

Doctor Visit Survey

VBF would like to assess your visit(s) or communication(s) with any doctor(s) regarding your quest to learn about a birthmark type, treatment options or prognosis. You do not have to put your name on this survey, but you need to put the name of the doctor(s) on the survey so that we may assess the quality of information that was provided to you and the manner in which it was provided. We will be sharing this information with the doctor(s) so that they can evaluate their manner of presenting this information to families affected by a vascular birthmark and the quality of that information. We believe that the doctors need to know how the families feel about their visits. We hope that based on the findings, they will view this as an improvement opportunity. We also want to use this as an opportunity to share with doctors who are doing an outstanding job. We ask that you fill out one survey for each doctor that you have seen. If you cannot remember the exact date of a visit, put the closest month and year that you can remember. If you had multiple appointments with this doctor please base your responses on your general experience with this doctor. If the experiences differed drastically for each appointment, please fill out a separate survey for each appointment you wish to evaluate. Fill out as much information about the name and location of the doctor as possible. Results will not be shared publicly, but will be shared with the individual doctors.

Approximate appointment: ____/____/____

Name of Doctor _____ (if it was a team, list only the doctors you are reporting about and if you are reporting about more than one, fill out a separate survey for each doctor.)

Address of Doctor: _____

Phone for Doctor: _____

City/State/Zip _____

Hospital/Clinic associated with _____

Experience regarding scheduling the appointment:

1. When you first located this doctor, how long did you have to wait for an appointment?
Less than one week ____ one week to two weeks ____ two weeks to one month ____ several months ____
more than 3 months ____

2. Was the person who answered the phone and scheduled your appointment helpful?

1__ Not at all 2__ Some what 3__ Neutral 4 __ Very 5__ Not Applicable

3. Was the office staff helpful with your referral and insurance requirements?

1__ Not at all 2__ Some what 3__ Neutral 4 __ Very 5__ Not Applicable

4. Were the staff members that checked you in helpful and polite?

1__ Not at all 2__ Some what 3__Neutral 4 __ Very 5__ Not Applicable

Experience regarding the doctor's bedside manner:

1. Was the doctor kind and courteous?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very 5__ Not Applicable

2. Did the doctor put you at ease?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very satisfied 5__ Not Applicable

3. Did the doctor speak to you in a respectful (not condescending) manner?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very respectful 5__ Not Applicable

4. Did you feel like the doctor understood your concerns?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very well 5__ Not Applicable

Experience regarding information about the birthmark:

1. Did the doctor explain to you what the birthmark was in a way that you could understand?

1__ Not at all 2__ Somewhat 3__Neutral 4 __Very well 5__ Not Applicable

2. Did the doctor give you a chance to ask questions about the birthmark?

1__ Not at all 2__ Some time 3__Neutral 4 __ A lot of time 5__ Not Applicable

3. Did the doctor answer all your questions to your satisfaction?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very satisfied 5__ Not Applicable

Experience regarding the discussion of treatment options:

1. Did the doctor explain to you the various treatment options and the repercussions of those options?

1__ Not at all 2__ Somewhat 3__Neutral 4 __Very satisfied 5__ Not Applicable

2. Did the doctor give you a chance to ask questions about the options?

1__ Not at all 2__ Some time 3__Neutral 4 __ A lot of time 5__ Not Applicable

3. Did the doctor allay your fears about treatment versus non-treatment and help you understand your choices?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very satisfied 5__ Not Applicable

4. Did the doctor suggest you get other opinions regarding treatment?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very satisfied 5__ Not Applicable

5. Did the doctor provide examples of other patients treated with similar birthmarks?

1__ Not at all 2__ Somewhat 3__Neutral 4 __Very satisfied 5__ Not Applicable

6. Did the doctor explain what to expect before and after treatment?

1__ Not at all 2__ Somewhat 3__Neutral 4 __Very satisfied 5__ Not Applicable

Did the doctor explain to you what the expected outcome for treatment would be?

1__ Not at all 2__ Somewhat 3__Neutral 4 __Very satisfied 5__ Not Applicable

7. Was the doctor open to reviewing or listening about any treatment options you found?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very open 5__ Not Applicable

8. Was the doctor open to hearing about other specialists and their expertise in treatment?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very open 5__ Not Applicable

9. Did you feel like you understood your options before you left the visit?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very satisfied 5__ Not Applicable

10. Did the doctor tell you to call him/her back if you had any other problems or concerns?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very satisfied 5__ Not Applicable

11. Did the doctor tell you that s/he would give you a referral if needed?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very satisfied 5__ Not Applicable

12. Did the doctor ask for permission to take pre and post treatment pictures and to use them for research and/or education purposes?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very satisfied 5__ Not Applicable

Experience During Treatment Period:

1. Was your doctor available for your questions or comments?

1__ Not at all 2__ Some what 3__Neutral 4 __ Very satisfied 5__ Not Applicable

2. Did the doctor listen to your concerns?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very satisfied 5__ Not Applicable

3. Did treatment happen as you had discussed?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very satisfied 5__ Not Applicable

4. Was your child's case handled properly?

1__ Not at all 2__ Somewhat 3__Neutral 4 __ Very satisfied 5__ Not Applicable

Experience regarding post treatment or follow up:

1. Did the doctor discuss whether the post treatment results were expected results or not?
1__ Not at all 2__ Somewhat 3__ Neutral 4 __ Very satisfied 5__ Not Applicable

2. Did your doctor do follow up visits or calls?
1__ Not at all 2__ Somewhat 3__ Neutral 4 __ Very satisfied 5__ Not Applicable

3. Did the doctor give you a chance to ask questions about what occurred post treatment?
1__ Not at all 2__ Somewhat 3__ Neutral 4 __ Very satisfied 5__ Not Applicable

4. Did the doctor suggest seeking a second opinion?
1__ Not at all 2__ Somewhat 3__ Neutral 4 __ Very satisfied 5__ Not Applicable

5. Do you feel the results were what you expected?
1__ Not at all 2__ Somewhat 3__ Neutral 4 __ Very satisfied 5__ Not Applicable

General Experience:

1. Would you recommend this doctor to other parent's seeking treatment?
1__ Not at all 2__ Somewhat 3__ Neutral 4 __ Very often 5__ Not Applicable

2. Would you recommend the hospital/clinic to other parents?
1__ Not at all 2__ Somewhat 3__ Neutral 4 __ Very often 5__ Not Applicable

3. Did the doctor speak respectfully about all physicians in his/her field?
1__ Not at all 2__ Somewhat 3__ Neutral 4 __ Always 5__ Not Applicable

COMMENTS: