

## PATIENT EXPERIENCE SURVEY

Which provider last saw your child? \_\_\_\_\_

Based on the last office visit, how satisfied are you with how that provider:

	Entirely	Mostly	A little	Not at All	N/A
Showed empathy for your child					
Spent time with your child					
Took your child seriously					
Encouraged and supported your child					
Had patience with your child					
Treated your child as an individual					
Has a relationship with your child that is appropriate for the child's age					
Provided information to my child that is appropriate for my child's development status					
Provided information to my child that is appropriate for my child's ability and willingness to absorb it					
Gave my child different choices of treatment					
Gave my child information on the pros and cons of different treatment choices					
Asked my child which treatment was preferred					
Involved my child in decision making when appropriate					
Provided me with information about my child's illness (as permitted by law)					
Informed me of treatment options					
Informed me of effects and side effects of medications					
Informed me of how to promote my child's health					
Gave clear, easy-to-understand information					
Was willing to collaborate with me					
Was willing to collaborate with other treatment facilities					
Was willing to refer my child to a specialist when needed					
Was thorough in examining my child					
Was thorough in addressing my concerns					

(Please see reverse)