At the University of Nevada School of Medicine, we are committed to training the next generation of Nevada’s Internal Medicine Physicians. As a patient we value your opinion about your experience here at the University Health Systems primary care clinic.

Please answer the questions below to the best of your ability. Answers will be held strictly anonymous and will be used for teaching purposes only.

Please circle your answer.

1) Do you feel that your primary care physician addressed your needs today in clinic?
   a. Yes
   b. No

2) Do you feel that your needs between clinic visits (prescription refills, questions...etc) are met in a timely fashion?
   a. Yes
   b. No

3) In general (not specific to today’s visit), do you feel that your physician can communicate effectively with you and that he/she understands the reason for your visits?
   a. Yes
   b. No

4) Are you confident in your physician’s ability to diagnose and treat your ongoing medical problems?
   a. Yes
   b. No

5) Would you recommend your physician to a family member or friend?
   a. Yes
   b. No

6) Does your physician conduct themselves in a professional manner during your clinic visits?
   a. Yes
   b. No

7) Overall, how would you rate your physician’s ability to care for you as your primary care physician? (please circle a number between 1 and 5)

   1           2           3           4           5
   Unsatisfactory          Satisfactory          Excellent

Other Comments: _____________________________________________________________
                  _____________________________________________________________
                  _____________________________________________________________