Lahey Health
Primary Care

formerly Danvers Medical Associates

{PRINT_DATE}

Dear {PARENT} {FIRST_NAME} {LAST_NAME},

Recently, we had the opportunity to provide care for you as a patient at Lahey Health Primary Care. We are committed to ensuring that our patients receive outstanding quality health care and excellent service. We survey our patients to learn about their experiences at our office and with our providers and staff.

Please take a few minutes to complete the enclosed patient satisfaction survey and return it in the enclosed postage-paid envelope within two weeks.

We have partnered with Press Ganey Associates, Inc., a national company and a leader in patient satisfaction measurement, to compile the results on our behalf. Your responses will not be associated with your name unless you choose to record your name on the questionnaire.

If you have any questions regarding this survey, please feel free to contact our office. Thank you for your feedback which will help us to continually improve the care and service you receive at our practice.

Sincerely,

Leslie St. Pierre
Executive Director - Northeast Medical Practice
Lahey Physician Community Organization & Practice Integration

Lahey Health
Primary Care

formerly Danvers Medical Associates

Clinician and Group Experience Survey

SURVEY INSTRUCTIONS: Answer each question by completely filling in the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

● Yes → **If Yes, go to #1**
○ No

Please use black or blue ink to fill in the circle completely.
Example: ●

YOUR PROVIDER

1. Our records show that you visited the provider named below
   Precode 3 (MD_NAME)
   Is that right?
   ○ Yes
   ○ No → **If No, please stop and return the survey in the envelope provided.**

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

Questions that ask about "this visit" are referring to your visit with this provider on
Precode 1 (DISDATE)

APPOINTMENT AND OFFICE CONTACT

3. Was this visit with this provider an appointment for an illness, injury or condition that **needed care right away**?
   ○ Yes
   ○ No → **If No, go to #5**
4. When you made this appointment for **care you needed right away**, did you get this appointment as soon as you thought you needed?
   ○ Yes
   ○ No
5. Was this visit with this provider an appointment for a **check-up or routine care**?
   ○ Yes
   ○ No → **If No, go to #7**
6. When you made this appointment for a **check-up or routine care**, did you get this appointment as soon as you thought you needed?
   ○ Yes
   ○ No
7. In the last 3 months, did you phone this provider's office with a medical question during regular office hours?
   ○ Yes
   ○ No → **If No, go to #9**
8. In the last 3 months, when you phoned 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
9. In the last 3 months, did you phone this provider's office with a medical question **after** regular office hours?
   ○ Yes
   ○ No → **If No, go to #11**
10. In the last 3 months, when you phoned 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
11. In the last 3 months, did this provider order a blood test, x-ray, or other test for you?
    ○ Yes
    ○ No → **If No, go to #13**
12. In the last 3 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 the results?
    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always

continued...

YOUR CARE FROM THIS PROVIDER ON Precode 2 (DISDATE)

13. Wait time includes time spent in the waiting room and exam room. During this visit, did you see this provider **within 15 minutes** of your appointment time?
    - ○ Yes
    - ○ No

14. During this visit, did this provider explain things in a way that was easy to understand?
    - ○ Yes, definitely
    - ○ Yes, somewhat
    - ○ No

15. During this visit, did this provider listen carefully to you?
    - ○ Yes, definitely
    - ○ Yes, somewhat
    - ○ No

16. During this visit, did you talk with this provider about any health questions or concerns?
    - ○ Yes
    - ○ No → **If No, go to #18**

17. During this visit, did this provider give you easy to understand information about these health questions or concerns?
    - ○ Yes, definitely
    - ○ Yes, somewhat
    - ○ No

18. During this visit, did this provider seem to know the important information about your medical history?
    - ○ Yes, definitely
    - ○ Yes, somewhat
    - ○ No

19. During this visit, did this provider have your medical records?
    - ○ Yes
    - ○ No

20. During this visit, did this provider show respect for what you had to say?
    - ○ Yes, definitely
    - ○ Yes, somewhat
    - ○ No

21. During this visit, did this provider spend enough time with you?
    - ○ Yes, definitely
    - ○ Yes, somewhat
    - ○ No

22. 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

23. Would you recommend this provider's office to your family and friends?
    - ○ Yes, definitely
    - ○ Yes, somewhat
    - ○ No

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

24. During this visit, were clerks and receptionists at this provider's office as helpful as you thought they should be?
    - ○ Yes, definitely
    - ○ Yes, somewhat
    - ○ No

25. During this visit, did clerks and receptionists at this provider's office treat you with courtesy and respect?
    - ○ Yes, definitely
    - ○ Yes, somewhat
    - ○ No

ALL YOUR CARE IN THE LAST 3 MONTHS

These questions ask about **all your** health care. Include all the providers you saw for health care in the last 3 months. Do **not** include the times you saw a dentist.

26. In the last 3 months, did you **take any** prescription medicine?
    - ○ Yes
    - ○ No → **If No, go to #28**

27. In the last 3 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?
    - ○ Never
    - ○ Sometimes
    - ○ Usually
    - ○ Always

continued...

ABOUT YOU

28. In general, how would you rate your overall health?
    - ○ Excellent
    - ○ Very Good
    - ○ Good
    - ○ Fair
    - ○ Poor

29. In general, how would you rate your overall **mental or emotional** health?
    - ○ Excellent
    - ○ Very Good
    - ○ Good
    - ○ Fair
    - ○ Poor

30. 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

31. Are you of Hispanic, Latino, or Spanish origin?
    - ○ Yes, Hispanic, Latino, or Spanish
    - ○ No, not Hispanic, Latino, or Spanish

32. 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 _____ (specify)

33. Did someone help you complete this survey?
    - ○ Yes
    - ○ No → **If No, go to ADDITIONAL QUESTIONS ABOUT THIS VISIT.**

34. 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: _____

ADDITIONAL QUESTIONS ABOUT THIS VISIT

Now that we have asked you to tell us about *what happened* during your recent experience with the provider and his/her office, please rate how satisfied you were with the services you received during this visit. If a question does not apply to you, please skip to the next question.

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Likelihood of your recommending this care provider to others	○	○	○	○	○
2. Concern the care provider showed for your questions or worries	○	○	○	○	○
3. Your confidence in this care provider	○	○	○	○	○
4. Likelihood of your recommending our practice to others	○	○	○	○	○
5. How well staff worked together to care for you	○	○	○	○	○

Comments (describe good or bad experience): _____

Patient's Name: (optional) _____

Telephone Number: (optional) _____

Thank you! Please return the completed survey in the postage-paid envelope.
Return to: Survey Processing, 710 Rush Street, South Bend, IN 46601.