

Gender:     Male     Female

Age:

- Less than 1     19-45  
 1-5     46-65  
 6-10     66 and over  
 11-18

This questionnaire is being completed by:

- Self (patient)  
 Caregiver/parent/significant other on behalf of the patient

Physician's Name: Dr.

**Marking Instructions**

Please indicate your answer by filling in the bubbles like this, ● **not** like ⊗ or ✓. Thank you!

**Interpretation of the Rating Scale**

This form is used by a variety of patients, therefore, not all of the following items may be relevant or applicable to you. If any of these items are **NOT** relevant or applicable to you, mark these "Unable to Assess/Not Applicable".

Indicate how much you agree with the statements on the left side of the page using the following scale.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess/Not Applicable UA/NA
	1	2	3	4	5	
1. Listened to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Showed interest in my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Answered my questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Respected my privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Treated me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Helped me with my fears and worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Asked appropriate questions about my problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Examined me appropriately for my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Explained any test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Explained my illness or concern to me clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Explained my follow-up plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Told me what to do if my problems do not get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Talked to me about preventative care (e.g., quitting smoking, weight control, sleeping, alcohol, exercise, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Suggested appropriate educational resources (e.g., web sites, brochures, patient support groups, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Helped me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I would be happy to see this physician again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>