

**Peer Assessment Committee
Evaluation of Onsite Peer Review**

1. Was the information provided with your original notification adequate to ensure that you understood the process and expectations of peer review? Yes ____ No ____
Comments: _____

2. Was the visit conducted in an acceptable manner? Yes ____ No ____
Why? _____

3. Do you believe the assessment visit was of value to you? Yes ____ No ____
Why? _____

4. What, if any, changes will you make as a result of this assessment visit?

5. Do you believe the assessment report(s) adequately reflect the care you provide to your patients? Yes: ____ No: ____
Comments: _____

6. Please rate the educational value of the assessment process: 1 2 3 4 5 (1 very poor to 5 very good)
Comments: _____

7. Would you be willing to act as an assessor if invited? Yes ____ No ____

8. Can you offer any suggestions which might improve the office visit process?

Thank You!