



1. Would you prefer that your answers remain anonymous or do you grant permission to directly attribute your responses?

I prefer that all of my responses remain anonymous.

I'm okay with my responses being attributed to me, specifically.

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2. Did you see **Thomas Jefferson, M.D.** at your visit on **10/20/2022**?

Yes, I saw **Thomas Jefferson, M.D.** at this appointment

No, my appointment was with a different doctor or provider

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3. Please rate how well **Thomas Jefferson, M.D.** did in the following area during your visit:

Balancing personal interaction with using a laptop or computer

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

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4. Please rate how well **Thomas Jefferson, M.D.** did in the following area during your visit:

Spending as much time with you as you feel you need

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

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5. Please rate how well **Thomas Jefferson, M.D.** did in the following area during your visit:

Listening carefully and respectfully to you

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

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6. Please rate how well **Thomas Jefferson, M.D.** did in the following area during your visit:

Informing you about any necessary follow-up care

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

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7. Please rate how well **Thomas Jefferson, M.D.** did in the following area during your visit:

Explaining things in a way that is easy to understand

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

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8. Please rate how well **Thomas Jefferson, M.D.** did in the following area during your visit:

Involving you in making decisions about your health

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

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9. Please rate how well **Thomas Jefferson, M.D.** did in the following area during your visit:

Providing details about new medications prescribed

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

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10. Please rate how well **Thomas Jefferson, M.D.** did in the following area during your visit:

Focused on achieving my treatment plan goals

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

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11. Please rate how well **Thomas Jefferson, M.D.** did in the following area during your visit:

Shared enough information needed to manage your condition

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

12. Using a scale from 0 to 10, how would you rate **Thomas Jefferson, M.D.**?

0	1	2	3	4	5	6	7	8	9	10
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Worst Best

13. Using a scale from 0 to 10, how likely would you be to recommend **Thomas Jefferson, M.D.** to others?

0	1	2	3	4	5	6	7	8	9	10
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Not at all likely Extremely likely

14. Please provide any comments you would like to make concerning **Thomas Jefferson, M.D.** and click the **NEXT** button to continue (You may have to scroll). **\*\*PLEASE NOTE:** If you have questions about your medical care, please contact the office directly.

Enter comments here

Check this box if you would like someone at our office to contact you to discuss this specific comment. Any

other answers you have provided will still remain anonymous.

**\*\*PLEASE NOTE: If you have questions about your medical care, please contact the office directly. If you are having a medical emergency, please call 911.**

15. How many minutes did you wait between your **scheduled appointment time** and when you were seen by your doctor or provider?

5 minutes or less

6-15 minutes

16-30 minutes

31-45 minutes

Over 45 minutes

16. Please rate **Anywhere Medical Associates** in each area for your visit on **10/20/2022**:

Ease of scheduling this appointment

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

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17. Please rate **Anywhere Medical Associates** in each area for your visit on **10/20/2022**:

Ability to communicate with the practice on the phone

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

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18. Please rate **Anywhere Medical Associates** in each area for your visit on **10/20/2022**:

Maintaining patient privacy throughout this visit

Excellent

Very good

Good

Fair



Poor

N/A - Does not apply

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19. Please rate **Anywhere Medical Associates** in each area for your visit on **10/20/2022**:

Being informed about any delays during this visit

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

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20. Please rate **Anywhere Medical Associates** in each area for your visit on **10/20/2022**:

Having a comfortable and pleasant waiting area

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

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21. Please rate **Anywhere Medical Associates** in each area for your visit on **10/20/2022**:

You feel safe at the practice

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

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22. Please rate **Anywhere Medical Associates** in each area for your visit on **10/20/2022**:

The hours at **Anywhere Medical Associates** work for me

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

23. When you needed an urgent appointment did you get one as soon as you needed?

Yes

No

24. Please add additional information on why you selected 'No' and click the **NEXT** button to continue (You may have to scroll).

Enter comments here

Check this box if you would like someone at our office to contact you to discuss this specific comment. Any other answers you have provided will still remain anonymous.

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25. When you needed a routine appointment did you get one as soon as you needed?

Yes

No

26. Please add additional information on why you selected 'No' and click the **NEXT** button to continue (You may have to scroll).

Enter comments here

Check this box if you would like someone at our office to contact you to discuss this specific comment. Any other answers you have provided will still remain anonymous.

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27. Were your treatment goals and needs met through the care received?

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

28. If my provider left the practice, I was informed about their departure.

Yes

No

29. Please add additional information on why you selected 'No' and click the **NEXT** button to continue (You may have to scroll).

Enter comments here

Check this box if you would like someone at our office to contact you to discuss this specific comment. Any other answers you have provided will still remain anonymous.

**\*\*PLEASE NOTE: If you have questions about your medical care, please contact the office directly. If you are having a medical emergency, please call 911.**

30. Using a scale from 0 to 10, how likely would you be to recommend **Anywhere Medical Associates** to others?

0

1

2

3

4

5

6

7

8

9

10

Not at all likely

Extremely likely

31. How would you rate your overall health?

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

32. Please provide any additional comments or suggestions on improvements you would like to make concerning **Anywhere Medical Associates** and our staff, click the **NEXT** button to submit the survey(You may have to scroll). **\*\*PLEASE NOTE: If you have questions about your medical care, please contact the office directly.**

Enter comments here

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**\*\*PLEASE NOTE: If you have questions about your medical care, please contact the office directly. If you are having a medical emergency, please call 911.**

Submit