



According to our Kaiser Permanente records, you recently visited the Behavioral Health Services clinician named in the enclosed letter. Please think about your visit with this clinician as you answer the questions below.

Please answer the following questions by filling in the bubble with a blue or black pen or pencil.

PROPER MARK

Please answer questions 1 – 7, thinking about your most recent visit with <<provider name>>.

How often did this clinician:	Never	Sometimes	Usually	Always
1. <u>Listen carefully to you?</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. <u>Explain things</u> in a way you could understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. <u>Spend enough time</u> with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Show <u>respect for what you had to say?</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you rate:	Poor	Fair	Good	Very Good	Excellent
5. How well this clinician <u>understood your concerns?</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The <u>length of time between visits</u> with this clinician? (If you have only seen this practitioner once, please skip)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. <u>Helpfulness</u> of the person you spoke with to schedule this visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer questions 8 – 12, thinking about all the visits you have had with <<provider name>>.

	Never	Seldom	Fairly Often	Very Often	Always
8. This clinician and I are <u>working toward mutually agreed upon goals</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel that this clinician <u>appreciates me</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I believe <u>the way we are working with my problem is correct</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. This clinician treats me with <u>caring and compassion</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How often did you feel <u>comfortable raising issues or concerns</u> you had about your counseling or treatment?... ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

