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## Patient Experience of Care Survey

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**NAME OF PRACTICE:**

<NAME>

**OFFICE LOCATION:**

<ADDRESS LINE 1>

<ADDRESS LINE 2>

<CITY, ST ZIP>

Si prefiere este cuestionario en español, por favor envíenos un correo electrónico a [INSERT VENDOR EMAIL] o llame al [INSERT VENDOR PHONE].

<<SID>>

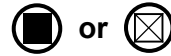
## SURVEY INSTRUCTIONS

You may use pen or pencil.

Answer each question by filling the box to the left of your answer or by marking the box with an "X."

or

If you wish to change an answer, fill the box for your preferred answer and circle it. You may also erase your original answer.



You are sometimes told to skip over some questions in this survey. When that 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 Provider

1. A health care provider can care for patients in person, by phone, or by video. Our records show that in the last 6 months you got care from a primary care provider who works at the office location listed on the front cover (you may know this provider's office by another name).

Is that right?

Yes

No → **If No, go to 56 on page 7**

2. If you know, please write in the name of the primary care provider you have seen most often at this office in the last 6 months.

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The questions in this survey will refer to the provider named in Question 2 as "this provider." As you answer these questions, please think of the in-person, phone, and video visits you had with that person in the last 6 months.

### Your Care From This Provider in the Last 6 Months

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.

3. In the last 6 months, how many times did you visit this provider to get care for yourself?
- None → **If None, go to 56 on page 7**
  - 1 time
  - 2
  - 3
  - 4
  - 5 to 9
  - 10 or more times
4. In the last 6 months, did you contact 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 on page 3**

5. In the last 6 months, 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

6. 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 8**

7. In the last 6 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

### Your Communications With This Provider in the Last 6 Months

8. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

- Yes
- No → **If No, go to 10**

9. In the last 6 months, when you contacted 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

10. In the last 6 months, did you contact this provider's office with a medical question **after** regular office hours?

- Yes
- No → **If No, go to 12**

11. In the last 6 months, when you contacted 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

12. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

- Yes
- No

13. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, how often did this provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, did you ask this provider's office a medical question using email, a patient portal, or a website?

- Yes
- No → **If No, go to 20**

19. In the last 6 months, when you asked this provider's office a question using email, patient portal or website, how often were all of the questions in your message answered?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No → **If No, go to 22**

21. In the last 6 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

22. In the last 6 months, did you take any prescription medicine?

- Yes
- No → **If No, go to 24**

23. In the last 6 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

24. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

- Yes
- No → **If No, go to 28**

25. When you talked about starting or stopping a prescription medicine, did this provider talk about the reasons you might want to take a medicine?

- Yes
- No

26. When you talked about starting or stopping a prescription medicine, did this provider talk about the reasons you might **not** want to take a medicine?

- Yes
- No

27. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?

- Yes
- No

28. 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

29. 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 33**

30. In the last 6 months, how often did the provider named in Question 2 seem informed and up-to-date about the care you got from specialists?

- Never
- Sometimes
- Usually
- Always

31. In the last 6 months, did you need help from anyone in this provider's office to manage your care among different providers and services?

- Yes
- No → **If No, go to 33**

32. In the last 6 months, did you get the help you needed from this provider's office to manage your care among different providers and services?

- Yes
- No

33. In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?

- Yes
- No

34. In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?

- Yes
- No

### Clerks and Receptionists at This Provider's Office

35. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

36. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

### Extended Hours From This Provider in the Last 6 Months

37. Does this provider's office offer any extended hours, such as early mornings, nights, weekends, or holidays?

- Yes
- No → **If No, go to 40**
- Not sure → **If Not sure, go to 40**

38. In the last 6 months, did you need care from this provider's office during extended hours, such as early mornings, nights, weekends, or holidays?

- Yes
- No → **If No, go to 40**

39. In the last 6 months, how often were you able to get the care you needed from this provider's office during extended hours, such as early mornings, nights, weekends, or holidays?

- Never
- Sometimes
- Usually
- Always

### Hospital Care in the Last 6 Months

40. In the last 6 months, have you been a patient in a hospital overnight or longer?

- Yes
- No → **If No, go to 42**

41. Within 3 days after your most recent hospital stay, did someone from the provider's office named on the front cover contact you to follow up on this hospital stay?

- Yes
- No

42. In the last 6 months, have you gone to an emergency room or emergency department for care?

- Yes
- No → **If No, go to 44**

43. Within one week after your most recent emergency room or emergency department visit, did someone from the provider's office named on the front cover contact you to follow up on this visit?

- Yes
- No

### Your Behavioral Health in the Last 6 Months

44. In the last 6 months, did someone from this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

- Yes
- No

45. In the last 6 months, was there a period of time when you felt sad, empty, or depressed?

- Yes
- No → **If No, go to 47 on page 7**

46. In the last 6 months, did someone from this provider's office help when you felt sad, empty, or depressed?

- Yes
- No

47. In the last 6 months, did someone from this provider's office talk with you about things in your life that worry you or cause you stress?

- Yes
- No

48. In the last 6 months, was there a period of time when things in your life worried you or caused you stress?

- Yes
- No → **If No, go to 50**

49. In the last 6 months, did someone from this provider's office help during a period of time when things in your life worried you or caused you stress?

- Yes
- No

50. In the last 6 months, did someone from this provider's office ask you about alcohol use or drug use?

- Yes
- No

51. In the last 6 months, was there a period of time when you had a problem with alcohol use or drug use?

- Yes
- No → **If No, go to 53**

52. In the last 6 months, did someone from this provider's office help with your alcohol use or drug use?

- Yes
- No

53. In the last 6 months, did someone from this provider's office ask you about any nonmedical needs, such as food, housing, or transportation?

- Yes
- No

54. In the last 6 months, was there a period of time when you had any nonmedical needs, such as food, housing, or transportation?

- Yes
- No → **If No, go to 56**

55. In the last 6 months, did someone from this provider's office help you get nonmedical needs, such as food, housing, or transportation?

- Yes
- No

### About You

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

58. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or older

59. Are you male or female?

- Male
- Female

60. 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

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

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

62. 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

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.**

*If you no longer have the envelope, you can mail your survey to:*

Patient Experience of Care Survey  
[INSERT VENDOR ADDRESS]