

# Patient feedback form

Date: \_\_\_\_\_ Who was your appointment with today? \_\_\_\_\_

## Part 1: Practitioner communication

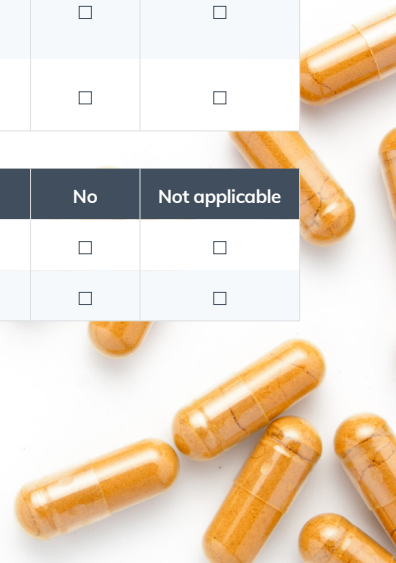
We would like your honest feedback. Please answer the following questions regarding your appointment with your healthcare provider (chiropractor, doctor, nurse practitioner, etc.).

Language preferences	Yes	No	Not applicable
Did your healthcare provider ask you what language you prefer to speak and read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-verbal communication	Yes	No	Not applicable
Was your healthcare provider warm and friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your healthcare provider listen to you carefully without interrupting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Verbal communication	Yes	No	Not applicable
Did your healthcare provider speak clearly and slowly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your healthcare provider explain things in a way that was easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your healthcare provider use medical words you were <b>not</b> familiar with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you saw your healthcare provider for a specific symptom or condition, did they give you easy-to-understand instructions about what to do or take (a treatment plan)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your healthcare provider ask you to repeat the instructions of your treatment plan (what you will do or take to address your health concern)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question asking	Yes	No	Not applicable
Did your healthcare provider encourage you to ask questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your healthcare provider answer all your questions to your satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Part 2: Educational materials

Please answer the following questions if you received educational material from your healthcare provider (such as a meal plan, handout on supplement ingredients, guide on meditation, etc.).

What educational material(s) did you receive today?

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Language preference	Yes	No	Not applicable
Is the educational material in your preferred language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clarity	Yes	No	Not applicable
Is the educational material easy to read and understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the educational material use any medical words you were not familiar with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the educational material use any acronyms or abbreviations you were not familiar with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the numbers in the educational materials clear and easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Actionability	Yes	No	Not applicable
Does the educational material suggest that you take any action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, is it clear what to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Design	Yes	No	Not applicable
Is the font easy to read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the images helpful (photograph, drawings, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the images provide a clear message?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review	Yes	No	Not applicable
Did your healthcare provider review the educational materials with you during your appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your healthcare provider circle or highlight important information on the educational materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Additional notes and comments

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## Reference

1. Brega, A., Barnard, J., Mabachi, N., Weiss, B., DeWalt, D., Brach, C., Cifuentes, M., Albright, K., & West, D. (2015, February). Health Literacy Universal Precautions Toolkit, 2nd Edition. AHRQ. <https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html>



For more educational content and resources: [www.fullscript.com/learn](https://www.fullscript.com/learn)



This handout was developed and medically reviewed by Fullscript's Integrative Medical Advisory team.

\*These statements have not been evaluated by the Food and Drug Administration. This information is not intended to diagnose, treat, cure, or prevent any disease.

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