**HOW ARE WE DOING?**

We would like to ask you a few questions about the care we have provided today. Your responses will help us continue to give you the best possible care.

**Dr. Porter’s Office and Staff**

***1. Likelihood of recommending Dr. Porter to family and friends***

Least likely -- Most likely

1 2 3 4 5

***2. Ease of scheduling urgent appointments***

Fair -- Excellent

1 2 3 4 5

***Office environment, cleanliness, comfort, etc.***

Fair -- Excellent

1 2 3 4 5

***Staff friendliness and courteousness***

Fair -- Excellent

1 2 3 4 5

***Total Wait Time***

Fair -- Excellent

1 2 3 4 5

***Experience With Dr. Porter***

**Level of trust in Dr. Porter’s decisions**

Fair -- Excellent

1 2 3 4 5

**How well Dr. Porter explained your medical condition.**

Fair -- Excellent

1 2 3 4 5

**How well Dr. Porter listened and answered your questions.**

Fair -- Excellent

1 2 3 4 5

**Spent an appropriate amount of time with you.**

Fair -- Excellent

1 2 3 4 5

**Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Patient Name:**­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_