

PHYSICIAN PRACTICES SURVEY

Directions: Please answer the following questions on this survey as best as possible. Fill in the bubbles completely and do not make any stray marks. Please submit to front desk when completed. Thank you in advance for your time and patience when completing this survey.

What is your medical specialty?

- | | | | |
|------------------------|-----------------------|------------------------|-----------------------|
| Anesthesiology | <input type="radio"/> | Cardiovascular surgery | <input type="radio"/> |
| Emergency medicine | <input type="radio"/> | Family practice | <input type="radio"/> |
| General surgery | <input type="radio"/> | Hematology/oncology | <input type="radio"/> |
| Internal medicine | <input type="radio"/> | Neonatology | <input type="radio"/> |
| Neurology/neurosurgery | <input type="radio"/> | Obstetrics/gynecology | <input type="radio"/> |
| Otorhinolaryngology | <input type="radio"/> | Ophthalmology | <input type="radio"/> |
| Orthopedic/surgery | <input type="radio"/> | Pathology | <input type="radio"/> |
| Pediatrics | <input type="radio"/> | Plastic surgery | <input type="radio"/> |
| Psychiatry | <input type="radio"/> | Radiology | <input type="radio"/> |
| Thoracic surgery | <input type="radio"/> | Urology | <input type="radio"/> |

Other: _____

How many years have you been practicing medicine (post-internship)?

- | | |
|------------|-----------------------|
| < 5 | <input type="radio"/> |
| 5-9 | <input type="radio"/> |
| 10-14 | <input type="radio"/> |
| 15-19 | <input type="radio"/> |
| 20 or more | <input type="radio"/> |

How many years have you been practicing medicine in this community?

- | | |
|------------|-----------------------|
| < 5 | <input type="radio"/> |
| 5-9 | <input type="radio"/> |
| 10-14 | <input type="radio"/> |
| 15-19 | <input type="radio"/> |
| 20 or more | <input type="radio"/> |

Is your practice:

- | | |
|--|-----------------------|
| Hospital based | <input type="radio"/> |
| An individual practice | <input type="radio"/> |
| A small group practice (5 or fewer physicians) | <input type="radio"/> |
| A large group practice (6 or more physicians) | <input type="radio"/> |

Other: _____

This next section refers to the hospital where you admit the most patients:

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree	No opinion
Administration listens to physician concerns	<input type="radio"/>					
Administration listens to physician concerns, but responds to the wrong physician groups	<input type="radio"/>					
I have a good professional relationship with administration	<input type="radio"/>					
During the last year my professional relationship with administration has improved	<input type="radio"/>					

Professional referrals may be made based on a number of factors. For the following items, please indicate the extent to which you think each is important in selecting a hospital for your patients.

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree	No opinion
The price of hospital services	<input type="radio"/>					
Your satisfaction with the medical staff	<input type="radio"/>					
The reputation of the hospital	<input type="radio"/>					
The reputation of hospital based physicians	<input type="radio"/>					
The reputation of specialists practicing at the hospital	<input type="radio"/>					
Communication between you and the consulting physician	<input type="radio"/>					
Competence of nursing staff	<input type="radio"/>					
Past experiences of patients	<input type="radio"/>					
Economic condition of the patient	<input type="radio"/>					
Convenience of hospital for patient and family	<input type="radio"/>					
Patient hospital preference	<input type="radio"/>					
Religious preference	<input type="radio"/>					
The likelihood of them referring your patients to you	<input type="radio"/>					

When a patient needs hospital care, who selects the hospital or other care facility?

I usually decide	<input type="radio"/>
I decide based on information from the patient	<input type="radio"/>
The patient and I decide together	<input type="radio"/>
The patient decides based on information I provide	<input type="radio"/>

Thank you again for taking the time to respond.