**Shared Medical Appointment Evaluation Form**

Date

|  |  |
| --- | --- |
| 1. What did you think of this session?
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Did you feel comfortable taking part in this shared medical appointment
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Did you have enough time to talk to the doctor
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Do you know more about what you can do to manage your symptoms at home than you did before
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What would you like to see more of?
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What would you like to see less of?
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Would you come again?
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

8) Please circle Yes/No if you think any of the following were true:

 I enjoyed:

1. Having more time to ask questions Yes/No
2. Seeing the doctor more relaxed Yes/No
3. Having the doctor’s full attention Yes/No
4. Getting support from other patients Yes/No
5. Hearing experiences of other patients Yes/No
6. Getting information from other people Yes/No

13) Would you recommend to your whanau and friends to attend one of these appointments? If so, why?

14) Please comment about any changes to the way the shared medical appointment could be run to make it better