

Provider Satisfaction Survey

Help us learn more about your experience with group medical visits.
Please do not write your name. Completing any or all of this form is optional.

My role on the team is...

Administrative Support
 Health Care Provider
 Manager
 Physician
 Other _____ (please specify)

What did you like best about the GMV?	
Suggested changes to the process:	Immediate:
	Long Term:
Suggested changes to the experience:	Immediate:
	Long Term:
Suggested changes to your facilitation / involvement:	Immediate:
	Long Term:
Other comments:	

Visit Goals:

Please place an “X” in the box that reflects your opinion on the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
I was able to communicate necessary information to patients					
The information discussed was relevant to the visit					
I was able to answer questions from patients & other team members					
I felt comfortable answering questions and discussing topics within the group setting					
I felt comfortable asking patients questions and discussing their health in a group setting					
I was able to offer enough personal attention to the patients					
Learning was enhanced by having other patients involved					
I enjoyed the group learning					
The group visit was well-organized					
I had enough time to prepare for the group visit					
I felt supported in the delivery of the group visit					
I felt comfortable with the other members of the health care team					
The length of time for the group visit was appropriate					
The group visit met the identified visit goals					
I would recommend group visits to others patients					
I would recommend group visits to other health care providers					
Group visits better support patients to take care of their own health					