

## Evaluation of Competencies by patient - Draft

We here at the Mayo Thunderbird Family Practice Center are dedicated to continually improving our delivery of the highest quality health care possible. As a part of these efforts, we value your opinion regarding certain aspects of your visit with Dr. \_\_\_\_\_ today. This survey is completely anonymous and your name will never appear on any form connected with this survey process. After you have answered the questions, please leave the form with the nurse or at the front desk. We sincerely appreciate your participation in this effort.

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| 1. Do you feel your conversations with your doctor today helped you develop an effective doctor-patient relationship? Things to consider include whether or not the doctor seemed interested in what you were saying and got to know you as an individual. <i>(IS-3)</i> | N/A | YES | NO |
| 2. Do you feel the doctor you met with today understood and acknowledged the main purpose(s) for today's visit? <i>(CA-1)</i>  | N/A | YES | NO |
| 3. Did the physician you met with today address the most important problem(s) that brought you to the doctor today? <i>(CA-5)</i>  | N/A | YES | NO |
| 4. Do you understand you're doctor's explanation of your problem? <i>(CA-5)</i>  | N/A | YES | NO |
| 5. Did the physician explain the methods and plan for evaluating the problem(s)? <i>(CA-7)</i>   | N/A | YES | NO |
| 6. If additional tests were ordered today, do you understand what the tests are and why the physician feels they are needed? <i>(CA-2)</i>   | N/A | YES | NO |
| 7. If additional tests, consultations or office visits are required to evaluate your problem, do you understand why they are necessary? <i>(CA-6)</i>  | N/A | YES | NO |
| 8. If additional tests, consultations or office visits are required to evaluate your problem, do you agree with the need for them and find them to be acceptable? <i>(CA-6)</i>  | N/A | YES | NO |
| 9. If you received prescriptions today, do you understand why you are to take the medication, how you should take it, and for how long? <i>(CA-7)</i>  | N/A | YES | NO |
| 10. Do you understand the details of the plans for follow-up (timing of future visits, additional testing, how you will obtain your test results)? <i>(CA-10)</i>  | N/A | YES | NO |
| 11. Do you agree with the follow-up plans that have been outlined today? <i>(CA-10)</i>  | N/A | YES | NO |