



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.

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

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

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

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

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

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

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

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

10. 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

11. 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

12. 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.

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13. 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

14. 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

15. 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

16. 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

17. 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

18. 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

19. Please tell us how much you **agree or disagree** with each statement about your visit:

Each member of my care team identified themselves and their role in my care

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

20. Please tell us how much you **agree or disagree** with each statement about your visit:

The practice worked with my other doctors and providers to coordinate my care effectively

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

21. Please tell us how much you **agree or disagree** with each statement about your visit:

Nursing staff was respectful and courteous

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

22. Please tell us how much you **agree or disagree** with each statement about your visit:

Phone and scheduling staff were respectful and courteous

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

23. Please tell us how much you **agree or disagree** with each statement about your visit:

The doctors, nurses, and other staff did a good job coordinating care during my visit

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

24. Please tell us how much you **agree or disagree** with each statement about your visit:

Check-in staff were respectful and courteous

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

25. Please tell us how much you **agree or disagree** with each statement about your visit:

The staff clearly explained the details of any procedures

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

26. Please tell us how much you agree or disagree with each statement about your visit at **Anywhere Medical Associates**:

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

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

27. Please tell us how much you agree or disagree with each statement about your visit at **Anywhere Medical Associates**:

Anywhere Medical Associates helps me make healthy lifestyle choices

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

28. Please tell us how much you agree or disagree with each statement about your visit at **Anywhere Medical Associates**:

If your Provider referred you to a specialist in the past, you were happy with the care provided by the specialist?

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

29. Please tell us how much you agree or disagree with each statement about your visit at **Anywhere Medical Associates**:

I was able to make a same day appointment when sick or hurt

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

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

Yes

No

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

Enter comments here

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

Yes

No

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

Enter comments here

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

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

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

Yes

No

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

Enter comments here

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37. 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
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Not at all likely

Extremely likely

38. 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.**

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