The Pennsylvania AHEC, in partnership with your school, is seeking to help meet the primary care needs of our communities and to make health careers training a more valuable experience. Results from this survey will be used to support these goals. All survey responses are confidential. Data will only be used within the AHEC program and never for commercial purposes.

Please answer each item as completely as possible. Please print all responses.

1. Your Name _____________________________________________________________
   Last Name ____________________________________________________________
   First Name ____________________________________________________________
   Middle Name __________________________________________________________

2. What is the name of the facility where your rotation took place?
   Name of facility: ________________________________________________________
   City: ________________________________________________________________

3. How much clinical time did you spend at this site? (If less than 1 day enter “1”.)
   _____ days Start date of this rotation _____ / _____ / _____
   Month Day Year

4. Has the clinical rotation you just completed influenced your feelings about the probability that you might practice in one of the following areas upon graduation? (Please answer all.)

   a. In Pennsylvania
      Made It less Likely ☐ 1 ☐ 2 ☐ 3
      No Influence ☐ 1 ☐ 2 ☐ 3
      Made it More Likely ☐ 1 ☐ 2 ☐ 3
   b. In a rural area
      Made It less Likely ☐ 1 ☐ 2 ☐ 3
      No Influence ☐ 1 ☐ 2 ☐ 3
      Made it More Likely ☐ 1 ☐ 2 ☐ 3
   c. In an inner-city area
      Made It less Likely ☐ 1 ☐ 2 ☐ 3
      No Influence ☐ 1 ☐ 2 ☐ 3
      Made it More Likely ☐ 1 ☐ 2 ☐ 3
   d. In a medically underserved area
      Made It less Likely ☐ 1 ☐ 2 ☐ 3
      No Influence ☐ 1 ☐ 2 ☐ 3
      Made it More Likely ☐ 1 ☐ 2 ☐ 3

Thank you!