These questions are about the quality of the health care services you are currently receiving. All of your responses will be kept confidential. Please mark one answer for each of the following questions.

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| --- | --- | --- | --- | --- | --- |
|  | **Physician Communication** | **No, not at all** | **Yes, but not as much as I wanted** | **Yes, almost as much as I wanted** | **Yes, and as much as I wanted** |
| TS9 | Did your doctor(s) give explanations that you could understand? | 0 | 1 | 2 | 3 |
| TS10 | Did your doctor(s) explain the possible benefits of your treatment? | 0 | 1 | 2 | 3 |
| TS11 | Did your doctor(s) explain the possible side effects or risks of your treatment? | 0 | 1 | 2 | 3 |
| TS12 | Did you have an opportunity to ask questions? | 0 | 1 | 2 | 3 |
| TS13 | Did you get to say the things that were important to you? | 0 | 1 | 2 | 3 |
| TS14 | Did your doctor(s) seem to understand what was important to you? | 0 | 1 | 2 | 3 |
| TS15 | Did your doctor(s) show genuine concern for you? | 0 | 1 | 2 | 3 |
| TS16 | Did your doctor(s) seem to understand your needs? | 0 | 1 | 2 | 3 |
| TS18 | Were you able to talk to your doctor(s) when you needed to? | 0 | 1 | 2 | 3 |
| TS27 | Were you encouraged to participate in decisions about your health care? | 0 | 1 | 2 | 3 |
| TS28 | Did you have enough time to make decisions about your health care? | 0 | 1 | 2 | 3 |
| TS30 | Did your doctor(s) seem to respect your opinions? | 0 | 1 | 2 | 3 |

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|  | **Treatment Staff Communication** | **No, not at all** | **Yes, but not as much as I wanted** | **Yes, almost as much as I wanted** | **Yes, and as much as I wanted** |
|  |
| TS19 | Did the treatment staff discuss how your health and treatment may affect your normal work (including housework)? | 0 | 1 | 2 | 3 |
| TS20 | Did the treatment staff discuss how your health and treatment may affect your normal daily activities? | 0 | 1 | 2 | 3 |
| TS21 | Did the treatment staff discuss how your health and treatment may affect your personal relationships? | 0 | 1 | 2 | 3 |
| TS22 | Did the treatment staff discuss how your health and treatment may affect you emotionally? | 0 | 1 | 2 | 3 |
|  | **Technical Competence** | **No, not at all** | **Yes, but not as much as I wanted** | **Yes, almost as much as I wanted** | **Yes, and as much as I wanted** |
| TS23 | Did you feel your doctor(s) had experience treating your illness? | 0 | 1 | 2 | 3 |
| TS24 | Did you feel your doctor(s) knew about the latest medical developments for your illness? | 0 | 1 | 2 | 3 |
| TS25 | Was the treatment staff thorough in examining and treating you? | 0 | 1 | 2 | 3 |

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|  | **Nurse Communication** | **No, not at all** | **Yes, but not as much as I wanted** | **Yes, almost as much as I wanted** | **Yes, and as much as I wanted** |
| TS31 | Did your nurse(s) give explanations that you could understand? | 0 | 1 | 2 | 3 |
| TS32 | Did your nurse(s) show genuine concern for you? | 0 | 1 | 2 | 3 |
| TS33 | Did your nurse(s) seem to understand your needs? | 0 | 1 | 2 | 3 |

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|  | **Confidence and Trust** | **No, not at all** | **Yes, but not as much as I wanted** | **Yes, almost as much as I wanted** | **Yes, and as much as I wanted** |
| TS34 | Did you feel that the treatment staff answered your questions honestly? | 0 | 1 | 2 | 3 |
| TS35 | Did the treatment staff respect your privacy? | 0 | 1 | 2 | 3 |
| TS36 | Did you have confidence in your doctor(s)? | 0 | 1 | 2 | 3 |
| TS37 | Did you trust your doctor(s)' suggestions for treatment? | 0 | 1 | 2 | 3 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Overall** | **No** | **Maybe** | **Yes** |
| TS38 | Would you recommend this clinic or office to others? | 0 | 1 | 2 |
| TS39 | Would you choose this clinic or office again? | 0 | 1 | 2 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** |
| TS40 | How do you rate the care you received? | 0 | 1 | 2 | 3 | 4 |

Thank you! Do you have any comments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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