

Emory Family Medicine Patient Survey

Name of the doctor you saw today: _____ Today's Date: _____

	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4	Exceptional 5	Cannot Evaluate N/A
1. My doctor showed a caring, concerned attitude.	1	2	3	4	5	N/A
2. I have confidence in my doctor's recommendations, and I was involved in the decisions.	1	2	3	4	5	N/A
3. My doctor took the time to discuss things with my family and me.	1	2	3	4	5	N/A
4. I am comfortable with my doctor's medical knowledge and skills.	1	2	3	4	5	N/A
5. My doctor has established a trusting relationship with me.	1	2	3	4	5	N/A
6. My doctor listens to me and seems to understand my questions and concerns.	1	2	3	4	5	N/A
7. My doctor shows me respect and compassion.	1	2	3	4	5	N/A
8. I am comfortable that my doctor will keep sensitive issues confidential.	1	2	3	4	5	N/A
9. My doctor is sensitive to issues of age, culture and gender.	1	2	3	4	5	N/A
10. I believe that my doctor is on my side and has my interests as a priority.	1	2	3	4	5	N/A

Comments: (Please use back of paper if needed)

THANK YOU!! PLEASE LEAVE YOUR SURVEY WITH THE FRONT DESK STAFF.