

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 but PROPER MARK	oble with a	blue or bl	ack pen c	or pencil.		
ase answer questions 1 – 7, thinking about your <u>most rec</u>	ent visit	with <<	provide	er name>	·>.	
How often did this clinician:		Sometimes		Usually	Always	
1. Listen carefully to you?	0	0		0	0	
2. Explain things in a way you could understand?	0			\circ	0	
3. Spend enough time with you?				\circ	0	
4. Show respect for what you had to say?	0	0		0	0	
How would you rate:	Poor	Fair	Good	Very Good	Excelle	
5. How well this clinician <u>understood your concerns?</u>	0	0	0	0	0	
6. The length of time between visits with this clinician? (If you						
have only seen this practitioner once, please skip))		0	0	0	0	
se answer questions 8 – 12, thinking about <u>all the visits</u>		e had w	ith < <pre>Fair</pre>			
	Never	Seldon			n Alway	
This clinician and I are <u>working toward mutually agreed</u> <u>upon goals</u>	0	С) (0	0	
9. I feel that this clinician appreciates me.	0	С) (0	0	
10. I believe the way we are working with my problem is correct	0	С) (0 0	0	
11. This clinician treats me with <u>caring and compassion</u>	0	С) (0 0	0	
12. How often did you <u>feel comfortable raising issues or concerns</u> you had about your counseling or treatment?	0	С) (0	C	

Continuing to think about your visits with this clinician:

6. Compared to we how would you would you will be seen as helpf. 16. Using any recounseling of the seen as helpf.	u rate your Below to checker ith courtill as you number	haviora -in staff tesy and ou thoug	olems ar al Heal f: d respec	nd symp	in the l	<u>w</u> ?	onths:	ver	Some	etimes		Always
How often did 14. Treat you w 15. Be as helpf 16. Using any r	checkeith cour ith cour iul as yo	-in staft tesy and ou thoug	f: <u>d respec</u> ght they	<u>ct</u> at che	ck-in?		<u>Ne</u>	0)		Always
14. Treat you w15. Be as helpf16. Using any r	ith <u>cour</u> ul as yo	tesy and thought	d respec					0)		Always
14. Treat you w15. Be as helpf16. Using any r	ith <u>cour</u> ul as yo	tesy and thought	d respec								0	0
16. Using any r	number	r from 0		should t	oe?			0				
) to 10								\circ	\circ
0			or trea		5	6			9	reatmeı 10))	
0	0	0	0	0	0	0	0	0	0	C)	
Is there anyt	hing el	lse you	u would	d like to	share	about y	our ex	perie	nce w	ith Beh	avioral H	lealth
Services?												
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Please send the completed survey back in the pre-paid envelope or mail to: Kaiser Foundation Health Plan of Washington **ATTN: Performance Reporting & Analysis** 2715 Naches Ave. SW, Mail Stop GSW-A3S05 **Renton, WA 98057**

All survey answers are confidential and will not be linked with your name or personal information. Data and comments are shared anonymously with health care providers to improve how we serve our patients.

Do not write below this line.