
 Prevents patients from hearing confidential information about other patients 	0	0	0	0	0	0
Office Practices:						
9. I receive an appropriate explanation if my appointment is delayed	0	0	0	0	0	0
 When asked, my surgeon provides insurance and medico- legal reports 	0	0	0	0	0	0
When asked, my surgeon provides copies of files or letters	0	0	0	0	0	0
2. I am advised of results of tests and x-rays	0	0	0	0	0	0
My surgeon arranges appointments with other specialists when necessary	0	0	0	0	0	0
 Someone from my surgeon's office follows-up on any serious problems I may have 	0	0	0	0	0	0
5. I am told what to do if my problems do not get better	0	0	0	0	0	0
General:						
 I am asked about prescription and non-prescription medication I may be taking 	0	0	0	0	0	0
My surgeon has printed health information available	0	0	0	0	0	0
8. I would go back to this surgeon	0	0	0	O	0	0
39. I would send a friend to this surgeon	0	0	0	0	9	0



Surgeon: Mr. John Rogers M.D.,	F.R.C.S	Please like this	indicate yo		by filling	ions in the bubb . Thank				
A. Your Gender: Male O Fel B. Your Age: O Less than 1 year O 1-5 years	male		seen thi	t five yes doctor	?	often h	ave			
O 6-10 years O 11-15 years O 16-24 years Interpretation of the Rating Scal	D. Today's visit is mainly for: New concern Ongoing concern Examinati E. This questionnaire is being completed by: Self (patient) Caregiver/Parent wing items may be relevant to you. If any of these items									
Indicate how much you agree with exstatements using the scale on the rig		Strongly Disagree	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA			
Based on the MOST RECENT \ 1. My surgeon explained my condi 2. Before booking my surgery,	tion to me satisfactorily my surgeon explained my	0	0	0	0	•	0			
3. Before booking my surgery, alternatives thoroughly in language.	my surgeon explained any	ma O	0	0	0		0			
My surgeon explained what could My surgeon or his/her staff explored for follow-up care	be done if my illness was to recur	0	0	0	0	•	0			
6. My surgeon or his/her staff pr how and when to take my medic7. My surgeon told me of side effect	ine	0	0	0 0	0		0			
Based on ALL OF YOUR VISITS how do you feel about your su behavior towards you? My sur	rgeon's attitude and		iki kine				HE STORY			
8. Spends enough time with me		0	0	0	0	•	0			
9. Shows interest in my problems		0	0	0	0	•	0			
10. Asks appropriate details about n	ny personal history	0	0	0	0	•	0			
11. Answers my questions well		0	0	0	0	•	0			
12. Examines me appropriately for n	ny problems	0	0	0	0	8	0.18			
13. Treats me with respect		0	0	0	0	•	0			
14. Talks with me about treatment p	lans and alternatives	0	0	0	0	•	0			
	Please turn to page 2 Page 1 of 2					i de migrafia.				

		Strongly Disagree	Disagree		Agree	Strongly Agree	Unable to Assess
	AVERTAL AVERTAGE AVER	1	2	3	4	5	UA
	each statement about your surgeon's office.						
	he office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	0	•
	he office has sufficient waiting areas	0	0	0	0		0
	xamining rooms are adequately sized and have dequate equipment	0	0	0	0 4	•	0
18. TI	ne office is clean and in good repair	0	O ₃	0	0	•	0
19. TI	ne office provides adequate privacy	0	0	0	0	•	0
	do you feel that your surgeon runs his or her practice?		120				
20. 10	can reach the office by phone during the day	0	0	0	0	•	0
	an emergency situation, my surgeon's office provides me ith clear instructions on what I am to do	0	0	0	0	•	0
22. M	y messages are returned	0	0	0	0	•	0
The S	taff:						
3. Is	very capable	0	0	0	0	6	0
4. Is	helpful and pleasant	0	0	0	0	0	0
5. Is	respectful of patients	0	0	0	0	•	0
6. Be	ehaves in a professional manner	0	0	0	0	6	0
7. W	orks well with my surgeon	0	0	0	0	0	0
	events patients from hearing confidential information out other patients	0	0	0	0	•	0
Office	Practices:						
9. I r	eceive an appropriate explanation if my appointment is delayed	0	0	0	0	0	
0. W	hen asked, my surgeon provides insurance and medico-	0	0	0	0		0
1. W	nen asked, my surgeon provides copies of files or letters	0	0				
	m advised of results of tests and x-rays	0	0	0	Ó		0
3. My	v surgeon arranges appointments with other specialists en necessary	0	0	0	0	•	0
4. So	meone from my surgeon's office follows-up on any rious problems I may have	0	0	0	0	•	0
	m told what to do if my problems do not get better	0	0	0	0	4	
ener	al:				J		0
8. I me	am asked about prescription and non-prescription dication I may be taking	0	0	0	0		0
	surgeon has printed health information available	0	0				_
	ould go back to this surgeon	and the same		0	0	9	0
	ould send a friend to this surgeon	0	0	0	0		0
		0	0	0	0		0



Surgeon: Mr. John Rogers M.D	Please	les you!								
A. Your Gender: Male O Fe	emale					often h	ave			
B. Your Age: O Less than 1 year O 1-5 years	or O 25-34 years O 35-44 years	you seen this doctor? ○ Once								
○ 6-10 years	45-54 years	D. Toda	-							
○ 11-15 years	○ 55-64 years	O Ne	w concer	n	oing con	cern OEx	amination			
○ 16-24 years	O 65 years and over		questio		being of giver/Pare	complete	d by:			
Interpretation of the Rating Sca This form is used by a variety of pa are NOT relevant to you, mark thes Indicate how much you agree with	tients, therefore, not all of the following the "Unable to Assess".	0	,				ems Unable to Assess			
statements using the scale on the r	ight.	1	2	3	4	5	UA			
Based on the MOST RECENT	VISIT to my surgeon:									
My surgeon explained my con-	dition to me satisfactorily	0	0	0	0	•	0			
Before booking my surgery procedure thoroughly in language.	r, my surgeon explained my age I understood	0	0	0	0	•	0			
Before booking my surgery alternatives thoroughly in language.	y, my surgeon explained any uage l understood	0	0	0	0	•	0			
4. My surgeon explained what coul	d be done if my illness was to recur	0	0	0	0	0	•			
My surgeon or his/her staff e for follow-up care	xplained when to return	0	0	0	0	0	•			
My surgeon or his/her staff how and when to take my med	provided me with instructions on licine	0	0	0	0	0	•			
7. My surgeon told me of side eff	ects of the treatment	0	0	0	0	•	0			
Based on ALL OF YOUR VISI how do you feel about your s behavior towards you? My su	urgeon's attitude and									
8. Spends enough time with me		0	0	0	0	•	0			
9. Shows interest in my problems	3	0	0	0	0	•	0			
10. Asks appropriate details about	my personal history	0	0	0	0	•	0			
11. Answers my questions well		0	0	0	0	•	0			
12. Examines me appropriately fo	r my problems	0	0	0	0	•	0			
13. Treats me with respect		0	0	0	0	•	0			
14. Talks with me about treatment	plans and alternatives	0	0	0	0	•	0			

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
Rate each statement about your surgeon's office.						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	•	0
16. The office has sufficient waiting areas	0	0	0	0	•	0
17. Examining rooms are adequately sized and have adequate equipment	0	0	0	0	•	0
18. The office is clean and in good repair	0	0	0	0	•	0
19. The office provides adequate privacy	0	0	0	0	•	0
How do you feel that your surgeon runs his or her practice? Telephone:						
20. I can reach the office by phone during the day	0	0	0	0	•	0
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	0	0	0	0	0	•
22. My messages are returned	0	0	0	0	•	0
The Staff:						
23. Is very capable	0	0	0	0	0	0
24. Is helpful and pleasant	0	0	0	0	•	0
25. Is respectful of patients	0	0	0	0	•	0
26. Behaves in a professional manner	0	0	0	0	•	0
27. Works well with my surgeon	0	0	0	0	•	0
28. Prevents patients from hearing confidential information about other patients	0	0	0	0	•	0
Office Practices:						
29. I receive an appropriate explanation if my appointment is delayed	0	0	0	0	0	•
30. When asked, my surgeon provides insurance and medico- legal reports	0	0	0	0	•	0
31. When asked, my surgeon provides copies of files or letters	0	0	0	0		0
32. I am advised of results of tests and x-rays	0	0	0	0	•	0
33. My surgeon arranges appointments with other specialists when necessary	0	0	0	0	0	•
34. Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	0	•
35. I am told what to do if my problems do not get better	0	0	0	0	0	0
General:						
36. I am asked about prescription and non-prescription medication I may be taking	0	0	0	0	•	0
37. My surgeon has printed health information available	0	0	0	0	0	•
38. I would go back to this surgeon	0	0	0	0	•	0
39. I would send a friend to this surgeon	0	0	0	0	•	0



Patient Questionnaire

S	Surgeon: Mr. John Rogers M.D., F	Marking Instructions Please indicate your answer by filling in the bubbles like this, not like							
A.	Your Gender: O Male	ale	C. Ove	r the las	t five yea	ırs how	often h	ave	
В.	Your Age: O Less than 1 year	O 25-34 years	-		s doctor?		0.0	.a. 2 timas	
	O 1-5 years	35-44 years	6 Oi		○ 2-3 t		00	ver 3 times	
	O 6-10 years	O 45-54 years			is mainly		OF	amination	
	O 11-15 years	O 55-64 years			n 🔘 Onge				
	O 16-24 years	O 65 years and over		question (patient)	nnaire is	being (giver/Pare		d by:	
This are Ind	erpretation of the Rating Scale is form is used by a variety of patier NOT relevant to you, mark these "licate how much you agree with each tements using the scale on the right	Unable to Assess". h of the following	_	y be relev				Unable to Assess	
								UA	
Ва	sed on the MOST RECENT VIS My surgeon explained my condition	-	0	0	O	0	0	0	
2.	Before booking my surgery, procedure thoroughly in language	my surgeon explained my	O	ò	0	0	•	0	
3.	Before booking my surgery, alternatives thoroughly in languag		0	0	0	0	0	0	
4.	My surgeon explained what could be	e done if my illness was to recur	0	0	0	0	0	0	
5.	My surgeon or his/her staff expla for follow-up care	ained when to return	0	0	0	0	0	0	
6.	My surgeon or his/her staff prov		0	0	0	0	0	0	
7.	how and when to take my medicin My surgeon told me of side effects		0	0	0	0	0	0	
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? My surg	geon's attitude and							
8.	Spends enough time with me		0	0	0	0	0	0	
9.	Shows interest in my problems		0	0	О	0	0	0	
10.	Asks appropriate details about my	personal history	O	0	0	0	0	0	
11.	Answers my questions well		0	0	0	0	0	0	
12.	Examines me appropriately for my	problems	0	0	0	0	0	0	
13.	Treats me with respect		0	0	0	0	0	0	
14.	Talks with me about treatment pla	ns and alternatives	0	0	O	0	0	0	

Page 1 of 2

Please turn

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
Rate each statement about your surgeon's office.			854			
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	0	٨
16. The office has sufficient waiting areas	О	0	0	0	0	0
17. Examining rooms are adequately sized and have adequate equipment	0	0	0	0	0	0
18. The office is clean and in good repair	0	0	0	0	0	©
19. The office provides adequate privacy	0	0	О	0	0	0
How do you feel that your surgeon runs his or her practice? Telephone:						
20. I can reach the office by phone during the day	0	0	0	0	0	0
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	O	0	O	0	0	0
22. My messages are returned	0	0	0	0	•	0
The Staff:						
23. Is very capable	0	0	0	0	0	6
24. Is helpful and pleasant	0	0	0	0	0	0
25. Is respectful of patients	0	0	0	0	0	Ø
26. Behaves in a professional manner	0	0	0	0	0	0
27. Works well with my surgeon	0	0	0	0	0	Ø
28. Prevents patients from hearing confidential information about other patients	0	0	0	0	0	Ø
Office Practices:						
29. I receive an appropriate explanation if my appointment is delayed	0	0	0	0	•	0
30. When asked, my surgeon provides insurance and medico- legal reports	o	0	0	0	0	0
31. When asked, my surgeon provides copies of files or letters	0	0	0	0	6	0
32. I am advised of results of tests and x-rays	0	0	0	0	0	0
33. My surgeon arranges appointments with other specialists when necessary	o	0	0	0	6	0
34. Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	0	0
35. I am told what to do if my problems do not get better	0	0	0	O	0	0
General:						
36. I am asked about prescription and non-prescription medication I may be taking	0	0	0	0	6	0
37. My surgeon has printed health information available	0	0	0	0	0	6
38. I would go back to this surgeon	О	0	О	O	0	0
39. I would send a friend to this surgeon	O	0	О	0	0	0



Patient Questionnaire

Α.	Your Gender: Male O Fema	lle	C.	Over	the last	five yea	ars how	often ha	ive
В.	Your Age: O Less than 1 year	O 25-34 years		-	seen this			do:	ver 3 times
	O 1-5 years	⊘ 35-44 years		O Or		O 2-3		6 00	er 3 umes
	O 6-10 years	O 45-54 years	D.		y's visit	-		ern O Exa	amination
	O 11-15 years	O 55-64 years							
	O 16-24 years	O 65 years and over	E.		question If (patient)		being o giver/Pare	omplete	d by:
Thi	erpretation of the Rating Scale is form is used by a variety of patien NOT relevant to you, mark these "I		***********	ns may			_		ms Unable
Indicate how much you agree with each of the following				Strongly Disagree	Ü			Agree	to Assess
	tements using the scale on the right			1	2	3	4	5	UA
	ased on the MOST RECENT VIS	_		_	_	_	_	/	0
1.	My surgeon explained my condition			0	0	0	0	0	·
2.	Before booking my surgery, r procedure thoroughly in language			0	0	0	0	0	0
3.	Before booking my surgery, alternatives thoroughly in languag			0	0	0	0	0/	0
4.	My surgeon explained what could be	e done if my illness was to recur		0	0	0	0	0	0
5.	My surgeon or his/her staff expla for follow-up care	ained when to return		0	0	0	0	0	0
6.	My surgeon or his/her staff proving how and when to take my medicing			0	0	0	0	0	0
7.	My surgeon told me of side effects	s of the treatment		0	0	0	0	8	0
hc	ased on ALL OF YOUR VISITS ow do you feel about your surg chavior towards you? My surge	jeon's attitude and							
8.	Spends enough time with me			0	0	0	0	0	0
9.	Shows interest in my problems			0	0	0	0	0	0
10.	. Asks appropriate details about my	personal history		0	0	0	0	0	0
11.	. Answers my questions well			0	0	0	0	0/	0
12.	. Examines me appropriately for my	r problems		0	0	0	0	0	0
13	. Treats me with respect			0	0	0	0	0	0
14	. Talks with me about treatment pla	ns and alternatives		0	0	0	0	0	0

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Please turn

		Strongly Disagree 1	Disagree 2	Neutral	Agree 4	Strongly Agree 5	Unable to Assess UA
Rate each	n statement about your surgeon's office.						
15. The of	fice is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	0	0
16. The off	fice has sufficient waiting areas	0	0	0	0	0	0
	ning rooms are adequately sized and have ate equipment	0	0	0	0	6	0
•	fice is clean and in good repair	0	0	0	0	0	0
19. The of	fice provides adequate privacy	Ο	0	0	0	0	0
How do y	ou feel that your surgeon runs his or her practice?						
20. I can re	each the office by phone during the day	0	0	0	0	0	0
	emergency situation, my surgeon's office provides me ear instructions on what I am to do	0	0	0	0	0	0
22. My me	essages are returned	0	0	0	0	0	0
The Staff:							
23. Is very	capable	0	0	0	0	0	0
24. Is help	ful and pleasant	0	0	0	0	0	0
25. Is resp	pectful of patients	0	0	0	0	0	0
26. Behav	es in a professional manner	_0_	0	0	0	0	0
27. Works	well with my surgeon	0	0	0	0	0	0
	nts patients from hearing confidential information other patients	0	0	0	0	0	0
Office Pra	actices:						
29. I receiv	ve an appropriate explanation if my appointment is delayed	0	0	0	0	0	0
30. When legal r	asked, my surgeon provides insurance and medico- eports	0	0	0	0	0	0
31. When	asked, my surgeon provides copies of files or letters	0	0	0	0	0	_0
32. I am a	dvised of results of tests and x-rays	0	0	0	0	6	0
-	rgeon arranges appointments with other specialists necessary	0	0	0	0	0	0
	one from my surgeon's office follows-up on any s problems I may have	0	0	0	0	0	0
35. I am to	old what to do if my problems do not get better	0	0	0	0	0	0
General:							
	asked about prescription and non-prescription ation I may be taking	0	0	0	0	0	0
37. My sur	rgeon has printed health information available	0	0	0	0	0	0
38. I would	d go back to this surgeon	0	0	0	0	0	0
39. I would	d send a friend to this surgeon	О	0	0	0	0	0



s	Surgeon: Mr. John Rogers M.D., F	Marking Instructions Please indicate your answer by filling in the bubbles like this. ■ not like × or ✓. Thank you								
A.	Your Gender: 🏶 Male - O Fema	ile					v often h	ave		
В.	Your Age: O Less than 1 year	O 25-34 years	you # ○	seen this	s doctor′ ⊜2-3		00	ver 3 times		
	O 1-5 years	O 35-44 years	_		-		00	ver 5 miles		
	○ 6-10 years	O 45-54 years		ay's visit			nem MEs	amination		
	O 11-15 years	♦ 55-64 years								
	○ 16-24 years	O 65 years and over		s questio elf (patient)		being (giver/Pare	complete	d by:		
This	erpretation of the Rating Scale is form is used by a variety of patien NOT relevant to you, mark these "I	Jnable to Assess".	_	y be relev	-	_	of these its Strongly	Jnable		
	icate how much you agree with eac tements using the scale on the right	•	Disagree 1	2	3	4	Agree 5	to Assess UA		
	sed on the MOST RECENT VIS					· ·	_			
1.	My surgeon explained my condition	* *	.O	0	0	0	*	0		
2.	Before booking my surgery, r procedure thoroughly in language		0	0	0	O	*	0		
3.	Before booking my surgery, alternatives thoroughly in languag			¢	0	0	•	0		
4.	My surgeon explained what could be	e done if my illness was to recur	0	0		0	0	٠		
5.	My surgeon or his/her staff expla for follow-up care	ained when to return	0	0	0	0		•		
6.	My surgeon or his/her staff proving how and when to take my medicing		0	0	0	*	0	0		
7.	My surgeon told me of side effects	s of the treatment	0	О	0		0	0		
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? My surg	jeon's attitude and								
8.	Spends enough time with me		0	0	0	0	٠	0		
9.	Shows interest in my problems		O	Ō	O	Ö	•	0		
10.	Asks appropriate details about my	personal history	0	0	0	0	۰	0		
	Answers my questions well		0	0	0	0	•	0		
12.	Examines me appropriately for my	y problems	0	. 0	Ó	0	•	0		
13.	Treats me with respect		0	0	0	0	•	0		
14.	Talks with me about treatment pla	ns and alternatives	100	0		0	•	0		

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Please turn to page 2

		Strongly Disagree 1	Disagree 2	Neutral	Agree 4	Strongly Agree 5	Unable to Assess
Rate each statement about yo	our surgeon's office						
15. The office is easily accessible		0	0	0	0	0	•
16. The office has sufficient waiting		0	0	0	0	0	28
17. Examining rooms are adeq adequate equipment	~	0	0	0	0	0	9
18. The office is clean and in good	l repair	· . O	0	0	0	0	•
19. The office provides adequate p	privacy	0	0	0	O	0	
How do you feel that your sul Telephone:	rgeon runs his or her practice?		-				
20. I can reach the office by phone	e during the day	0	0	0	0	0	•
21. In an emergency situation, m with clear instructions on what		0	0	0		0	•
22. My messages are returned	1 .	Ö	0	0	0	0	۵
The Staff: Princes 6	(race thospital)						
23. Is very capable	1	Ó	0	0	0	*	0
24 Is helpful and pleasant		0	0	0	0	•	0
25. Is respectful of patients		0	0	0	\circ		0
26. Behaves in a professional mar	nner	0	0	0	0	٠	0
27. Works well with my surgeon		0	0	0	0	•	0
28. Prevents patients from hea about other patients	ring confidential information	0	0	0	0	0	•
Office Practices:							
29. I receive an appropriate expla	nation if my appointment is delayed	0	0	0	0	0	٠
 When asked, my surgeon processes the surgeon processes. 	rovides insurance and medico-	0	0	0	0	0	•
31. When asked, my surgeon pro-	vides copies of files or letters	0	\circ	0	0	0	•
32. I am advised of results of tests	s and x-rays	0	0	0	0	•	0
33. My surgeon arranges appoint when necessary	ntments with other specialists	0	0	0	0	•	0
34. Someone from my surgeon serious problems I may have	's office follows-up on any	O	0	0	0	۱	O
35. I am told what to do if my prob	elems do not get better	0	0	O	0	•	0
General:							
36. I am asked about presonedication I may be taking	cription and non-prescription	0	0	0	0	•	0
37. My surgeon has printed health	n information available	0	0	0	٠	0	0
38 I would go back to this surgeo	n	0	0	0	\bigcirc		0
39. I would send a friend to this su	urgeon	0	0	0	0	•	0



O 1-5 years O 35-44 years O 6-10 years O 45-54 years O 11-15 years O 55-64 years O 16-24 years O 65 years and over 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 item are NOT relevant to you, mark these "Unable to Assess". D. Today's visit is mainly for: O New concern O Ongoing concern O Example to Self (patient) O Caregiver/Parent E. This question naire is being completed O Self (patient) O Caregiver/Parent Strongly Disagree Neutral Agree Strongly	
Ongoing concern Caracteristic Construction 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". Strongly Disagree Neutral Agree Strongly Disagree Neutral Agree Strongly Disagree Neutral Agree on the second of the Strongly Disagree Neutral Agree Strongly Disagree Neutral Ne	e 3 times
E. This question aire is being completed 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". Strongly Disagree Neutral Agree Strongly Disagree Neutral Agree Agree to	ination
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". Strongly Disagree Neutral Agree Strongly Disagree Neutral Agree Agree to Strongly Disagree Neutral Agree Strongly Disagree Neutral Agree Strongly Disagree Neutral Agree Strongly Disagree Neutral Negree Neutral Neutral Negree Neutral Negree Neutral Negree Neutral Neut	by:
	s Unable Assess UA
Based on the MOST RECENT VISIT to my surgeon:	
1. My surgeon explained my condition to me satisfactorily	0
2. Before booking my surgery, my surgeon explained my procedure thoroughly in language I understood	0
3. Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood	0
4. My surgeon explained what could be done if my illness was to recur	0
5. My surgeon or his/her staff explained when to return for follow-up care	0
6. My surgeon or his/her staff provided me with instructions on how and when to take my medicine	O
7. My surgeon told me of side effects of the treatment	0
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	0
9. Shows interest in my problems	0
10. Asks appropriate details about my personal history	0
11. Answers my questions well	0
12. Examines me appropriately for my problems	0
13. Treats me with respect	0
14. Talks with me about treatment plans and alternatives	0

	Sirongiy Disagree	Disagrec 2	Nacira S	Agree 4	Savright Agree S	Unable to Assess UA
Rate each statement about your surgeon's office.	1. 11. 11. 11. 11. 11. 11. 11. 11. 11.			- 	**************************************	
15 The office is easily accessible (e.g. parking, wheelchair, et	C.)		,: \	-	. - .	0
16. The office has sufficient waiting areas	Ó	ماهي الروا	0	14	0	0
Examining rooms are adequately sized and have adequate equipment	, v	ē	Q	į.	0	0
18. The office is clean and in good repair	C	٥	0	, e™ e 10 × 10°	0	0
19 The office provides adequate privacy	erns Face		+8% + +7		9	0
How do you feel that your surgeon runs his or her pr Telephone:	actice?	ga, gggarrenn ein annach i nEirichte de Callerathiù	n _{an} a andara para nter estretar a fer este e	2 yaganya da amada ka a sasasaka		
20 I can reach the office by phone during the day	entry Super		7.5 1.27		2777 544	0
21 In an emergency situation, my surgeon's office provides with clear instructions on what I am to do	me O	ir Naix	C		C	O
22. My messages are returned	Ō	No.	٥	14	Ç	0
The Staff:						
23. Is very capable	0		0		200 100	0
24. Is helpful and pleasant	C	Ú,	0	***	0	0
25. Is respectful of patients	c	12	7-4 1-2-7	*	0	0
26 Behaves in a professional manner	Ç	ers.	(2)		\circ	0
27. Works well with my surgeon	yeller Vagen	en e	0	-	\circ	0
28. Prevents patients from hearing confidential information about other patients	n C	Ţ.	0	is the Man	0	0
Office Practices:						
29. I receive an appropriate explanation if my appointment is o	elayed 💍	erina Kwalif	9	-1	~	0
30. When asked, my surgeon provides insurance and med legal reports	lico-	e e	Ç		0	0
31. When asked, my surgeon provides copies of files or letters	0		C		Ç.	0
32. Tam advised of results of tests and x-rays	C		Ç			0
33 My surgeon arranges appointments with other speciali when necessary	sts		0		<u>.</u>	0
34 Someone from my surgeon's office follows-up on an serious problems I may have	y _©	- 19. - 19.	ering.	-	Ç	0
35. I am told what to do if my problems do not get better	0		C		S	0
General:						
36 I am asked about prescription and non-prescript medication I may be taking	ion		Ö	==	0	ា
37. My surgeon has printed health information available	Ę.		0	6.1 54	0	\circ
38 I would go back to this surgeon	0	7.Th	jaren. 1. er		0	0
39. I would send a friend to this surgeon	0	0	0		೦	0



5	Surgeon: Mr. John Rogers M.D., F.	Marking Instructions Please indicate your answer by filling in the bubbles like this, not like								
B.	Your Gender: Male	 25-34 years 35-44 years 45-54 years 55-64 years 65 years and over ts, therefore, not all of the following 	C. Over the last five years how often have you seen this doctor? Once 2-3 times Over 3 D. Today's visit is mainly for: New concern Ongoing concern Examin E. This questionnaire is being completed by Self (patient) Caregiver/Parent ong items may be relevant to you. If any of these items							
	icate how much you agree with each	S .		trongly isagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA	
Ba 1.	sed on the MOST RECENT VIS My surgeon explained my conditio			0	0	0	0	8	0	
2.	Before booking my surgery, n procedure thoroughly in language			0	0	0	0	•	0	
3.	Before booking my surgery, ralternatives thoroughly in language			0	0	0	0	0	•	
4.	My surgeon explained what could be	-		0	0	0	0	•	0	
5.	My surgeon or his/her staff expla for follow-up care	ined when to return		0	0	0	0	0	•	
6.	My surgeon or his/her staff prov how and when to take my medicine			0	0	0	0	•	0	
7.	My surgeon told me of side effects	of the treatment		0	0	0	0	•	0	
ho	sed on ALL OF YOUR VISITS to w do you feel about your surg havior towards you? My surge	eon's attitude and			hadayinin — Seelayin Karayad					
8.	Spends enough time with me			0	0	0	0	•	0	
9.	Shows interest in my problems			0	0	0	0	*	0	
10.	Asks appropriate details about my	personal history		0	0	0	0	•	0	
11.	Answers my questions well			0	0	0	0	•	0	
12.	Examines me appropriately for my	problems		0	0	0	0	•	0	
13.	Treats me with respect			0	0	0	0	•	0	
14.	Talks with me about treatment plan	ns and alternatives		0	0	0	0	•	0	

Please turn to page 2

		Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
Ra	te each statement about your surgeon's office.						
	The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	•	0
16.	The office has sufficient waiting areas	0	0	0	0	•	0
17.	Examining rooms are adequately sized and have adequate equipment	0	0	0	0	•	0
18.	The office is clean and in good repair	0	0	0	0	•	0
19.	The office provides adequate privacy	0	0	0	0	•	0
	w do you feel that your surgeon runs his or her practice?						
20.	I can reach the office by phone during the day	0		0	0	•	0
21.	In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	0	0	Ο	0	0	•
22.	My messages are returned	0	0	0	0	•	0
Th	e Staff:						
23.	Is very capable	0	0	0	0	•	0
24.	Is helpful and pleasant	0	0	0	0	•	0
25.	Is respectful of patients	0	0	0	0	•	0
26.	Behaves in a professional manner	0	0	0	0	•	0
27.	Works well with my surgeon	0	0	0	0	0	•
28.	Prevents patients from hearing confidential information about other patients	0	0	0	0	•	0
Of	fice Practices:						
29.	I receive an appropriate explanation if my appointment is delayed	0	0	0	0	0	•
30.	When asked, my surgeon provides insurance and medico- legal reports	0	0	0	0	0	•
31.	When asked, my surgeon provides copies of files or letters	0	0	0	0	•	0
32	I am advised of results of tests and x-rays	0	0	0	0	0	0
33.	My surgeon arranges appointments with other specialists when necessary	0	0	0	0	-0-	•
34.	Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	0	0
35.	I am told what to do if my problems do not get better	0	0	0	0	•	0
Ge	neral:						
36.	I am asked about prescription and non-prescription medication I may be taking	0	0	0	0	•	0
37.	My surgeon has printed health information available	0	0	0	0	0	9
38.	I would go back to this surgeon	0	0	0	0	0	0
39.	I would send a friend to this surgeon	0	0	0	0	•	0



Patient Questionnaire

S	urgeon: Mr. John Rogers M.D., F.	.R.C.S		Please like this	indicate you	ır answer	structi by filling in or ③		es you!
Α. `	Your Gender: Male O Fema	ale	C.	Over	the last	five yea	ars how	often ha	ave
В.	Your Age: O Less than 1 year	O 25-34 years		-	seen this			00	er 3 times
	O 1-5 years	O 35-44 years		Or		O 2-3		00	er 5 times
	O 6-10 years	O 45-54 years	D.		y's visit i w concern			ern OEv	amination
	O 11-15 years	O 55-64 years							
	16-24 years	O 65 years and over	E.		question If (patient)		being c		a by:
This	erpretation of the Rating Scale is form is used by a variety of patien NOT relevant to you, mark these "I	nts, therefore, not all of the following Unable to Assess".	we000000	_	be releva	•			ms Unable
	cate how much you agree with eac			sagree	_	Taran da		Agree	to Assess
	ements using the scale on the right			1	2	3	4	5	UA
Ba :	sed on the MOST RECENT VIS My surgeon explained my condition	on to me satisfactorily		0	0	0	0	•	0
2.	Before booking my surgery, reprocedure thoroughly in language			0	0	0	0	•	0
3.	Before booking my surgery, alternatives thoroughly in languag			0	0	0	0	•	0
4.	My surgeon explained what could be	e done if my illness was to recur		0	0	0	0	•	0
5.	My surgeon or his/her staff expla for follow-up care	ained when to return		0	0	0	0	•	0
6.	My surgeon or his/her staff proving how and when to take my medicin			0	0	0	0		0
7.	My surgeon told me of side effects	s of the treatment		0	0	0	0	•	0
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? My surg	geon's attitude and							
8.	Spends enough time with me			0	0	0	0	•	0
9.	Shows interest in my problems			0	0	0	0	•	0
10.	Asks appropriate details about my	personal history		0	0	0	0	•	0
	Answers my questions well			0	0	0	0	•	0
12.	Examines me appropriately for my	y problems		0	0	0	0	•	0
13.	Treats me with respect			0	0	0	0	•	0
14.	Talks with me about treatment pla	ns and alternatives		0	0	0	0	•	0

Page 1 of 2

Please turn

	Strongly Disagree 1	Disagree 2	Neutral	Agree 4	Strongly Agree 5	Unable to Assess UA
Rate each statement about your surgeon's office.						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	0.00	0	0	0	•	0
16. The office has sufficient waiting areas	O	0	0	0	•	0
17. Examining rooms are adequately sized and have adequate equipment	0	0	O	0	•	0
18. The office is clean and in good repair	0	0	0	0	•	0
19. The office provides adequate privacy	0	0	0	0	•	0
How do you feel that your surgeon runs his or her practice? Telephone:						
20. I can reach the office by phone during the day	0	0	0	0	•	0
 In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do 	O	0	0	0	•	0
22. My messages are returned	0	0	0	0	•	0
The Staff:						
23. Is very capable	0	0	0	0	•	0
24. Is helpful and pleasant	0	0	0	0	9	0
25. Is respectful of patients	0	0	0	0	•	0
26. Behaves in a professional manner	-0	0	0	0	•	0
27. Works well with my surgeon	0	0	0	0		0
 Prevents patients from hearing confidential information about other patients 	0	0	0	0	•	0
Office Practices:						
29. I receive an appropriate explanation if my appointment is delayed	0	0	0	0	•	0
 When asked, my surgeon provides insurance and medico- legal reports 	0	0	0	0	•	0
31. When asked, my surgeon provides copies of files or letters	0	0	0	0	•	0
32. I am advised of results of tests and x-rays	O	0	О	0	•	0
33. My surgeon arranges appointments with other specialists when necessary	0	0	0	0	0	•
34. Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	•	0
35. I am told what to do if my problems do not get better	Ο	0	0	0	•	0
General:						
 I am asked about prescription and non-prescription medication I may be taking 	O	0	0	0		0
37. My surgeon has printed health information available	0	0	0	0	•	0
38. I would go back to this surgeon	0	0	0	0	•	0
39. I would send a friend to this surgeon	0	0	O	0	•	0



	Surgeon: Mr. John Rogers M.D., F	F.R.C.S		Please like this	indicate yo	our answer	by filling i		
A.	Your Gender: Male O Fem	ale		Ove	r the las	t five ye	ars how	often h	ave
В.	Your Age: O Less than 1 year	O 25-34 years	-	you	seen this	s doctor		01011	410
	O 1-5 years	O 35-44 years		O Or	nce	2 -3	times	00	ver 3 times
	○ 6-10 years	O 45-54 years	D.		-	is mainl	-		
	O 11-15 years	55-64 years		○ Ne	w concer	n 🌑 Ong	oing cond	ern (E)	amination
	O 16-24 years	O 65 years and over	E.			nnaire is			d by:
Th	erpretation of the Rating Scale is form is used by a variety of patien NOT relevant to you, mark these "	nts, therefore, not all of the followi	ng iten	Section Section 2015	If (patient) / be relev		giver/Pare u. If any o		ems
Ind	licate how much you agree with eac	ch of the following		trongly isagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
sta	tements using the scale on the righ	t.	Ü	1	2	3	4	5	UA
Ba	sed on the MOST RECENT VI	SIT to my surgeon:							
1.	My surgeon explained my condition	on to me satisfactorily		0	0	0	0	•	0
2.	Before booking my surgery, procedure thoroughly in language			0	0	0	0	•	0
3.	Before booking my surgery, alternatives thoroughly in language			0	0	0	0	•	0
4.	My surgeon explained what could b	e done if my illness was to recur		0	0	0	0	•	0
5.	My surgeon or his/her staff expl for follow-up care	ained when to return		0	0	0	0	•	0
6.	My surgeon or his/her staff pro- how and when to take my medicir			0	0	0	٥	0	0
7.	My surgeon told me of side effect	s of the treatment		0	0	0	0	•	0
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? My surg	geon's attitude and			~~~				
8.	Spends enough time with me			0	0	0	0	•	0
9.	Shows interest in my problems			0	0	0	0	•	0
10.	Asks appropriate details about my	personal history		0	0	0	0	0	0
11.	Answers my questions well			0	0	0	0	0	0
12.	Examines me appropriately for my	y problems		0	0	0	0	•	0
13.	Treats me with respect			0	0	0	0	•	0
14.	Talks with me about treatment pla	ns and alternatives		0	0	0	0	•	0
						THE RESERVE OF THE PERSON NAMED IN COLUMN			

Please turn to page 2

		Strongly Disagree	Disagree		Agree	Strongly Agree	Unable to Assess
		1	2	3	4	5	UA
	e each statement about your surgeon's office.						
15.	The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	③	0	0
16.	The office has sufficient waiting areas	0	0	0	0	•	0
	Examining rooms are adequately sized and have adequate equipment	0	0	0	0	•	0
18.	The office is clean and in good repair	0	0	0	•	0	0
19.	The office provides adequate privacy	0	0	0	0	•	0
	w do you feel that your surgeon runs his or her practice?			W 1			
20.	I can reach the office by phone during the day	0	0	0.		0	0
21.	In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	- 0	0	0	0	•	0
22.	My messages are returned	0	0	0	٠	0	0
The	Staff:						
23.	Is very capable	0	0	0		0	0
24.	Is helpful and pleasant	0	0	0	0	0	0
25.	Is respectful of patients	0	0	0	0	•	0
26.	Behaves in a professional manner	0	0	0	0	0	0
27.	Works well with my surgeon	0	0	0	0	•	0
28.	Prevents patients from hearing confidential information about other patients	0	0	0		0	0
Off	ice Practices:						
29.	I receive an appropriate explanation if my appointment is delayed	0	0	0		0	0
30.	When asked, my surgeon provides insurance and medico- legal reports	0	0	0	0	0	•
31.	When asked, my surgeon provides copies of files or letters	0	0	0	0	0	•
32.	I am advised of results of tests and x-rays	0	0	0	(6)	0	0
33.	My surgeon arranges appointments with other specialists when necessary	0	0	0	0	0	•
34.	Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	0	0
35.	I am told what to do if my problems do not get better	0	0	0	0	•	0
Gei	neral:						
36.	I am asked about prescription and non-prescription medication I may be taking	0	0	0	•	0	0
37.	My surgeon has printed health information available	0	0	•	0	0	0
38.	I would go back to this surgeon	0	0	0	0	•	0
39.	I would send a friend to this surgeon	0	0	0	0	0	0



Surgeon: Mr. Jo	hn Rogers M.D., I	F.R.C.S	Please like thi	indicate y		by filling		
A. Your Gender:	O Male 🊳 Fem	nale		r the las			often h	ave
B. Your Age: O L	ess than 1 year	O 25-34 years	you	seen thi	s doctor' ⊜2-3		A O	ver 3 times
01	-5 years	35-44 years					9 O	ver 5 umes
06	-10 years	O 45-54 years		ay's visit			oorn OEv	ramination
01	1-15 years	O 55-64 years		ew concer	_			
01	6-24 years	O 65 years and over		s questio		_	-	d by:
	a variety of patie	ents, therefore, not all of the following "Unable to Assess".	ng items ma			giver/Pare		ems
Indicate how much y statements using the			Strongly Disagree		Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
Based on the MC	OST RECENT V	ISIT to my surgeon:						
My surgeon exp	plained my conditi	ion to me satisfactorily	0	0	0	0	0	0
	g my surgery, oughly in language	my surgeon explained my e I understood	0	0	0	0	•	0
	ig my surgery, proughly in langua	my surgeon explained any ge l understood	0	0	0	0	•	0
4. My surgeon exp	lained what could	be done if my illness was to recur	0	0	©	0	0	0
My surgeon or for follow-up ca		plained when to return	0	0	0	0	•	0
	r his/her staff pro to take my medic	ovided me with instructions on ine	0	0	0	0	•	0
7. My surgeon tole	d me of side effec	ts of the treatment	0	0	0	0	•	0
	about your sui	S to your surgeon's office, rgeon's attitude and geon:						
8. Spends enough	h time with me		0	0	0	0	0	0
9. Shows interest	in my problems		0	0	0	0	•	0
10. Asks appropria	ite details about m	ny personal history	0	0	0	0	0	0
11. Answers my qu	uestions well		0	0	0	0	•	0
12. Examines me a	appropriately for n	ny problems	0	0	0	0	•	0
13. Treats me with	respect		0	0	0	0	6	0
14. Talks with me	about treatment p	lans and alternatives	0	0	0	0	0	0

	Strongly Disagree 1	Disagree 2	Neutral	Agree 4	Strongly Agree 5	Unable to Assess UA
Rate each statement about your surgeon's office.		ANGES HAMINISTER				
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	0	0
16. The office has sufficient waiting areas	0	0	0	(8)	0	0
 Examining rooms are adequately sized and have adequate equipment 	0	0	0	0	0	0
18. The office is clean and in good repair	0	0	0		0	0
19. The office provides adequate privacy	0	0	0	©	0	0,
How do you feel that your surgeon runs his or her practice? Telephone:						
20. I can reach the office by phone during the day	0	0	0	0	0	0
 In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do 	0	0	0	0	0	•
22. My messages are returned	0	0	0	0	0	0
The Staff:						
23. Is very capable	0	0	0	0	0	0
24. Is helpful and pleasant	0	0	0	0	•	0
25. Is respectful of patients	0	0	0	0	•	0
26. Behaves in a professional manner	0	0	0	0	©	0
27. Works well with my surgeon	0	0	•	0	0	0
 Prevents patients from hearing confidential information about other patients 	0	0	•	0	0	0
Office Practices:						
29. I receive an appropriate explanation if my appointment is delayed	0	0	0	٥	0	0
 When asked, my surgeon provides insurance and medico- legal reports 	0	0	0	0	•	0
31. When asked, my surgeon provides copies of files or letters	0	0	0	0	0	0
32. I am advised of results of tests and x-rays	0	0	0	0	0	0
 My surgeon arranges appointments with other specialists when necessary 	0	0	0	0	0	•
 Someone from my surgeon's office follows-up on any serious problems I may have 	0	0	0	0	0	0
35. I am told what to do if my problems do not get better	0	0	0	0	0	©
General:						
36. I am asked about prescription and non-prescription medication I may be taking	0	0	0	0	•	0
37. My surgeon has printed health information available	0	0	0	0	0	•
38. I would go back to this surgeon	0	0	0	0	0	0
39. I would send a friend to this surgeon	0	0	0	0	•	0



s	Surgeon: Mr. John Rogers M.D., F.	R.C.S		Please like this	indicate yo		by filling	ions in the bubb ✓. Thank	
Α.	Your Gender: Male O Fema	le	с.					often h	ave
В.	Your Age: O Less than 1 year	25-34 years		you :		s doctor?		\sim 0	ver 3 times
	O 1-5 years	O 35-44 years	_	_		_		00	ver 5 times
	○ 6-10 years	O 45-54 years	D.		=	is mainly		cern OE	amination
	○ 11-15 years	O 55-64 years	_	•			•	_	
	O 16-24 years	O 65 years and over	E.		question If (patient)		being (giver/Pare	complete	d by:
This are	erpretation of the Rating Scale is form is used by a variety of patien NOT relevant to you, mark these "t	Jnable to Assess".				_	_		ems Unable
	icate how much you agree with each rements using the scale on the right		0	isagree 1	2	3	4	Agree 5	to Assess UA
	sed on the MOST RECENT VIS			1			<u> </u>		
1.	My surgeon explained my condition			0	0	0	0	©	0
2.	Before booking my surgery, r procedure thoroughly in language			0	0	0	0	•	0
3.	Before booking my surgery, ralternatives thoroughly in language			0	0	0	6	0	0
4.	My surgeon explained what could be	e done if my illness was to recur		0	0	0	0	•	0
5.	My surgeon or his/her staff explator follow-up care	ained when to return		0	0	0	9	0	0
6.	My surgeon or his/her staff prov how and when to take my medicin			0	0	0	ø	0	0
7.	My surgeon told me of side effects	s of the treatment		0	0	0	0	9	0
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? My surge	eon's attitude and							
8.	Spends enough time with me			0	0	0	0	•	0
9.	Shows interest in my problems			0	0	0	0	•	0
10.	Asks appropriate details about my	personal history		0	0	0	0	•	0
11.	Answers my questions well			0	0	0	0		, b
12.	Examines me appropriately for my	problems		0	0	0	0	•	[®] O
13.	Treats me with respect			0	0	0	0	(3)	0
14.	Talks with me about treatment pla	ns and alternatives		0	0	Ó	0	·	0
		Please turn to page 2 Page 1 of 2							

		Strongly Disagree 1	Disagree 2	Neutral	Agree 4	Strongly Agree	Unable to Assess
Ra	te each statement about your surgeon's office.			<u>_</u>	4	5	UA
	The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	@	^	_
	The office has sufficient waiting areas	0				0	0
	Examining rooms are adequately sized and have	O	0	0,,	®	0	0
	adequate equipment	0	Q	0	•	0	0
	The office is clean and in good repair	0	0	0	(3)	0	0
19.	The office provides adequate privacy	0	0	0	•	0	0
	w do you feel that your surgeon runs his or her practice? ephone:						
20.	I can reach the office by phone during the day	0	0	0	٩	0	0
21.	In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	0	0	0	•	0	0
22.	My messages are returned	0	0	0	0	6	0
The	e Staff:						
23.	Is very capable	0	0	0	0	@	0
24.	Is helpful and pleasant	0	0	0	0	9	0
25.	Is respectful of patients	0	0	0	0	· @	0
26.	Behaves in a professional manner	0	0	0	0	0	0
7.	Works well with my surgeon	0	0	O O	0	©	0
	Prevents patients from hearing confidential information about other patients	0	0	0	0	©	0
Offi	ce Practices:						
	I receive an appropriate explanation if my appointment is delayed	0	0	0	0	0	٨
	When asked, my surgeon provides insurance and medico- legal reports	0	0	0	0	0	0
1. '	When asked, my surgeon provides copies of files or letters	0	0	0	0	0	9
2.	I am advised of results of tests and x-rays	0	0	0	0	 @	0
	My surgeon arranges appointments with other specialists when necessary	0	0	0	0	6	0
5	Someone from my surgeon's office follows-up on any serious problems I may have	0	0	O 1	©	0	0
	am told what to do if my problems do not get better	0	0	0	6	0	0
en	eral:						4
	am asked about prescription and non-prescription nedication I may be taking	0	0	0	6	0	oj.
7. N	My surgeon has printed health information available	0	0	0	©	Q	0
3. 1	would go back to this surgeon	0	0	0	0	®	0
	would send a friend to this surgeon		-	_	_	~	$\overline{}$



s	Surgeon: Mr. John Rogers M.D., F	.R.C.S	Please like this,	indicate yo		by filling	ions in the bubb . Thank	les you!
	Your Gender: Male O Fema				t five yea		often h	ave
В.	Your Age: O Less than 1 year	O 25-34 years	O On		02-31		0	ver 3 times
	O 1-5 years	O 35-44 years	D Toda	v's visit	is mainly	/ for:		
	O 6-10 years	O 45-54 years		-	, -		cern OEx	amination
	O 11-15 years	O 55-64 years	F. This	auestio	nnaire is	beina (complete	d bv:
	O 16-24 years		/	f (patient)		giver/Pare		
This are	erpretation of the Rating Scale is form is used by a variety of patier NOT relevant to you, mark these "licate how much you agree with each	Unable to Assess".	ng items may Strongly Disagree	be relev	ant to you	. If any o	Strongly Agree	Unable to Assess
stat	tements using the scale on the right	t.	1	2	3	4	5	UA
Ba	sed on the MOST RECENT VI	SIT to my surgeon:			a contentin			
1.	My surgeon explained my condition	on to me satisfactorily	0	0	0	0	Ø	0
2.	Before booking my surgery, procedure thoroughly in language		0	0	0	0	0	0
3.	Before booking my surgery, alternatives thoroughly in languag		0	0	Ο	0	o/	0
4.	My surgeon explained what could be	e done if my illness was to recur	0	0	О	0	Ø	0
5.	My surgeon or his/her staff expla for follow-up care	ained when to return	0	, 0	0	0	0	0
6.	My surgeon or his/her staff prov		0	0	0	0	0/	0
7.	how and when to take my medicin My surgeon told me of side effects		0	0	0	0	6	0
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? My surg	geon's attitude and						
8.	Spends enough time with me		0	0	0	0	0/	0
9.	Shows interest in my problems		0	0	0	0	o /	0
10.	Asks appropriate details about my	personal history	0	0	0	0	∅.	0
	Answers my questions well		o	0	0	0	ø,	0
12.	Examines me appropriately for my	y problems	0	0	0	0	0	0
13.	Treats me with respect		0	0	0	0	0/	0
14.	Talks with me about treatment pla	ns and alternatives	0	0	0	0	0	0

Page 1 of 2

Please turn

	Strongly Disagree 1	Disagree 2	Neutral	Agree 4	Strongly Agree 5	Unable to Assess UA
Rate each statement about your surgeon's office.					/	
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	\Q	0
16. The office has sufficient waiting areas	0	0	0	0	0/	0
17. Examining rooms are adequately sized and have adequate equipment	0	0	0	0	0/	0
18. The office is clean and in good repair	0	0	0	0	o',	0
19. The office provides adequate privacy	0	0	0	0	9	0
How do you feel that your surgeon runs his or her practice? Telephone:					种种组织	
20. I can reach the office by phone during the day	0	0	0	0	Ø,	0
 In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do 	0	0	0	0	6	0
22. My messages are returned	0	0	0	0	o /	0
The Staff:						
23. Is very capable	0	0	0	0	d'	0
24. Is helpful and pleasant	0	0	0	0	d	0
25. Is respectful of patients	0	0	0	0	ď,	0
26. Behaves in a professional manner	0	0	0	0	ď	0
27. Works well with my surgeon	0	0	0	0	0/	0
28. Prevents patients from hearing confidential information about other patients	o	0	0	0	0	0
Office Practices:					f	
29. I receive an appropriate explanation if my appointment is delayed	0	0	0	0	8	0
 When asked, my surgeon provides insurance and medico- legal reports 	O	0	o	0	0	od_
31. When asked, my surgeon provides copies of files or letters	О	0	Ó	0	0	७ /
32. I am advised of results of tests and x-rays	0	0	0	0	0	9
33. My surgeon arranges appointments with other specialists when necessary	O	0	0	0	0	⊘
 Someone from my surgeon's office follows-up on any serious problems I may have 	0	0	О	0	0	ø
35. I am told what to do if my problems do not get better	0	0	0	0	Ø	0
General:						1000
 I am asked about prescription and non-prescription medication I may be taking 	0	0	0	0		0
37. My surgeon has printed health information available	0	0	0	0	0/	0
38. I would go back to this surgeon	0	0	0	0	ø,	0
39. I would send a friend to this surgeon	0	0	0	0	a/	0

	Strongly Disagree 1	Disagree 2	Neutral	Agree 4	Strongly Agree 5	Unable to Assess UA
Rate each statement about your surgeon's office.				***************************************		
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	0	0
16. The office has sufficient waiting areas	0	0	0	0	0	0
17. Examining rooms are adequately sized and have						
adequate equipment	0	0	0	0	•	0
18. The office is clean and in good repair	0	0	0	0	0	0
19. The office provides adequate privacy	0	0	0	0	0	0
How do you feel that your surgeon runs his or her practice? Telephone:						
20. I can reach the office by phone during the day	0	0	0	0	0	0
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	0	0	0	0	0	0
22. My messages are returned	0	0	0	0	Ø	0
The Staff:						
23. Is very capable	0	0	0	0	0	0
24. Is helpful and pleasant	0	0	0	0	Ø	0
25. Is respectful of patients	0	0	0	0	@	0
26. Behaves in a professional manner	0	0	0	0	0	0
27. Works well with my surgeon	0	0	0	0	•	0
28. Prevents patients from hearing confidential information about other patients	0	0	0	0	0	•
Office Practices:						
29. I receive an appropriate explanation if my appointment is delayed	0	0	0	0	0	6
30. When asked, my surgeon provides insurance and medicolegal reports	0	0	0	0	0	Ø
31. When asked, my surgeon provides copies of files or letters	0	0	0	0	Ô	0
32. I am advised of results of tests and x-rays	0	0	O	0	Ø	0
33. My surgeon arranges appointments with other specialists when necessary	0	o	0	О	О	•
34. Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	0	0
35. I am told what to do if my problems do not get better	0	0	0	0	•	0
General:						
36. I am asked about prescription and non-prescription medication I may be taking	0	0	0	0	•	0
37. My surgeon has printed health information available	0	0	0	0	0	0
38. I would go back to this surgeon	О	0	0	0	•	0
39. I would send a friend to this surgeon	0	0	0	0	ø	0



Marking Instructions

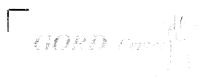
;	Surgeon: Mr. John Rogers M.D., F	.R.C.S	11	lease like this,		ike		in the bubb . Thank	
Α.	Your Gender: Male O Fema	ale	<u></u> C.	Over	the las	t five yea	ars how	often h	ave
В.	Your Age: O Less than 1 year	O 25-34 years		you	seen thi	s doctor	?		
	O 1-5 years	O 35-44 years		O On		O 2-3 1		6 0	ver 3 time
	O 6-10 years	② 45-54 years	D.		_	is mainly		25	
	O 11-15 years	O 55-64 years		_		n 👰 Ong	•	•	
	O 16-24 years	O 65 years and over	E.		-	nnaire is	_	•	d by:
Thi	erpretation of the Rating Scale is form is used by a variety of patier NOT relevant to you, mark these "			ns may		ant to you		of these ite	
	licate how much you agree with each	_		trongly isagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
	tements using the scale on the righ			1	2	3	4	5	UA
	ised on the MOST RECENT VI								
1.	My surgeon explained my condition	•		0	0	0	0	Ø	0
2.	Before booking my surgery, procedure thoroughly in language			0	0	0	0	②	0
3.	Before booking my surgery, alternatives thoroughly in languag			0	0	0	0	•	0
4.	My surgeon explained what could b	e done if my illness was to recur		0	0	0	0	©	0
5.	My surgeon or his/her staff explain for follow-up care	ained when to return		0	0	0	0	•	0
6.	My surgeon or his/her staff proving how and when to take my medicing			0	0	0	0	②	0
7.	My surgeon told me of side effects	s of the treatment		0	0	0	0	©	0
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? My surg	eon's attitude and							
8.	Spends enough time with me			0	0	0	0	@	0
9.	Shows interest in my problems			0	0	0	0	٥	0
10.	Asks appropriate details about my	personal history		0	0	0	0	©	0
11.	Answers my questions well			0	0	0	0	②	0
12.	Examines me appropriately for my	problems		0	0	0	0	③	0
13.	Treats me with respect			0	0	0	0	©	0
14.	Talks with me about treatment pla	ns and alternatives		0	0	0	0	©	0
		lease turn o page 2 Page 1 of	2						_

	Strongly	Disagree	Neutral	Agree	Strongly	Unable
	Disagree 1	2	3	4	Agree 5	to Assess UA
Rate each statement about your surgeon's office.						
15. The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	Ø	0	0
16. The office has sufficient waiting areas	0	0	0	0	Ø	0
17. Examining rooms are adequately sized and have adequate equipment	0	0	Ø	0	0	0
18. The office is clean and in good repair	0	0	0	©	0	0
19. The office provides adequate privacy	0	0	0	0	@	0
How do you feel that your surgeon runs his or her practice? Telephone:						
20. I can reach the office by phone during the day	0	0	0	0	Ø	0
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	0	0	0	0	•	0
22. My messages are returned	0	0	0	0	Ø	0
The Staff:						
23. Is very capable	0	0	0	0	Ø	0
24. Is helpful and pleasant	0	0	0	0	②	0
25. Is respectful of patients	0	0	0	0	Ø	0
26. Behaves in a professional manner	0	0	0	0	©	0
27. Works well with my surgeon	0	0	0	0	ø	0
28. Prevents patients from hearing confidential information about other patients	0	0	0	0	0	0
Office Practices:						
29. I receive an appropriate explanation if my appointment is delayed	0	0	0	0	0	Ø
30. When asked, my surgeon provides insurance and medicolegal reports	0	0	0	0	0	Ø
31. When asked, my surgeon provides copies of files or letters	0	0	0	0	0	©
32. I am advised of results of tests and x-rays	0	0	0	0	©	0
33. My surgeon arranges appointments with other specialists when necessary	0	0	0	0	0	©
34. Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	٥	0
35. I am told what to do if my problems do not get better	0	0	0	0	Ø	0
General:						
36. I am asked about prescription and non-prescription medication I may be taking	0	0	0	0	©	0
37. My surgeon has printed health information available	0	0	0	0	0	0
38. I would go back to this surgeon	0	0	0	0	Ø	0
39. I would send a friend to this surgeon	0	0	0	0	Ø	0



s	Surgeon: Mr. John Rogers M.D., F.R.C.S				Please i	ndicate yo	-	by filling i	ions In the bubb	
	Your Gender: O Male 🛛 Pema			C.		the last seen this			often h	ave
B.	Your Age: O Less than 1 year	O 25-34 years			O On		2-31		00	ver 3 times
	O 1-5 years	② 35-44 years		n	-	y's visit i	ie mainh	(for	-	
	○ 6-10 years	○ 45-54 years		IJ.		_			cern. ⊘a Ex	amination
	○ 11-15 years	○ 55-64 years		-					complete	
	O 16-24 years	O 65 years and over		⊑.		f (patient)		giver/Pare	-	d by.
This	erpretation of the Rating Scale is form is used by a variety of patien NOT relevant to you, mark these "I		he following		ns may	be releva	ant to you	. If any o	of these ite	
Indi	cate how much you agree with eac	h of the following			trongly isagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
stat	ements using the scale on the right	-			1	2	3	4	ັ5	UA
Bas	sed on the MOST RECENT VIS	SIT to my surgeon:								
1.	My surgeon explained my condition	n to me satisfactorily			0	0	0	0	•	0
2.	Before booking my surgery, r procedure thoroughly in language		d my		0	0	0	0		0
3.	Before booking my surgery, alternatives thoroughly in language		d any		0	0	0	0	©	0
4.	My surgeon explained what could be	e done if my illness was t	o recur		0	0	0	0	Ø	0
5.	My surgeon or his/her staff explator follow-up care	ained when to return			0	0	0	0	Ø	0
6.	My surgeon or his/her staff provided how and when to take my medicin		ons on		0	0	O 1	0	6	0
7.	My surgeon told me of side effects	s of the treatment			0	0	0	0	@	0
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? My surg	eon's attitude and	ffice,							
8.	Spends enough time with me				0	0	0	0	•	0
9.	Shows interest in my problems				0	0	. 0	0	0	0
10.	Asks appropriate details about my	personal history			0	0	0	0		0
11.	Answers my questions well				0	0	0	0		0
12.	Examines me appropriately for my	problems			0	0	0	0	•	0
13.	Treats me with respect				0	0	0	0	۵	0
14.	Talks with me about treatment pla	ns and alternatives			0	0	0	0	\$	0
		Please turn o page 2	Page 1 of 2							

	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.)	0	0	0	0	©	0
16. The office has sufficient waiting areas	0	0	0	0	©	0
17. Examining rooms are adequately sized and have adequate equipment	0	0	0	0	٥	0
18. The office is clean and in good repair	0	0	0	0	@	0
19. The office provides adequate privacy		0	0	0	0	0
How do you feel that your surgeon runs his or her practice? Telephone:						
20. I can reach the office by phone during the day	0	0	0	0	③	0
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	0	0	0	0	•	0
22. My messages are returned	0	0	0	0	Ø	0
The Staff:						
23. Is very capable	0	0	0	0	0	0
24. Is helpful and pleasant	0	0	0	0	0	0
25. Is respectful of patients	0	0	0	0	②	0
26. Behaves in a professional manner	0	0	0	0	Ø	0
27. Works well with my surgeon	0	0	0	0	Ø	0
28. Prevents patients from hearing confidential information about other patients	0	0	0	0	0	0
Office Practices:						
29. I receive an appropriate explanation if my appointment is delayed	0	0	0	0	Ø	0
30. When asked, my surgeon provides insurance and medicolegal reports	0	0	0	0	Ð	0
31. When asked, my surgeon provides copies of files or letters	0	0	0	0	Ø	0
32. I am advised of results of tests and x-rays	0	0	0	0	©	0
33. My surgeon arranges appointments with other specialists when necessary	0	0	0	0	٥	0
34. Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	æ	0
35. I am told what to do if my problems do not get better	0	0	0	0	3	0
General:						
36. I am asked about prescription and non-prescription medication I may be taking	0	0	0	0	Ø	0
37. My surgeon has printed health information available	0	0	0	0	@	0
38. I would go back to this surgeon	0	0	0	0	@	0
39. I would send a friend to this surgeon	0	0	0	0	Ø	0



S	Gurgeon: Mr. John Rogers M.D., F.	R.C.S		Mai ndicate yo s, b <u>not</u> i	r king In our answer ike	by filling i	ions n the bubb ⁄. Thank			
Α.	Your Gender: O Male & Fema	ile	C. Ove	r the las	t five yea	ars how	often h	ave		
B.	Your Age: O Less than 1 year	○ 25-34 years	you	seen thi	s doctor	?				
	○ 1-5 years	9 35-44 years	&⊙	Ø Once ⊕ 2-3 times ⊕ Over D. Today's visit is mainly for:						
	○ 6-10 years	○ 45-54 years								
	○ 11-15 years	○ 55-64 years	€ N	ew conder	n () Ong	eing cont	tern ()Ex	ramination		
	○ 16-24 years	○ 65 years and over			nnaire is Oare			d by:		
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" Strongly Disagree Neutral Agree Strongly Unable to Agree Strongly Unable t										
	icate how much you agree with eac tements using the scale on the right	-	Disagree			**	Agree	to Assess		
	Application of the state of the	worker with the second	1	2	3	4	5	UA		
∌a ⁴	sed on the MOST RECENT VIS My surgeon explained my condition		٥	0	Õ	O	d	0		
2	Before pocking my surgery in procedure thoroughly in language	my surgeon explained my	0	9	о О	Ö	ď	0		
3	Before booking my surgery, alternatives thoroughly in languag	· · · · · · · · · · · · · · · · · · ·		0	0	0	ø	٥		
Z.	My surgeon explained what could be	e done if my Phess was to recur	0	0	C	Q	<i>હ</i>	·		
5	My surgeon or his/her staff explation follow-up care	ained when to return	0	0	С	Ō	Ø	0		
6	My surgeon of his/her staff proving and when to take my medicin		0	0	С	0	ø	0		
7.	My surgeon told me of side effects	s of the treatment	0	0	Q	0	Ø	0		
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? My surge	eon's attitude and			·			######################################		
8	Spends enough time with me		0	\circ	0	0	ø'	0		
9	Shows interest in my problems		0	0	\Box	0	W.	0		
10.	Asks appropriate details about my	personal history	0	0	0	0	ø'	0		
*1	Answers my questions well		0		Č	Ö	ď	0		
12	Examines me appropriately for my	nnontaine	0	0	C	Č.	ď	0		
		problems	-				,			
13	Treats me with respect		0	0	0	0	Ø,	. 0		
14.	Talks with me about treatment pla	ns and alternatives	0	0	0	0	Ø	0		

Please turn to page 2

Page tof2

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
		1	2	3	4	5	UA
Ra	te each statement about your surgeon's office.						
15	The office is easily accessible (e.g. barking, wheelchair, etc.)	0	O	0	0	Ø	0
16	The office has sufficient waiting areas	0	0	0	0	ď	0
17	Examining rooms are adequately sized and have adequate equipment	0	Ø	0	0	\mathscr{E}'	0
18	The office is clean and in good repair	0	0	O_	0	ď	. 0
19	The office provides adequate privacy	Ο.	0	0	0	σ'	\circ
	w do you feel that your surgeon runs his or her practice? lephone:						
20	fican reach the office by phone during the day	0	O	0	0	\bigcirc	ď
21	in an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	O	0	· · · · O ·	0	0	Ø
22	My messages are returned	O -	Ō	Ö	0	Ö	. Ø
Th	e Staff:						
23	s very capable	0	9	0	O	\mathscr{O}	0
24	s helpful and pleasant	Ó	0	0	0	\mathscr{A}	0
26.	is respectful of patients	0	0	0	0	of	0
26.	Behaves in a professional manner	O	0	0	0	a	0
27.	Works well with my surgeon	0	0	0	0	8	0
26.	Prevents patients from hearing confidential information about other patients	0	0	0	0	Ø	0
Of	fice Practices:						
29.	I receive an appropriate explanation if my appointment is delayed	0	0	0	О	O	8
30.	When asked, my surgeon provides insurance and medicolegal reports	0	0	0	0	Ø	
31.	When asked my surgeon provides copies of files or letters	0	0	0	0	ø'	0
32.	I am advised of results of tests and x-rays	0	0	0	0	ø'	0
33.	My surgeon arranges appointments with other specialists when necessary	0	O	0	0	O.	0
34	Someone from my surgeon's office follows-up on any serious problems I may have	O	0	0	0	Ö	4
35.	I am told what to do if my problems do not get better	0	O	0	O	О	a d
Ge	eneral:						
36.	Fam asked about prescription and non-prescription medication Emay be taking	0	0	0	\circ	d.	0
37.	My surgeon has printed health information available	0	Ö	0	0	Ø,	0
38.	I would go back to this surgeon	0	0	O	0	7	0
39	I would send a friend to this surgeon	0	0	0	0	Ø	0



s	urgeon: Mr. John Rogers M.D., F.					Mar ndicate yo not lil	king In ur answer ke	by filling i	ions n the bubb . Thank	
Α. `	Your Gender: O Male Fema	ale					five yea		often h	ave
В.	Your Age: O Less than 1 year	O 25-34 years		_	ou s One		doctor		00	ver 3 times
	O 1-5 years	O 35-44 years		_			•		0.	
	O 6-10 years	O 45-54 years			_	-	is mainly □ ○ Ong		em ∩Ex	amination
	○ 11-15 years	55-64 years								
	O 16-24 years	O 65 years and ove	r			questioi f (patient)	nnaire is ⊖Care	giver/Pare		a by.
This are	erpretation of the Rating Scale s form is used by a variety of patien NOT relevant to you, mark these "I	Unable to Assess".	f the following	•	nay	,, ,	_			ems Unable
	cate how much you agree with eac ements using the scale on the right			Disagi 1		2	3	4	Agree 5	to Assess UA
	sed on the MOST RECENT VI		₩ ₩							
1.	My surgeon explained my condition		•	0		0	0	0	•	0
2.	Before booking my surgery, or procedure thoroughly in language		ied my	0		0	0	0	•	0
3.	Before booking my surgery, alternatives thoroughly in languag		ned any	0		0	O	0	•	0
4.	My surgeon explained what could b	e done if my illness wa	s to recur	0		0	0	0	•	0
5 .	My surgeon or his/her staff explor follow-up care	ained when to return		0		0	0	0	•	0
6.	My surgeon or his/her staff proving how and when to take my medicing		ctions on	0		0	0	Õ	0	0
7.	My surgeon told me of side effect	s of the treatment		0		0	0	0	•	0
ho	sed on ALL OF YOUR VISITS w do you feel about your surç havior towards you? My surg	geon's attitude and								
8.	Spends enough time with me			0		0	0	0	٥	0
9.	Shows interest in my problems			0		0	0	С	•	0
10.	Asks appropriate details about my	personal history		0		0	0	0	•	0
11.	Answers my questions well		-	0		0	0	0	•	0
12.	Examines me appropriately for m	y problems		0		0	0	0	٥	0
13.	Treats me with respect			0		0	0	0	•	0
14.	Talks with me about treatment pla	ans and alternatives		0		0	0	0	•	0
L		Please turn to page 2	Page 1 of 2							

	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.)	0	0	0	0	•	0
16. The office has sufficient waiting areas	0	0	0	0	•	0
17. Examining rooms are adequately sized and have adequate equipment	0	0	0	0	•	0
18. The office is clean and in good repair	0	0	0	0	•	0
19. The office provides adequate privacy	0	0	0	0	•	0
How do you feel that your surgeon runs his or her practice? Telephone:						
20. I can reach the office by phone during the day	0	0	0	0	•	0
21. In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	0	0	0	0	0	0
22. My messages are returned	0	0	0	0	4	0
The Staff:						
23. Is very capable	0	0	0	0	•	0
24. Is helpful and pleasant	0	0	0	0		0
25. Is respectful of patients	0	0	0	0	•	0
26. Behaves in a professional manner	0	0	0	0	•	0
27. Works well with my surgeon	0	0	0	0	•	0
28. Prevents patients from hearing confidential information about other patients	0	0	0	0	(0
Office Practices:						
29. I receive an appropriate explanation if my appointment is delayed	0	0	0	0	•	0
30. When asked, my surgeon provides insurance and medicolegal reports	0	0	O	0	•	0
31. When asked, my surgeon provides copies of files or letters	0	0	0	0	•	0
32. I am advised of results of tests and x-rays	0	0	0	0	②	0
33. My surgeon arranges appointments with other specialists when necessary	0	0	0	0	6	0
34. Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	0	•
35. I am told what to do if my problems do not get better	0	0	0	0	•	0
General:						
36. I am asked about prescription and non-prescription medication I may be taking	0	0	0	0	•	0
37. My surgeon has printed health information available	0	0	0	0	•	0
38. I would go back to this surgeon	0	0	0	0	•	0
39. I would send a friend to this surgeon	0	0	0	0	9	0
entransport of the second of t	_	-	-	-	-	



S	urgeon: Mr. John Rogers M.D., F	R.C.S.	11				by filling i	n the bubbl	
Α.	Your Gender: O Male O Fem	ale	c	Over	the last	five vea	rs how	often ha	ave
В.	Your Age: C Less than 1 year	○ 25-34 years		you s	seen this	doctor?	•		
	○ 1-5 years	ର୍ଚ୍ଚ 35-44 years		() Оп	ce	∲ 2-3 t	imes	00/	ver 3 times
	○ 6-10 years	○ 45-54 years	D.		=	is mainly			
	○ 11-15 years	○ 55-64 years		Ø Ne	w concerr	n () Ongo	oing cond	pern ()Ex	amination
	○ 16-24 years	○ 65 years and over	E. This questionnaire is being completed Self (patient) Caregiver/Parent						d by:
This	erpretation of the Rating Scale s form is used by a variety of patie NOT relevant to you, mark these!			ns may	be relev	ant to you	. If any c	of these ite	
	cate how much you agree with eac			itrongly isagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
stat	ements using the scale on the righ	t.		1	2	3	4	5	UA
Ba	sed on the MOST RECENT VI							y.	
1	My surgeon explained my conditi	on to me satisfactorily		0	0	O	0	Ø.	0
2	Before booking my surgery, procedure thoroughly in language				O	0	0	Ø'	0
3	Before booking my surgery alternatives thoroughly in language			0	0	0	0	ø'	0
4.	My surgeon explained what could be	e done if my illness was to recur		O	0	0	0	ø'	0
5	My surgeon or his/her staff exp for follow-up care	lained when to return		0.	O	0	0	0	ତ
6	My surgeon or nis/her staff pronou and when to take my medici			0	O	0	0	and d	0
7.	My surgeon told me of side effec	ts of the treatment		0	0	0	0	ø.	0
ho	sed on ALL OF YOUR VISITS w do you feel about your sur havior towards you? My surg	geon's attitude and							
8	Spends enough time with me			0	0		0	ď	. 0
9	Shows interest in my problems			0	0	Ö	O	Ø	; 0
10	Asks appropriate details about m	y personal history		0	0	0.12	0	Ø	0
11	Answers my questions well			0	0	0	0	<u>ර</u>	0
12	Examines me appropriately for m	ny problems		0	0		0	8	0
13	Treats me with respect			0	0	0	0	6	0
14	Talks with me about treatment pl	ans and alternatives		0	0	0	0	S.	0

Page 1 of 2

Please turn

to page 2

		Strongly Disagree	Disagree 2	Neutral	Agree 4	Strongly Agree 5	Unable to Assess UA
	to such at a tomor to hour your our good office						
15	te each statement about your surgeon's office. The office is easily accessible (e.g. parking, wheelchair letc.)	0	0	0.	0	ø'	0
			-			 .#	-
16	The office has sufficient waiting areas	0	0	0	0	Ø.	0
17.	Examining rooms are adequately sized and have adequate equipment	0	0	0	0	Ø	\circ
18.	The office is clean and in good repair	0	0	0	0	ø′	0
19	The office provides adequate privacy	0	0	0	0	ල්	0
	w do you feel that your surgeon runs his or her practice? lephone:						
20	I can reach the office by phone during the day	0	0	0	0	Ø	0
21	In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	0	0	0	0	Ø	0
22.	My messages are returned		0	0	0	Ó	0
Th	e Staff:						
23.	Is very capable	0	0	\bigcirc	0	ď	О
24.	is heipful and pleasant	0	0	0	0	ø'	0
25.	Is respectful of patients	0	0	0	0	ତ ି	0
26	Behaves in a professional manner	0	0	0	0	୍ ସଂ	0
2.7	Works well with my surgeon		0	0	\circ	0	9
28	Prevents patients from hearing confidential information about other patients	0	0	0	0	0	©
Of	fice Practices:						
29	I receive an appropriate explanation if my appointment is delayed		0	0	0		
30.	When asked my surgeon provides insurance and medicolegal reports	0	0	0	0	ର୍ଷ	0
31	When asked my surgeon provides copies of files or letters	O	\circ	O	0	ø'	0
32	Fam advised of results of tests and x-rays	0	0	0	0	ල්	0
33.	My surgeon arranges appointments with other specialists when necessary	O	0	0	0	ø'	0
34.	Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	0	Ø [*]
35	Fam told what to do if my problems do not get better	0	0	0	0	Ø	0
G	eneral:						
36	I am asked about prescription and non-prescription medication I may be taking	O		0	0	©	0
37	My surgeon has printed health information available	0	0	0	\circ	0	, Ø
38	i would go back to this surgeon	0	0	0	0	ď	0
39	I would send a friend to this surgeon	0	0	0	0	o/	0



s	Surgeon: Mr. John Rogers M.D., F	.R.C.S	11	Please like this	indicate yo	-	by filling		
Inte	Your Gender: Male O Femaler Your Age: O Less than 1 year O 1-5 years O 6-10 years O 11-15 years O 16-24 years Perpretation of the Rating Scale of sorm is used by a variety of patient NOT relevant to you, mark these "I cate how much you agree with each	O 25-34 years O 35-44 years ● 45-54 years O 55-64 years O 65 years and over ts, therefore, not all of the following the state of the	D. E. ng iten	you: O Or Toda Ne This	y's visit w concerr question	o doctor? O 2-3 to see the control of the control	r for: oing con- being o giver/Pare	cern OE	ver 3 times camination ed by:
	statements using the scale on the right.				2	3	4	5	UA
Ba :	sed on the MOST RECENT VIS My surgeon explained my condition	· ·		0	0	0	0	•	0
2.	Before booking my surgery, reprocedure thoroughly in language			0	0	0	0	•	0
3.	Before booking my surgery, alternatives thoroughly in languag			0	0	0	0	•	0
4.	My surgeon explained what could be	e done if my illness was to recur		0	0	0	0	•	0
5.	My surgeon or his/her staff expla for follow-up care	ained when to return		0	0	0	0	•	0
6.	My surgeon or his/her staff proving how and when to take my medicing			0	0	0	0	•	0
7.	My surgeon told me of side effects	s of the treatment		0	0	0	0	•	0
ho	sed on ALL OF YOUR VISITS w do you feel about your surg havior towards you? My surg	jeon's attitude and					***************************************		
8.	Spends enough time with me			0	0	0	0	•	0
9.	Shows interest in my problems			0	0	0	0	•	0
10.	Asks appropriate details about my	personal history		0	0	0	0	•	0
11.	Answers my questions well			0	0	0	0	•	0
12.	Examines me appropriately for my	problems		0	0	0	0	•	0
13.	Treats me with respect			0	0	0	0	•	0
14.	Talks with me about treatment pla	ns and alternatives		0	0	0	0	•	0
		Please turn o page 2 Page 1 of 2							

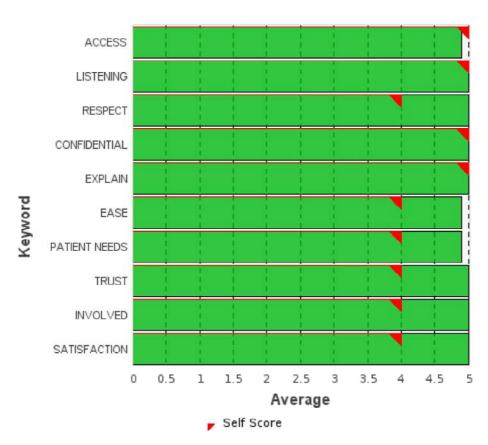
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
		1	2	3	4	5 5	UA
Ra	te each statement about your surgeon's office.						
15.	The office is easily accessible (e.g. parking, wheelchair, etc.)	0	0	0	0	•	0
16.	The office has sufficient waiting areas	0	0	0	0	•	0
17.	Examining rooms are adequately sized and have adequate equipment	0	0	0	0	•	0
18.	The office is clean and in good repair	0	0	0	0		0
19.	The office provides adequate privacy	0	0	0	0		0
	w do you feel that your surgeon runs his or her practice? ephone:						
20.	I can reach the office by phone during the day	0	0	0	0	•	0
21.	In an emergency situation, my surgeon's office provides me with clear instructions on what I am to do	0	0	0	0	•	0
22.	My messages are returned	0	0	0	0	•	0
The	e Staff:						
23.	Is very capable	0	0	0	0		0
24.	Is helpful and pleasant	0	0	0	0	•	0
25.	Is respectful of patients	0	0	0	0	•	0
26.	Behaves in a professional manner	0	0	0	0	•	0
27.	Works well with my surgeon	0	0	0	0		0
28.	Prevents patients from hearing confidential information about other patients	0	0	0	0	•	0
Off	ice Practices:						
29.	I receive an appropriate explanation if my appointment is delayed	0	0	0	0	•	0
30.	When asked, my surgeon provides insurance and medico- legal reports	0	0	0	0	•	0
31.	When asked, my surgeon provides copies of files or letters	0	0	0	0		0
32.	I am advised of results of tests and x-rays	0	0	0	0	•	0
33.	My surgeon arranges appointments with other specialists when necessary	0	0	0	0	•	0
34.	Someone from my surgeon's office follows-up on any serious problems I may have	0	0	0	0	•	0
35.	I am told what to do if my problems do not get better	0	0	0	0	•	0
Ge	neral:						
36.	I am asked about prescription and non-prescription medication I may be taking	0	0	0	0	•	0
37.	My surgeon has printed health information available	0	0	0	0	•	0
38.	I would go back to this surgeon	0	0	0	0	•	0
39.	I would send a friend to this surgeon	0	0	0	0	٠	0



Patient/User Feedback - 28/01/2015

Your Result

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

Question 1:Did I or my colleagues provide appropriate treatment for

you when you required it?

Average: 4.9

Suggestion: Appears satisfactory currently.

Comment: Very professional an high quality treatment quick results.

Comment: Always able to get a prompt appointment

Comment: Nurse at hospital gave me paracetamol in tablets instead of soluble

Comment: Very informative and extremely open communication.

Keyword: Listening

Question 2:Did I listen carefully to you? Average: 5

Suggestion: Appears satisfactory currently.

Comment: Indeed

Comment: Listened to everything I said.

Keyword: Respect

Question 3:Did I treat you politely with respect and dignity?

Average: 5

Suggestion: Appears satisfactory currently.

Comment: consistently.

Keyword: Confidential

Question 4:Did I keep your personal information confidential?

Average: 5

Suggestion: Appears satisfactory currently.

Comment: Any information that needed to be discussed with family was cleared with me

Comment: I think so.

Keyword: Explain

Question 5:Did I explain your condition & treatment to you? Average: 5

Suggestion: Appears satisfactory currently.

Comment: Simple pedagogical and detailed explanation of all details.

Comment: Understood all of what was said to me.

Keyword: Ease

Question 6:Did you feel enough at ease to raise all the concerns you

might have?

Suggestion: Appears satisfactory currently.

Average: 4.9

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

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Need Help?