

# SURVEY ABOUT YOUR EXPERIENCES WITH YOUR PROVIDER

## YOUR PROVIDER

1. Our records show that you got care from the provider named below in the last 12 months.

Is that right?

- Yes  
 No → If No, go to #52 on page 4

**The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.**

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?
- Yes  
 No
3. How long have you been going to this provider?
- Less than 6 months  
 At least 6 months but less than 1 year  
 At least 1 year but less than 3 years  
 At least 3 years but less than 5 years  
 5 years or more
4. In the last 12 months, how many times did you visit this provider to get care for yourself?
- None → If None, go to #52 on page 4  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

## SCHEDULING APPOINTMENTS AND CONTACTING THIS PROVIDER

5. In the last 12 months, did you call this provider’s office to get an appointment for an illness, injury, or condition that **needed care right away**?
- Yes  
 No → If No, go to #8
6. In the last 12 months, when you called this provider’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?
- Never  
 Sometimes  
 Usually  
 Always
7. In the last 12 months, how many days did you usually have to wait for an appointment when you **needed care right away**?
- Same day  
 1 day  
 2 to 3 days  
 4 to 7 days  
 More than 7 days
8. In the last 12 months, did you make any appointments for a **check-up or routine care** with this provider?
- Yes  
 No → If No, go to #10
9. In the last 12 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?
- Never  
 Sometimes  
 Usually  
 Always
10. Did this provider’s office give you information about what to do if you needed care during evenings, weekends, or holidays?
- Yes  
 No
11. In the last 12 months, did you need care for yourself during evenings, weekends, or holidays?
- Yes  
 No → If No, go to #13
12. In the last 12 months, how often were you able to get the care you needed from this provider’s office during evenings, weekends, or holidays?
- Never  
 Sometimes  
 Usually  
 Always
13. In the last 12 months, did you call this provider’s office with a medical question during regular office hours?
- Yes  
 No → If No, go to #15
14. In the last 12 months, when you called this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?
- Never  
 Sometimes  
 Usually  
 Always
15. In the last 12 months, did you call this provider’s office with a medical question **after** regular office hours?
- Yes  
 No → If No, go to #17 on page 2

16. In the last 12 months, when you called this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?
- Never
  - Sometimes
  - Usually
  - Always
17. Some offices remind patients between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders from this provider's office between visits?
- Yes
  - No
18. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider **within 15 minutes** of your appointment time?
- Never
  - Sometimes
  - Usually
  - Always

## MANAGING YOUR CARE

19. In the last 12 months, how often did this provider explain things in a way that was easy to understand?
- Never
  - Sometimes
  - Usually
  - Always
20. In the last 12 months, how often did this provider listen carefully to you?
- Never
  - Sometimes
  - Usually
  - Always
21. In the last 12 months, did you talk with this provider about any health questions or concerns?
- Yes
  - No → **If No, go to #24**
22. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?
- Never
  - Sometimes
  - Usually
  - Always
23. In the last 12 months, how often did this provider give you easy to understand information about what to do if your health concerns or problems got worse or came back?
- Never
  - Sometimes
  - Usually
  - Always
24. In the last 12 months, how often did this provider seem to know the important information about your medical history?
- Never
  - Sometimes
  - Usually
  - Always

25. In the last 12 months, how often did this provider show respect for what you had to say?
- Never
  - Sometimes
  - Usually
  - Always
26. In the last 12 months, how often did this provider spend enough time with you?
- Never
  - Sometimes
  - Usually
  - Always
27. How would you rate this provider's knowledge of you as a person, including values and beliefs that are important to you?
- Very poor
  - Poor
  - Fair
  - Good
  - Very good
  - Excellent
28. In the last 12 months, how often did this provider encourage you to ask questions?
- Never
  - Sometimes
  - Usually
  - Always
29. In the last 12 months, how often did this provider check to make sure you understood everything?
- Never
  - Sometimes
  - Usually
  - Always
30. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?
- Yes
  - No → **If No, go to #34 on page 3**
31. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?
- Not at all
  - A little
  - Some
  - A lot
32. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might **not** want to take a medicine?
- Not at all
  - A little
  - Some
  - A lot
33. When you talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?
- Yes
  - No

## COORDINATING YOUR CARE

34. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem?
- Yes  
 No → **If No, go to #36**
35. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?
- Never  
 Sometimes  
 Usually  
 Always
36. In the last 12 months, did the provider named in Question 1 order a blood test, x-ray, or other test for you?
- Yes  
 No → **If No, go to #38**
37. In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you these results?
- Never  
 Sometimes  
 Usually  
 Always

## OVERALL RATING

38. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?
- 0 Worst provider possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best provider possible
39. Would you **recommend** this provider to your family and friends?
- Definitely yes  
 Probably yes  
 Not sure  
 Probably not  
 Definitely not

## Please answer these questions about the provider named in Question 1 of this survey.

40. In the last 12 months, did you and anyone in this provider's office talk about specific goals for your health?
- Yes  
 No
41. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?
- Yes  
 No

42. In the last 12 months, did you take any prescription medicine?
- Yes  
 No → **If No, go to #44**
43. In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were taking?
- Yes  
 No
44. In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?
- Yes  
 No
45. In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?
- Yes  
 No
46. In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?
- Yes  
 No

## OFFICE STAFF

47. In the last 12 months, how often were the front office staff at this provider's office as helpful as you thought they should be?
- Never  
 Sometimes  
 Usually  
 Always
48. In the last 12 months, how often did the front office staff at this provider's office treat you with courtesy and respect?
- Never  
 Sometimes  
 Usually  
 Always
49. In the last 12 months, were you admitted to a hospital overnight or longer?
- Yes  
 No → **If No, go to #52 on page 4**
50. After your most recent hospital stay, did anyone from this provider's office contact you to ask about the condition you were in the hospital for?
- Never  
 Sometimes  
 Usually  
 Always
51. After your most recent hospital stay, did this provider seem to know the important information about your hospital stay?
- Yes  
 No

## ABOUT YOU

52. In general, how would you rate your overall health?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
53. In general, how would you rate your overall **mental or emotional** health?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
54. What is your age?
- 18 to 24
  - 25 to 34
  - 35 to 44
  - 45 to 54
  - 55 to 64
  - 65 to 74
  - 75 or older
55. Are you male or female?
- Male
  - Female
56. What is the highest grade or level of school that you have completed?
- 8th grade or less
  - Some high school, but did not graduate
  - High school graduate or GED
  - Some college or 2-year degree
  - 4-year college graduate
  - More than 4-year college degree
57. Are you of Hispanic or Latino origin or descent?
- Yes, Hispanic or Latino
  - No, not Hispanic or Latino
58. What is your race? Mark one or more.
- White
  - Black or African American
  - Asian
  - Native Hawaiian or Other Pacific Islander
  - American Indian or Alaska Native
  - Other

59. Has a provider ever told you that you had:

	Yes	No
a. Hypertension or high blood pressure	<input type="radio"/>	<input type="radio"/>
b. Angina or coronary artery disease	<input type="radio"/>	<input type="radio"/>
c. Congestive heart failure	<input type="radio"/>	<input type="radio"/>
d. Diabetes	<input type="radio"/>	<input type="radio"/>
e. Asthma, emphysema, or COPD (Chronic Obstructive Pulmonary Disease)	<input type="radio"/>	<input type="radio"/>
f. Rheumatoid Arthritis, Osteoarthritis, or Degenerative Joint Disease	<input type="radio"/>	<input type="radio"/>
g. Any cancer (other than skin)	<input type="radio"/>	<input type="radio"/>
h. Depression	<input type="radio"/>	<input type="radio"/>
i. Acid reflux or stomach ulcers or Gastroesophageal Reflux Disease	<input type="radio"/>	<input type="radio"/>
j. Migraine headaches	<input type="radio"/>	<input type="radio"/>

60. Did someone help you complete this survey?

- Yes
- No



**Thank you.**

**Please return the completed survey in the postage-paid envelope.**

61. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Please print: \_\_\_\_\_

## THANK YOU

**Please return the completed survey in the postage-paid envelope to:**

**The Center for the Study of Services  
PO Box 10820  
Herndon, VA 20172-9940**

**If you have any questions please call the toll-free number 1-888-344-0430. Please do not include any other correspondence.**