

**Peer Assessment Committee
Post-Visit Questionnaire for Physicians**

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