

Patient Evaluation of House Officer

Department of Medicine



Evaluator: _____

Evaluation of: _____

Date: _____

Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. This resident appeared to be quite knowledgeable.*

Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. This resident cared about my problems and was attentive to my needs.*

Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. This resident always behaved in a professional manner.*

Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. This resident interacted well with other members of the staff.*

Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Overall, I was very pleased by the care I received from this resident.*

6. We welcome any additional comments you would like to share about this resident.*
