

**YALE UNIVERSITY
SCHOOL OF MEDICINE
SECTION OF NEPHROLOGY**

PATIENT SURVEY

Please complete this survey regarding your physician care provider in clinic and return in the attached envelope.

Please answer the following questions regarding the physician who provided your care today. Circle the appropriate number that best describes your experience.

Name of physician _____

	very poor	poor	fair	good	very good
1. Friendliness/courtesy of the care provider	1	2	3	4	5
2. Explanations the care provider gave you about your problem or condition	1	2	3	4	5
3. Concern the care provider showed for your questions or worries	1	2	3	4	5
4. Care provider's efforts to include you in decisions about your treatment	1	2	3	4	5
5. Information the care provider gave you about medications (if any)	1	2	3	4	5
6. Instructions the care provider gave you about follow-up care (if any)	1	2	3	4	5
7. Degree to which care provider talked with you using words you could understand	1	2	3	4	5
8. Amount of time the care provider spent with you	1	2	3	4	5
9. Your confidence in this care provider	1	2	3	4	5
10. Likelihood of your recommending this care provider to others	1	2	3	4	5

Comments (describe good or bad experience): _____

