

## Your Experiences Getting Health Care

Answer all the questions by checking 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**  
 No

**Your participation is voluntary.** You may choose to answer the 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 the survey, please return it in the postage paid envelope provided to the Center for Survey Research at 100 Morrissey Blvd., Boston, MA 02125.

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 #44 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

These questions ask about **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 #44**  
 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**?
- Yes  
 No → **If No, go to #8**

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 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 phone 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 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

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

- Yes
- No → **If No, go to #17**

16. 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?

- 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

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 #23**

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 seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

25. In the last 12 months, how often did this provider spend enough time with you?
- Never
  - Sometimes
  - Usually
  - Always
26. In the last 12 months, did this provider order a blood test, x-ray, or other test for you?
- Yes
  - No → **If No, go to #28**
27. 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 those results?
- Never
  - Sometimes
  - Usually
  - Always
28. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?
- Yes
  - No → **If No, go to #32**
29. 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
30. 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
31. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?
- Yes
  - No

32. 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?

Worst possible provider											Best possible provider
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>											

33. 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 #35**
34. 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

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

35. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?
- Yes
  - No
36. 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
37. In the last 12 months, did you take any prescription medicine?
- Yes
  - No → **If No, go to #39**
38. 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
39. 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
40. 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

41. 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

42. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

43. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

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

- Excellent
- Very good
- Good
- Fair
- Poor

45. In general, how would you rate your overall **mental or emotional** health?

- Excellent
- Very good
- Good
- Fair
- Poor

46. In the last 12 months, did you get health care 3 or more times for the same condition or problem?

- Yes
- No → **If No, go to #48**

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

- Yes
- No

48. In the last 12 months, did you need or take any prescription medicine? Do **not** include birth control.

- Yes
- No → **If No, go to #50**

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

- Yes
- No

50. 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

51. Are you male or female?

- Male
- Female

52. 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

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

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

54. What is your race? Mark one or more.

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- Other

55. Did someone help you complete this survey?

- Yes
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

56. 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 survey in the postage-paid envelope.*