

**University of California, San Francisco
Department of Internal Medicine Residency and Fellowship Programs
Patient Survey of Physician**

Dear Sir/Madam: Thank you for taking time to complete this survey. We will use these surveys to give feedback to our residents and fellows on how they are caring for their patients. Multiple patients are being asked to complete an evaluation for each physician and a summary will be available to each resident/fellow and his/her supervisor. The surveys are therefore anonymous.

Physician's Name: _____

Date: _____

1	Are you a patient _____ or a patient caregiver _____ ? (please check one)						
Please circle the choice on the right of the statements that best describes your thoughts about this physician.							
	How is this doctor at . . .						
2	Being truthful, upfront, and frank; not keeping things from you that you should know	Poor	Fair	Good	Very Good	Excellent	Unable to Evaluate
3	Letting you tell your story; listening carefully; asking thoughtful questions; not interrupting you while you're talking	Poor	Fair	Good	Very Good	Excellent	Unable to Evaluate
4	Showing interest in you as a person; not acting bored or ignoring what you have to say	Poor	Fair	Good	Very Good	Excellent	Unable to Evaluate
5	Discussing choices with you; asking your opinion; offering choices and letting you help decide what to do; asking what you think before telling you what to do	Poor	Fair	Good	Very Good	Excellent	Unable to Evaluate
6	Encouraging you to ask questions; answering them clearly; never avoiding your questions	Poor	Fair	Good	Very Good	Excellent	Unable to Evaluate
7	Explaining what you need to know about your problems, how and why they occurred, and what to expect next	Poor	Fair	Good	Very Good	Excellent	Unable to Evaluate
8	Using words that you can understand when explaining your problems and treatment; explaining any technical medical terms in plain language	Poor	Fair	Good	Very Good	Excellent	Unable to Evaluate
9	Overall rating of the physician	Poor	Fair	Good	Very Good	Excellent	Unable to Evaluate
10	Would you recommend this physician to a friend?	No	Yes				
General Comments (please print any comments here)							

Please return the completed evaluation to (1) Education Programs Office, UCSF DOM, 505 Parnassus Avenue, San Francisco, CA 94143-0120 (postal) or to (2) Education Programs Office, Department of Medicine, Box 0120 (campus). Faxed versions of the evaluation will not be accepted.