In order to continuously improve our practice, please take a few minutes to answer some questions. This will help us to make changes in our practice to better serve you.

Please answer the questions to reflect your overall impression of Fidelity Health and Wellness Center, LLC and not just today's visit.

This survey is anonymous. Just place it in the designated box at the Front Desk.

We appreciate your time to help us to improve and to serve you with quality medical care. I am completing the survey for the following practice: (Please check the location) 2 North 2nd Street, Laurel MD 20707 Other How long have you been a patient with Fidelity Health and Wellness Center? 1 2 6 3 4 5 LESS THAN 1 1 YEAR 2 YEARS 3 YEARS 5 YEARS 4 YEARS YEAR 2. In the past 12 months, how many times have you seen the physician/medical provider? 1 2 3 4 5 6 7 OR MORE NONE ONCE **TWICE** 3 TO 4 TIMES 5 TO 6 TIMES **TIMES** How do you rate the convenience of the clinic location? 3. 1 2 3 5 6 4 **VERY POOR POOR FAIR** GOOD **VERY GOOD EXCELLENT** 4. How do you rate the way you are treated by the receptionist(s) at FHWC? 1 2 3 4 5 6 **VERY POOR POOR FAIR** GOOD **VERY GOOD EXCELLENT** 5. How do you rate the way you are treated by the triage personnel (medical assistant) at FHWC? 1 2 3 4 5 6 **VERY POOR POOR FAIR** GOOD **VERY GOOD EXCELLENT**

6. How do you rate the way you are treated by the specimen processor for the urine screen lab company?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

7. How do you rate you are treated by the Management staff at FHWC?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

8. a) How do you rate the hours that the FHWC practice is open for appointments? Are the appointment times convenient?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

b) What additional hours would you like the practice to be open

1	2	3	4	5	6
EARLY MORNING	MORNING	LUNCH TIMES	EVENINGS	WEEKENDS	NONE, I AM SATISFIED

9. How quickly do you usually get to see the doctor?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

10. If you need to see FHWC doctor urgently, can you normally get seen on the same day?

1	2	3	4	5	6
NEVER	25% OF THE TIME	50% OF THE TIME	75% OF THE TIME	ALWAYS	DON'T KNOW/ NEVER NEEDED TO

11. a) How long do you usually have to wait for the doctor until your visit begins? (Please circle one)

1	2	3	4	5	6
NOT AT ALL. THEY BEGIN ON TIME	LESS THAN 5 MINUTES	6-15 MINUTES	16 TO 30 MINUTES	31 TO 45 MINUTES	MORE THAN 45 MINUTES

b) How do you rate this?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

12. Thinking about times you have called FHWC, how do you rate your ability to get through to the practice on the phone?

1	2	3	4	5	6	7
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT	DON'T KNOW/ NEVER TRIED

- 13. Thinking about talking with the doctor, how do you rate the following:
 - a) How thoroughly does the doctor ask about your symptoms and how you are feeling?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

b) How well does the doctor listen to what you say?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

c) How well does the doctor explain your health problem/condition to you?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

d) How well does the doctor explain any treatment that you may need to you?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

14. How often do you leave the clinic with unanswered questions?

1	2	3	4	5	6
NEVER LEAVE WITH QUESTIONS UNANSWERED	ALMOST NEVER	SOME OF THE TIME	ALOT OF THE TIME	ALMOST ALWAYS	ALWAYS LEAVE WITH QUESTIONS UNANSWERED

15.. Thinking about the personal aspects of care that you receive from FHWC, how do you rate:

a)	The amount	of time the doctor	or spends with you?
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1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

b) The doctor's patient with your questions and concerns?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

c) The doctor's overall concern for you?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

- 16. Thinking about how well the doctor knows you, how do you rate the following:
 - a) Doctor's knowledge of your medical history?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

b) The doctor's knowledge of what worries you most about your health?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

17. In the past 12 months, has there been a time when you thought you needed to see a specialist? (Please circle your response)

YES NO

18 If YES, did the doctor send you to see the specialist?

YES NO

19 After a visit to FHWC, would you say that you generally feel:

a) overall

1	2	3	4	5	6
MUCH WORSE THAN BEFORE	WORSE THAN THE LAST VISIT	SAME AS THE LAST VISIT/NO CHANGE		MUCH BETTER THAN BEFORE	

b) that you are able to understand your problem(s) or illness?

1	2	3	4	5	6
MUCH WORSE THAN BEFORE	WORSE THAN THE LAST VISIT	SAME AS THE LAST VISIT/ NO CHANGE	BETTER THAN THE LAST VISIT	MUCH BETTER THAN BEFORE	DOES NOT APPLY TO ME

c) that you are able to cope with your problem(s) or illness?

1	2	3	4	5	6
MUCH WORSE THA BEFORE	WORSE THAN THE LAST VISIT	SAME AS THE LAST VISIT/ NO CHANGE	BETTER THAN THE LAST VISIT	MUCH BETTER THAN BEFORE	DOES NOT APPLY TO ME

d) that you are able to keep yourself healthy?

1	2	3	4	5	6
MUCH WORSE THAN BEFORE	WORSE THAN THE LAST VISIT	SAME AS THE LAST VISIT/ NO CHANGE	BETTER THAN THE LAST VISIT	MUCH BETTER THAN BEFORE	DOES NOT APPLY TO ME

20. Thinking about the staff that you have seen at FHWC, how do you rate the following:

a) How well they listen to what you say?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

b) b) The quality of care they provide?

1	2	3	4	5	6
VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

c) How well they explain your health problems or any treatment that you need?

1	2	3	4	5	6 EXCELLENT	
VERY POOR	POOR	FAIR	GOOD	VERY GOOD		

			PRACTICE	SURVE	EY FOR	QUALITY MEI	JICAL CARE	
21. circle	All things co		tisfied are you wit	th Fidelity	y Health a	and Wellness Cen	ter? (please	
1	Completely dissatisfied, couldn't be worse			5	Fairly sa	tisfied		
2	Very dissati	sfied		6	Very sati	sfied		
3	Fairly dissat	tisfied		7	Complete	ely satisfied, could	In't be better	
4	Neither satis	sfied nor dissatisfi	ed			•		
<u>F</u>	inally, it will h	elp us to unders	tand your answe	ers if you	u could t	ell us a little abou	ut yourself:	
24.	Over the last 1	12 months, would	you say your hea	lth has o	n the who	ole been:		
	1	2	3		4	5	6	
	VERY BAD	BAD	FAIR	GC	OOD	VERY GOOD	EXCELLENT	
25. the w		e any long-term ill o? (include proble				vhich limits your d	aily activities or No	
26.	Are you:		Male		Female			
27.	How old are	you?	year	ears				
28.	Which ethni	ic group do you be	elong to? (please	check o	nly one b	ox)		
1	Asian/Pacifi	ic Islander			5 (Caucasian/White N	NOT Hispanic	
2					1 6	Native American/American Indian		
3	Black/Africa	ın American			7	Mixed		
4	Black not Af	frican American				Other		
	Vhen you visit esponse only)	Fidelity Health an	d Wellness Cente	er, how do	o you nor	mally get there? (F	Please select	
1	Walking			3 Private transportation such as car or motorcycle				
2	•			4 Other:				
30.	Which of the	following best de	scribes you? (ple	ase circle	e your res	sponse)		
	ployed (Full- or f-Employed			5 Unabl		due to long-term	sickness or	
		looking for work			-	our home/family		
4 In school or in full-time education			7 Retired from paid work 8 Other					
	Th	ank you very muc	h for taking the tir					

It will help us to improve your overall experience!

The Staff, Management and Physicians of Fidelity Health and Wellness Center, LLC