

- c. Distance you had to travel to get to the doctor's office:
- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | Very | |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- d. Length of time you had to wait from the time of your appointment until you saw the doctor:
- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | Very | |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- e. Courtesy and respect with which you were treated by the staff at the doctor's office:
- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | Very | |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- f. Courtesy and respect with which you were treated by the doctor:
- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | Very | |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- g. Attention given to what you had to say:
- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | Very | |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- h. Effectiveness of the doctor in explaining things in a way that you could understand:
- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | Very | |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- i. Amount of time you had with the doctor and staff during your visit:
- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | Very | |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- j. Thoroughness of treatment you received:
- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | Very | |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

k. Adequacy of the medical facility:

No				Very	
Experience	Poor	Fair	Good	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

l. Clarity of any educational materials you received at the doctor's office:

No				Very	
Experience	Poor	Fair	Good	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

m. Your overall satisfaction with the doctor's appointment:

No				Very	
Experience	Poor	Fair	Good	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please give any comments about the doctor visit:

Other Questions

4. Do you feel this medical re-screening was beneficial?

Yes

No

5. All things considered, how satisfied are you with the Building Trades National Medical Re-Screening Program?

Completely satisfied

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

Completely dissatisfied

6. Please list any additional comments:
