**Patient Survey**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_

1. How many minutes during your overall visit do you feel was spent with the Physician? Please give an estimated time in minutes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mins)

The following questions should be answered in reference to the **Physician** and how they have assisted with **Patient Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Agree | Strongly Agree |
| After this visit today, would you say the **Physician** helped you to completely understand the treatment plan for your current injury? |  |  |  |  |
| Do you feel that the **Physician** answered all of your questions pertaining to your medical issue? |  |  |  |  |

1. How many minutes during your overall visit do you feel was spent with the Athletic Trainer? Please give an estimated time in minutes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mins)

The following questions should be answered in reference to the **Athletic Trainer or Healthcare Professional** and how they have assisted with **Patient Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Agree | Strongly Agree |
| After this visit today, would you say the **Athletic Trainer** helped you to completely understand the treatment plan for your current injury? |  |  |  |  |
| Do you feel that the **Athletic Trainer** answered all of your questions pertaining to your medical issue? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Agree | Strongly Agree |
| **Prior** to this visit today, would you say you completely understood your current injury? |  |  |  |  |
| **After** this visit today, would you say you completely understand your current injury? |  |  |  |  |

Please designate a percentage of your total interaction time with both the **Physician** and the **Athletic Trainer /Healthcare Provider** (combined percentages must equal 100%)

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_ Athletic Trainer/Healthcare Professional\_\_\_\_\_\_\_\_\_\_\_\_\_