Your Experiences with Health Care

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. [VENDOR NAME] will not share your personal information with anyone without your permission, except as required by law. Your responses to this survey will be kept **confidential**.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

What To Do When You're Done. Once you complete this survey, fold it half and place it in the envelope that was provided, seal the envelope, and put it in the "Your Experiences with Health Care" drop box located in the clinic or drop it in the nearest mailbox.

If you want to know more about this study, please contact [CONTACT NAME] at [INSERT TOLL FREE NUMBER].

Survey Instructions

Answer each question by marking the box 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 on page 1**
☐ No

Your Clinic

1. Our records show that you got care at the clinic named below.

Name of clinic label goes here

Is that right?

[1] ☐ Yes
[2] ☐ No → **If No, go to #30 on page 5**

2. The questions in this survey booklet will refer to the provider you saw on your most recent visit to this clinic as "this provider."

Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

[1] ☐ Yes
[2] ☐ No

3. How long have you been going to this provider?

[1] ☐ Less than 6 months
[2] ☐ At least 6 months but less than 1 year
[3] ☐ At least 1 year but less than 3 years
[4] ☐ At least 3 years but less than 5 years
[5] ☐ 5 years or more

Your Care in the Last 12 Months

Please answer only for **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 12 months, how many times did you visit this provider to get care for yourself?

☐ None → **If None, go to #30 on page 5**
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

5. In the last 12 months, did you phone this provider's office to get an appointment for an illness, injury, or condition that **needed care right away**?

[1] ☐ Yes
[2] ☐ No → **If No, go to #7**

6. In the last 12 months, when you phoned 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 thought you needed?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

7. In the last 12 months, did you make any appointments for a **check-up or routine care** with this provider?

[1] ☐ Yes
[2] ☐ No → **If No, go to #9**

8. 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 thought you needed?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

9. In the last 12 months, did you phone this provider's office with a medical question during regular office hours?

[1] ☐ Yes
[2] ☐ No → **If No, go to #11**

10. In the last 12 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?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

11. In the last 12 months, did you phone this provider's office with a medical question **after** regular office hours?

[1] ☐ Yes
[2] ☐ No → **If No, go to #13**

12. In the last 12 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?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

13. 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?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

Your Care During Your Most Recent Visit

These questions ask about your most recent visit with this provider. Please answer only for your own health care.

14. How long has it been since your most recent visit with this provider?

[1] ☐ Less than 1 month
[2] ☐ At least 1 month but less than 3 months
[3] ☐ At least 3 months but less than 6 months
[4] ☐ At least 6 months but less than 12 months
[5] ☐ 12 months or more

15. Wait time includes time spent in the waiting room and exam room. During your most recent visit, did you see this provider **within 15 minutes** of your appointment time?

[1] ☐ Yes
[2] ☐ No

16. During your most recent visit, did this provider order a blood test, x-ray, or other test for you?

[1] ☐ Yes
[2] ☐ No → **If No, go to #18**

17. Did someone from this provider's office follow up to give you those results?

[1] ☐ Yes
[2] ☐ No

18. During your most recent visit, did this provider explain things in a way that was easy to understand?

[1] ☐ Yes, definitely
[2] ☐ Yes, somewhat
[3] ☐ No

19. During your most recent visit, did this provider listen carefully to you?

[1] ☐ Yes, definitely
[2] ☐ Yes, somewhat
[3] ☐ No

20. During your most recent visit, did you talk with this provider about any health problems or concerns?

[1] ☐ Yes
[2] ☐ No → **If No, go to #22**

21. During your most recent visit, did this provider give you easy to understand instructions about taking care of these health problems or concerns?

[1] ☐ Yes, definitely
[2] ☐ Yes, somewhat
[3] ☐ No

22. During your most recent visit, did this provider seem to know the important information about your medical history?

[1] ☐ Yes, definitely
[2] ☐ Yes, somewhat
[3] ☐ No

23. During your most recent visit, did this provider show respect for what you had to say?

[1] ☐ Yes, definitely
[2] ☐ Yes, somewhat
[3] ☐ No

24. During your most recent visit, did this provider spend enough time with you?

[1] ☐ Yes, definitely
[2] ☐ Yes, somewhat
[3] ☐ No

25. 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

26. Would you recommend this provider's office to your family and friends?

- [1] ☐ Yes, definitely
- [2] ☐ Yes, somewhat
- [3] ☐ No

27. Please tell us how this provider's office could have improved the care you received during your visit.

Please print: _____

_____

_____

_____

Clerks and Receptionists

28. During your most recent visit, were clerks and receptionists at this provider's office as helpful as you thought they should be?

- [1] ☐ Yes, definitely
- [2] ☐ Yes, somewhat
- [3] ☐ No

29. During your most recent visit, did clerks and receptionists at this provider's office treat you with courtesy and respect?

- [1] ☐ Yes, definitely
- [2] ☐ Yes, somewhat
- [3] ☐ No

About You

30. In general, how would you rate your overall health?

- [1] ☐ Excellent
- [2] ☐ Very good
- [3] ☐ Good
- [4] ☐ Fair
- [5] ☐ Poor

31. A health provider is a doctor, nurse, or anyone else you would see for health care. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- [1] ☐ Yes
- [2] ☐ No → **If No, go to #33**

32. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- [1] ☐ Yes
- [2] ☐ No

33. Do you now need or take medicine prescribed by a doctor or other health provider? Do **not** include birth control.

- [1] ☐ Yes
- [2] ☐ No → **If No, go to #35**

34. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- [1] ☐ Yes
- [2] ☐ No

35. What is your age?

- [1] ☐ 18 to 24
- [2] ☐ 25 to 34
- [3] ☐ 35 to 44
- [4] ☐ 45 to 54
- [5] ☐ 55 to 64
- [6] ☐ 65 to 74
- [7] ☐ 75 or older

36. Are you male or female?

- [1] ☐ Male
- [2] ☐ Female

37. What is the highest grade or level of school that you have completed?

- [1] ☐ 8th grade or less
- [2] ☐ Some high school, but did not graduate
- [3] ☐ High school graduate or GED
- [4] ☐ Some college or 2-year degree
- [5] ☐ 4-year college graduate
- [6] ☐ More than 4-year college degree

38. Are you of Hispanic or Latino origin or descent?

- [1] ☐ Yes, Hispanic or Latino
- [2] ☐ No, not Hispanic or Latino

39. What is your race? Please mark one or more.

- [1] ☐ White
- [2] ☐ Black or African-American
- [3] ☐ Asian
- [4] ☐ Native Hawaiian or Other Pacific Islander
- [5] ☐ American Indian or Alaska Native
- [6] ☐ Other

40. Did someone help you complete this survey?

- [1] ☐ Yes
- [2] ☐ No → **Thank you. Please return the completed survey in the clinic drop box.**

41. How did that person help you? Please mark one or more.

- [1] ☐ Read the questions to me
- [2] ☐ Wrote down the answers I gave
- [3] ☐ Answered the questions for me
- [4] ☐ Translated the questions into my language
- [5] ☐ Helped in some other way

Please print: _____

_____

_____

Thank you.

Please return the completed survey using the envelope we provided. You can put the survey in the clinic drop box or place it in the nearest mailbox.