

Eastern Shore Primary Care Patient Satisfaction Survey

7. Did you have an adequate amount of time with your physician?

1 2 3 4 5

8. Did your physician listen carefully to your concerns?

1 2 3 4 5

9. Were your questions answered and explained in way that was easy to understand?

1 2 3 4 5

10. Do you understand the follow-up information and care provided (*if any*)?
(ie. test results, medications, care instructions, checkup appointments)

1 2 3 4 5

11. How likely are you to refer a friend?

1 2 3 4 5

12. Overall, how satisfied were you with your visit?

1 2 3 4 5

ADDITIONAL COMMENTS: