

The Center for Advanced Reproductive Services



Fertility Testing & Treatment • IVF • PGD • Counseling • Egg & Sperm Donor Programs • Pregnancy Loss Evaluation

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We'd Love To Hear Your Feedback!

In our continuing effort to improve, we are distributing this survey to you – our valued fellow physicians. We recognize that you are important to our success. And your feedback can help us improve our service to you and your patients.

So, please take a few minutes to answer the questions below and send us back your comments. We've made it real easy by including a self-addressed envelope!

Thank you for your time and feedback.

1. Indicate the size of your practice, by number of physicians:
 1 2 3 4 other
2. Approximately, how many infertile patients do you treat per month? _____
3. What tests/therapies do you offer your infertile patients? Check all that apply.
 Diagnostic work up
 Gonadotropins
 Laparoscopy
 Intrauterine insemination (IUI)
 HSG
 Other
 Clomiphene citrate
 Refer out immediately
4. When you refer your patients to a "fertility center", how much do the following factors influence your decision? Rank in order with: 1 = most important. (please give each choice its own number).
 Affiliation with a major medical center or teaching institution
 Image within the community
 Length of waiting list
 Ethical
 Geographic location of center
- Board certified REs
 Personal relationship with staff physician(s)
 Pregnancy rates/statistics
 Free standing center
 Reputation
 Full service center
 Referred by peer
5. What information do you provide your patients about a fertility center:
 None
 Name of several physicians
 Name of one specific physician
 Name of several centers
 Name of one specific center
 Center literature
6. Once you have referred your patient to a fertility center, what are your expectations of that center? Rank in order: 1 = most important.....5 = least important
 Assurance that my patient will be returned
 Access to the center's physicians for patient care consultations.
 Communication/follow-up regarding my patient.
 Expressed appreciation for my referral.
 Other _____

Please remember to visit our website at: www.fertilitycenter-uconn.org

7. Have you ever referred a patient to The Center for Advanced Reproductive Services (UCONN)?

Yes No

8. Indicate the frequency with which you refer to the following centers (check one for each center):

	Always	Sometimes	Rarely	Never
Connecticut Fertility Associates				
Hartford Hospital				
New Britain General				
New England Fertility Institute				
Out of State				
RMA-CT				
The Center for Advanced Reproductive Services (UCONN)				
Yale				
Other:				

9. Based on your experience with The Center (UConn), indicate your level of satisfaction:

	Very Satisfied	Somewhat Satisfied	Dissatisfied	Extremely Dissatisfied
Follow-up/communication regarding my patient				
Physician accessibility				
Patient was returned to my care				
Overall patient satisfaction				
Overall experience				

10. Would you refer another patient to The Center?

Yes No

If No, please indicate why? _____

11. Please provide your suggestions and comments as to how The Center can improve the level of care/service that we provide to you and your patients. _____

12. We'd love to communicate with you going forward. To best do that, please provide us with your email address here:

Thank you!