

## 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 #31 on page 3**

**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, 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 #6**
5. 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

6. 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 #8**
7. 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
8. Did this provider’s office give you information about what to do if you needed care during evenings, weekends, or holidays?
- Yes  
 No
9. 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 #11**
10. 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

### MANAGING YOUR CARE

11. In the last 12 months, how often did this provider explain things in a way that was easy to understand?
- Never  
 Sometimes  
 Usually  
 Always
12. In the last 12 months, how often did this provider listen carefully to you?
- Never  
 Sometimes  
 Usually  
 Always

13. In the last 12 months, how often did this provider seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

14. In the last 12 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

15. In the last 12 months, how often did this provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

16. 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

### COORDINATING YOUR CARE

17. 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 #19**

18. 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

19. 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 #21**

20. 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

21. 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

22. 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.

23. In the last 12 months, did you and anyone in this provider's office talk about specific goals for your health?
- Yes
  - No
24. 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
25. In the last 12 months, did you take any prescription medicine?
- Yes
  - No → **If No, go to #27**
26. In the last 12 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?
- Never
  - Sometimes
  - Usually
  - Always
27. 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
28. 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

OFFICE STAFF

29. 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
30. 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

ABOUT YOU

31. In general, how would you rate your overall health?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
32. In general, how would you rate your overall **mental or emotional** health?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
33. 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

- ◆
- 34. Are you male or female?
  - Male
  - Female
- 35. 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
- 36. Are you of Hispanic or Latino origin or descent?
  - Yes, Hispanic or Latino
  - No, not Hispanic or Latino
- 37. 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

- ◆
- 38. Did someone help you complete this survey?
  - Yes
  - No → **Thank you.  
Please return the completed survey in the postage-paid envelope.**
- 39. 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.**