

## SURVEY ABOUT YOUR EXPERIENCES WITH YOUR PROVIDER

### YOUR PROVIDER

1. Visits with a health care provider can be **in-person, by phone, or by video**. Our records show that you had a recent visit with the provider named below.

Is that right?

- Yes  
 No → **If No, go to Q51 on page 5**

Please think of this provider as you answer the survey.

2. Is this the provider you usually talk to 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. How long has it been since your most recent in-person, phone, or video visit with this provider?
- Less than 1 month  
 At least 1 month but less than 3 months  
 At least 3 months but less than 6 months  
 At least 6 months but less than 1 year  
 1 year or more

These questions ask about your most recent visit with this provider.

5. Was your most recent visit with this provider **in-person**?
- Yes → **If Yes, go to Q12**  
 No
6. Was your most recent visit with this provider a **video visit**?
- Yes  
 No → **If No, go to Q10**
7. Did you need instructions from this provider's office about how to use video for this visit?
- Yes  
 No → **If No, go to Q9**
8. Did this provider's office give you all the instructions you needed to use video for this visit?
- Yes, definitely  
 Yes, somewhat  
 No
9. During your most recent visit, was the video easy to use?
- Yes, definitely → **Go to Q11**  
 Yes, somewhat → **Go to Q11**  
 No → **Go to Q11**
10. Was your most recent visit with this provider by **phone**?
- Yes  
 No → **If No, go to Q12**
11. During your most recent visit, were you and this provider able to hear each other clearly?
- Yes, definitely  
 Yes, somewhat  
 No

## SCHEDULING APPOINTMENTS AND CONTACTING THIS PROVIDER

12. Was your most recent visit for an illness, injury, or condition that **needed care right away**?
- Yes
  - No → **If No, go to Q14**
13. When you contacted 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
14. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?
- Yes
  - No → **If No, go to Q16**
15. 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
16. In the last 6 months, did you call this provider's office with a medical question during regular office hours?
- Yes
  - No → **If No, go to Q18**
17. 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

18. Did your most recent visit start on time?

- Yes, definitely
- Yes, somewhat
- No

## MANAGING YOUR CARE

19. During your most recent visit, did this provider explain things in a way that was easy to understand?
- Yes, definitely
  - Yes, somewhat
  - No
20. During your most recent visit, did this provider listen carefully to you?
- Yes, definitely
  - Yes, somewhat
  - No
21. During your most recent visit, did this provider show respect for what you had to say?
- Yes, definitely
  - Yes, somewhat
  - No
22. During your most recent visit, did this provider spend enough time with you?
- Yes, definitely
  - Yes, somewhat
  - No
23. During your most recent visit, did this provider have the medical information they needed about you?
- Yes, definitely
  - Yes, somewhat
  - No

24. 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

25. 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 6 months, did you see a specialist for a particular health problem?

- Yes
- No → **If No, go to Q27**

26. During your most recent visit, did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

- Yes, definitely
- Yes, somewhat
- No

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

- Yes
- No → **If No, go to Q29**

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

- Yes
- No

29. In the last 6 months, did you take any prescription medicines?

- Yes
- No → **If No, go to Q31**

30. During your most recent visit, did you and someone from this provider's office talk about all the prescription medicines you were taking, whether they were prescribed by this office or another provider?

- Yes
- No

### OVERALL RATING

31. Using any number from 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to rate your **most recent visit**?

- 0 Worst visit possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best visit possible

32. How likely is it that you would **recommend** this provider to your family and friends, using a number from 0 to 10 where 0 is not at all likely and 10 is very likely?

- 0 Not at all likely
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very likely

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

33. During your most recent visit, did you and anyone in this provider's office talk about specific goals for your health?

- Yes
- No

34. During your most recent visit, 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

**When answering the following two questions, please think about any conversation you had or paperwork you completed for your visit.**

35. During your most recent visit, 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

36. During your most recent visit, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?

- Yes
- No

**How would you assess your primary care experience at the practice of the provider named in Question 1 of this survey?**

37. My practice makes it easy for me to get care.

- Definitely
- Mostly
- Somewhat
- Not at all

38. My practice is able to provide most of my care.

- Definitely
- Mostly
- Somewhat
- Not at all

39. In caring for me, my doctor considers all factors that affect my health.

- Definitely
- Mostly
- Somewhat
- Not at all

40. My practice coordinates the care I get from multiple places.

- Definitely
- Mostly
- Somewhat
- Not at all

41. My doctor or practice knows me as a person.

- Definitely
- Mostly
- Somewhat
- Not at all

42. My doctor and I have been through a lot together.

- Definitely
- Mostly
- Somewhat
- Not at all

43. My doctor or practice stands up for me.

- Definitely
- Mostly
- Somewhat
- Not at all

44. The care I get takes into account knowledge of my family.

- Definitely
- Mostly
- Somewhat
- Not at all

45. The care I get in this practice is informed by knowledge of my community.

- Definitely
- Mostly
- Somewhat
- Not at all

46. Over time, my practice helps me to stay healthy.

- Definitely
- Mostly
- Somewhat
- Not at all

47. Over time, my practice helps me to meet my goals.

- Definitely
- Mostly
- Somewhat
- Not at all

### STAFF AT PROVIDER'S OFFICE

48. Staff at a provider's office may talk with you about your visit, help set it up, and remind you about your appointment. Thinking about your most recent visit, did you talk to staff from this provider's office?

- Yes
- No → **If No, go to Q51**

49. Thinking about your most recent visit, was the staff from this provider's office as helpful as you thought they should be?

- Yes, definitely
- Yes, somewhat
- No

50. Thinking about your most recent visit, did the staff from this provider's office treat you with courtesy and respect?

- Yes, definitely
- Yes, somewhat
- No

### ABOUT YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

53. 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

54. What is your gender/gender identity?

- Male
- Female
- Transgender male
- Transgender female
- Genderqueer, not exclusively male or female
- Non-binary
- Additional gender category or other
- Decline to answer

55. 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

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

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

57. 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

58. 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, stomach ulcers, or Gastroesophageal Reflux Disease	<input type="radio"/>	<input type="radio"/>
j. Migraine headaches	<input type="radio"/>	<input type="radio"/>

59. Do you have internet access?

- Yes
- No → **If No, go to Q61**

60. How reliable is your internet connection?

- Very reliable
- Somewhat reliable
- Somewhat unreliable
- Very unreliable

61. In general, how comfortable are you using a smartphone, computer or other device?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable

62. Do you ever worry about having enough cell phone minutes to make all of the calls you need to make?

- Yes
- No
- Don't know/Not sure

63. Did someone help you complete this survey?

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

64. 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

**THANK YOU**

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