Supplemental Table 2. Questionnaire for all patients with five-point Likert scale. The prompt for this table reads “How would you rate today’s clinic consultation on the factors listed below?”

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied |
| Knowledge and skills of the Geisinger physician | 1 | 2 | 3 | 4 | 5 |
| Courtesy of Geisinger physician | 1 | 2 | 3 | 4 | 5 |
| Time spent by the Geisinger physician  | 1 | 2 | 3 | 4 | 5 |
| Explanation of what is being done for your medical condition | 1 | 2 | 3 | 4 | 5 |
| Ability to understand the recommendation made | 1 | 2 | 3 | 4 | 5 |
| Met your medical care needs | 1 | 2 | 3 | 4 | 5 |
| Ability to talk freely | 1 | 2 | 3 | 4 | 5 |
| Travel and parking | 1 | 2 | 3 | 4 | 5 |
| Overall quality of care provided | 1 | 2 | 3 | 4 | 5 |