

Name:	Organization:
Lead Contact on this project:	Street1:
Phone:	Street2:
E-mail:	City: State: Zip:

General Questions/Comments:

.....

.....

.....

.....

.....

Office Specification

Average number of Doctors on duty from 9am-5pm	[1-5]	[6-10]	[11+]	[Don't Know]		
Average number of Medical Assistants or Nurses on duty from 9am-5pm	[1-5]	[6-10]	[11+]	[Don't Know]		
Average number of Front Desk or Check-In staff on duty from 9am-5pm	[1-3]	[4-6]	[7+]	[Don't Know]		
Average time well patients spend in the waiting room (in minutes)	[Under 5]	[5-10]	[11-15]	[16+]	[Don't Know]	
Time between scheduled visits (scheduling frequency throughout a day)	[5 minutes]	[10 minutes]	[15 minutes]	[20+ minutes]	[Don't Know]	
Total number of well child visits on any given day	[Under 10]	[10-20]	[20-30]	[30+]	[Don't Know]	
Number of Exam Rooms	[1-3]	[4-6]	[7-10]	[11-15]	[16+]	[Don't Know]

Technical

Internet Access	[Broadband]	[Dial-Up]	[None]	[Don't Know]
Network LAN - Do multiple machines have internet access?	[YES]	[NO]	[Don't Know]	
Is there a printer connected to the LAN?	[YES]	[NO]	[Don't Know]	
Does the office have on-site or contracted technical support (for computer needs)?	[On-Site]	[Contracted]	[Don't Know]	