# Telephone Interview Script for the PRIMARY CARE FIRST (PCF) Patient Experience of Care (PEC) Survey —English

*Note: Proxy respondents are permitted in the administration of the survey.*

* People who are in a residential or care assisted living facility are eligible, unless physically or mentally incapable, in which case a proxy can complete the survey. Note that patients identified as living in residential care/assisted facilities are to be excluded from the telephone follow-up.
* People who live in group quarters should complete the survey, unless physically or mentally incapable, in which case a proxy can complete the survey.
* People who are physically or mentally incapable and people who are hearing impaired can have a proxy complete the phone survey. If no proxy available, **code as ineligible**.
* People who speak a language other than Spanish can have a proxy complete the phone survey. If no proxy available, **code as language barrier**.
* People who are institutionalized, living out of the country during data collection period, or deceased are ineligible.

## General Interviewing Conventions and Instructions

* The telephone introduction script must be read verbatim.
* All text that appears in Sentence Case must be read aloud.
* Text in UPPERCASE letters must not be read out loud.
	+ However, UPPERCASE response options can be read if necessary
* Text in **bold,** underline, or *italic* font must be emphasized.
* Text in (parentheses) can be read if necessary or skipped if not necessary.
* DON’T KNOW (DK) or REFUSED (REF) are valid response options for each question, however these options must not be read aloud or volunteered.
* All questions and all answer categories must be read exactly as they are worded—read verbatim.
	+ During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
		- Thank you
		- Alright
		- Okay
		- I understand, or I see
		- Yes, Ma’am
		- Yes, Sir
	+ During the course of the survey, use of **neutral** probe words such as the following is permitted:
		- Re-reading the question
		- Re-reading the response options
		- What do you mean by that?
* Read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts).
* No changes are permitted to the order of the question and answer categories for the questions.
* All transitional statements must be read.

## Programmer Instructions

* [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens.
* Only one language (English or Spanish) must appear on the electronic interviewing system screen, except for interviewer instructions or coding options which can remain in English or Spanish screens.
* All questions should force a response to be entered before the interviewer can go to the next question.
* DON’T KNOW (DK) or REFUSED (REF) are valid response options for each question and should allow the telephone interviewer to go to the next question.
* Vendors should use their own front-end and back-end programming to properly route and disposition cases.

**LEAD\_IN1** Hello, this is [INTERVIEWER NAME] calling from [VENDOR NAME] on behalf of [PRACTICE]. May I please speak to [FIRST\_NAME] [LAST\_NAME]?

**INTRO1** I am calling today to ask you to take part in the Patient Experience of Care Survey for [PRACTICE]. Your health care provider’s office, [PRACTICE] is part of a program along with approximately 2,000 other practices across the nation to learn how they can improve the experience and health of their patients. This program is run by the U.S. Department of Health & Human Services in partnership with 17 other insurance companies.

You were selected from a random sample of people who received care from your primary care practice. This survey is voluntary and will not affect any health care or benefits you receive. The survey takes about 20 minutes. Your answers are confidential and will never be seen by your provider. We will combine your answers with those of other people to create a summary report for your provider. This call may be monitored or recorded for quality improvement purposes.

READ AS NECESSARY:

[PRACTICE NAME AND ADDRESS]

IF RESPONDENT NO LONGER SEES PRACTICE/PROVIDER: Thanks for telling me that you no longer see this provider. However, if you have seen this provider anytime in the last 6 months, we would like to do this survey.

IF RESPONDENT DOESN’T RECOGNIZE PRACTICE/REPORTS NOT RECEIVING CARE AT PRACTICE: Thanks for explaining that. Sometimes practices use an official name that is unfamiliar to patients.

What doctor did you see? I can look them up on my list of medical staff at this practice. (IF RESPONDENT WANTS YOU TO READ THE NAMES, YOU CAN DO THAT INSTEAD)

Providers at this practice: [PRO\_Names1to4, PRO\_Names5to8, PRO\_Names9to12, PRO\_Names13to16, PRO\_Names17to20, PRO\_Names21to24, PRO\_Names25to28, PRO\_Names29to32, PRO\_Names33to36, PRO\_Names37to40, PRO\_Names41to44, PRO\_Names45to48, PRO\_Names49to52, PRO\_Names53to56, PRO\_Names57to60, PRO\_Names61to64, PRO\_Names65to68, PRO\_Names69to72, PRO\_Names73to76, PRO\_Names77to80, PRO\_Names81to84, PRO\_Names85to88, PRO\_Names89to92]

IF RESPONDENT STILL REFUSES, SELECT REFUSAL

**PROXY\_INTRO** IF NEEDED: (Hello, this is <INTERVIEWER NAME> calling from [VENDOR NAME] on behalf of [PRACTICE]. HHS AND [PRACTICE] are conducting a survey about patients´ experiences at primary care practices. The results will be used to help HHS understand patient experiences and help improve the experiences of patients and family members.)

Is there somebody over the age of 18, such as a family member or friend, who is familiar with [FIRST\_NAME] [LAST\_NAME]´s recent health care experiences and comfortable answering questions about that care?

1 YES, PROXY IS AVAILABLE

2 PROXY IS UNAVAILABLE, SET CALL BACK

3 NO, NO PROXY AVAILABLE

4 RESPONDENT ON PHONE, NO PROXY

**Q1.** 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/the patient] got care from a primary care provider who works at [PRACTICE] (you mayknow this provider's office by another name).

Is that right?

[INTERVIEWER INSTRUCTION: USE THE PRACTICE INFORMATION LISTED BELOW IF NEEDED:

[DISPLAY PRACTICE NAME

PRACTICE\_ADDRESS
PRACTICE\_CITY, PRACTICE\_STATE, PRACTICE\_ZIP]]

1 YES

2 NO → [SKIP TO Q56 intro]

**Q2.** If you know, please tell me the name of the primary care provider [you have/the patient has] seen most often at this office in the last 6 months.

1 Name of the primary care provider

\_\_\_\_\_\_\_\_\_\_\_\_ [ALPHANUMERIC CHARACTER ENTRY FIELD]

DK

REF

[CONTINUE]

**Q2A** 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/the patient] had with [IF Q2 = DK OR REF, FILL TEXT: “that person”, ELSE FILL RESPONSE TO Q2] in the last 6 months.

These questions ask about [**your/the patient’s] own** health care. Do **not** include care [you/the patient] got when [you/the patient] stayed overnight in a hospital. Do **not** include the times [you/the patient] went for dental care visits.

[CONTINUE]

**Q3.** In the last 6 months, how many times did [you/the patient] visit this provider to get care for [yourself/himself or herself]? Would you say…

0 None, → [SKIP TO Q56 intro]

1 One Time,

2 Two Times,

3 Three Times,

4 Four Times,

5 Five to Nine Times, or

6 Ten or More Times

DK

REF

**Q4.** In the last 6 months, did [you/the patient] contact this provider’s office to get an appointment for an illness, injury, or condition that **needed care right away?**

1. YES
2. NO → [SKIP TO Q6]

DK → [SKIP TO Q6]

REF → [SKIP TO Q6]

**Q5.** In the last 6 months, when [you/the patient] contacted this provider’s office to get an appointment for **care [you/the patient] needed right away**, how often did [you/the patient] get an appointment as soon as [you/the patient] needed? Would you say….

1. Never
2. Sometimes
3. Usually
4. Always

DK

REF

**Q6.** In the last 6 months, did [you/the patient] make any appointments for a **check-up or routine care** with this provider?

1. YES
2. NO → [SKIP TO Q8intro]

DK → [SKIP TO Q8intro]

REF → [SKIP TO Q8intro]

**Q7.** In the last 6 months, when [you/the patient] made an appointment for a **check-up or routine care** with this provider, how often did [you/the patient] get an appointment as soon as [you/the patient] needed? Would you say….

1. Never
2. Sometimes
3. Usually
4. Always

DK

REF

**Q8intro.** The next set of questions ask about [your/the patient’s] communications with this provider in the last 6 months.

**Q8.** In the last 6 months, did [you/the patient] contact this provider’s office with a medical question during regular office hours?

1. YES
2. NO → [SKIP TO Q10]

DK → [SKIP TO Q10]

REF → [SKIP TO Q10]

**Q9.** In the last 6 months, when [you/the patient] contacted this provider’s office during regular office hours, how often did [you/the patient] get an answer to [your/the patient’s] medical question that same day? Would you say….

1 Never

2 Sometimes

3 Usually

4 Always

DK

REF

**Q10.** In the last 6 months, did [you/the patient] contact this provider’s office with a medical question **after** regular office hours?

1 YES

2 NO → [SKIP TO Q12]

DK → [SKIP TO Q12]

REF → [SKIP TO Q12]

**Q11.** In the last 6 months, when [you/the patient] contacted this provider’s office **after** regular office hours, how often did [you/the patient] get an answer to [your/the patient’s] medical question as soon as [you/the patient] needed? Would you say….

1 Never

2 Sometimes

3 Usually

4 Always

DK

REF

**Q12.** Did this provider’s office give [you/the patient] information about what to do if [you/the patient] needed care during evenings, weekends, or holidays?

1 YES

2 NO

DK

REF

**Q13.** In the last 6 months, how often did this provider explain things in a way that was easy to understand? Would you say….

1 Never

2 Sometimes

3 Usually

4 Always

DK

REF

**Q14.** In the last 6 months, how often did this provider listen carefully to [you/the patient]? Would you say….

1 Never

2 Sometimes

3 Usually

4 Always

DK

REF

**Q15.** In the last 6 months, how often did this provider seem to know the important information about [your/the patient’s] medical history?

(REPEAT AS NECESSARY: Would you say….)

1 NEVER

2 SOMETIMES

3 USUALLY

4 ALWAYS

DK

REF

**Q16.** In the last 6 months, how often did this provider show respect for what [you/the patient] had to say?

(REPEAT AS NECESSARY: Would you say….)

1 NEVER

2 SOMETIMES

3 USUALLY

4 ALWAYS

DK

REF

**Q17.** In the last 6 months, how often did this provider spend enough time with [you/the patient]?

(REPEAT AS NECESSARY: Would you say….)

1 NEVER

2 SOMETIMES

3 USUALLY

4 ALWAYS

DK

REF

**Q18.** In the last 6 months, did [you/the patient] ask this provider's office a medical question using email, a patient portal, or a website?

1 YES

2 NO → [SKIP TO Q20]

DK → [SKIP TO Q20]

REF → [SKIP TO Q20]

**Q19.** In the last 6 months, when [you/the patient] asked this provider’s office a question using email, patient portal or website, how often were all of the questions in [your/the patient’s] message answered?

(REPEAT AS NECESSARY: Would you say….)

1 NEVER

2 SOMETIMES

3 USUALLY

4 ALWAYS

DK

REF

**Q20.** In the last 6 months, did this provider order a blood test, x-ray, or other test for [you/the patient]?

1 YES

2 NO → [SKIP TO Q22]

DK → [SKIP TO Q22]

REF → [SKIP TO Q22]

**Q21.** In the last 6 months, when this provider ordered a blood test, x-ray, or other test for [you/the patient], how often did someone from this provider’s office follow up to give [you/the patient] those results?

(REPEAT AS NECESSARY: Would you say….)

1 NEVER

2 SOMETIMES

3 USUALLY

4 ALWAYS

DK

REF

**Q22.** In the last 6 months, did [you/the patient] take any prescription medicine?

1 YES

2 NO → [SKIP TO Q24]

DK→ [SKIP TO Q24]

REF→ [SKIP TO Q24]

**Q23.** In the last 6 months, how often did [you/the patient] and someone from this provider’s office talk about all the prescription medicines [you were/the patient was] taking?

(REPEAT AS NECESSARY: Would you say….)

1 NEVER

2 SOMETIMES

3 USUALLY

4 ALWAYS

DK

REF

**Q24.** In the last 6 months, did [you/the patient] and this provider talk about starting or stopping a prescription medicine?

1 YES

2 NO → [SKIP TO Q28]

DK→ [SKIP TO Q28]

REF→ [SKIP TO Q28]

**Q25.** When [you/the patient] talked about starting or stopping a prescription medicine, did this provider talk about the reasons [you/the patient] might want to take a medicine?

1 YES

2 NO

DK

REF

**Q26.** When [you/the patient] talked about starting or stopping a prescription medicine, did this provider talk about the reasons [you/the patient] might **not** want to take a medicine?

1 YES

2 NO

DK

REF

**Q27.** When [you/the patient] talked about starting or stopping a prescription medicine, did this provider ask [you/the patient] what [you/the patient] thought was best for [you/himself or herself]?

1 YES

2 NO

DK

REF

**Q28.** 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/the patient] use to rate this provider?

0 0 – Worst provider possible

1 1

2 2

3 3

4 4

5 5

6 6

7 7

8 8

9 9

10 10 – Best provider possible

DK

REF

**Q29.** 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/the patient] see a specialist for a particular health problem?

1 YES

2 NO → [SKIP TO Q33]

DK → [SKIP TO Q33]

REF → [SKIP TO Q33]

**Q30.** In the last 6 months, how often did [IF Q2 = DK OR REF, FILL TEXT: “the provider [you have/the patient has] seen most often in the last 6 months”, ELSE FILL RESPONSE TO Q2] seem informed and up-to-date about the care [you/the patient] got from specialists? Would you say….

1 Never

2 Sometimes

3 Usually

4 Always

DK

REF

**Q31.** In the last 6 months, did [you/the patient] need help from anyone in this provider’s office to manage [your/the patient’s] care among different providers and services?

1 YES

2 NO → [SKIP TO Q33]

DK → [SKIP TO Q33]

REF → [SKIP TO Q33]

**Q32.** In the last 6 months, did [you/the patient] get the help [you/the patient] needed from this provider’s office to manage [your/the patient/s] care among different providers and services?

1 YES

2 NO

DK

REF

**Q33.** In the last 6 months, did someone from this provider’s office talk with [you/the patient] about specific goals for [your/the patient’s] health?

1 YES

2 NO

DK

REF

**Q34.** In the last 6 months, did someone from this provider’s office ask [you/the patient] if there are things that make it hard for [you/the patient] to take care of [your/his or her] health?

1 YES

2 NO

DK

REF

**Q35 intro.** These next questions ask about the clerks and receptionists at this provider’s office.

**INTERVIEWER INSTRUCTION:** REFER TO THE PROVIDER NAME CAPTURED AT THE BEGINNING OF THE INTERVIEW AND RECORDED IN THE HEADER.

**Q35**. In the last 6 months, how often were clerks and receptionists at this provider’s office as helpful as [you/the patient] thought they should be? Would you say….

1 Never

2 Sometimes

3 Usually

4 Always

DK

REF

**Q36.** In the last 6 months, how often did clerks and receptionists at this provider’s office treat [you/the patient] with courtesy and respect? Would you say….

1 Never

2 Sometimes

3 Usually

4 Always

DK

REF

**Q37intro.** The next set of questions ask about hours from this provider in the last 6 months.

**Q37.** Does this provider’s office offer any extended hours, such as early mornings, nights, weekends, or holidays?

1 YES

2 NO → [SKIP TO Q40 intro]

DK → [SKIP TO Q40 intro]

REF → [SKIP TO Q40 intro]

**Q38.** In the last 6 months, did [you/the patient] need care from this provider’s office during extended hours, such as early mornings, nights, weekends, or holidays?

1 YES

2 NO → [SKIP TO Q40 intro]

DK → [SKIP TO Q40 intro]

REF → [SKIP TO Q40 intro]

**Q39.** In the last 6 months, how often were [you/the patient] able to get the care [you/the patient] needed from this provider’s office during extended hours, such as early mornings, nights, weekends, or holidays? Would you say….

1 Never

2 Sometimes

3 Usually

4 Always

DK

REF

**Q40 intro.** These next questions ask about any care [you/the patient] received from a hospital in the last 6 months.

**Q40.** In the last 6 months, [have you/has the patient] been a patient in a hospital overnight or longer?

1 YES

2 NO → [SKIP TO Q42]

DK→ [SKIP TO Q42]

REF→ [SKIP TO Q42]

**Q41.** Within 3 days after [your/the patient’s] most recent hospital stay, did someone from this provider's office contact [you/the patient] to follow up on this hospital stay?

1 YES

2 NO

DK

REF

**Q42.** In the last 6 months, [have you/has the patient] gone to an emergency room or emergency department for care?

1 YES

2 NO → [SKIP TO Q44intro]

DK→ [SKIP TO Q44intro]

REF→ [SKIP TO Q44intro]

**Q43.** Within one week after [your/the patient’s] most recent emergency room or emergency department visit, did someone from this provider's office contact [you/the patient] to follow up on this visit?

1 YES

2 NO

DK

REF

**Q44intro.** The next set of questions ask about [your/the patient’s] behavioral health in the last 6 months.

**Q44.** In the last 6 months, did someone from this provider’s office ask [you/the patient] if there was a period of time when [you/the patient] felt sad, empty, or depressed?

1 YES

2 NO

DK

REF

**Q45.** In the last 6 months, was there a period of time when [you/the patient] felt sad, empty, or depressed?

1 YES

2 NO → [SKIP TO Q47]

DK→ [SKIP TO Q47]

REF→ [SKIP TO Q47]

**Q46.** In the last 6 months, did someone from this provider’s office help when [you/the patient] felt sad, empty, or depressed?

1 YES

2 NO

DK

REF

**Q47.** In the last 6 months, did someone from this provider’s office talk with [you/the patient] about things in [your/the patient’s] life that worry [you/the patient] or cause [you/the patient] stress?

1 YES

2 NO

DK

REF

**Q48.** In the last 6 months, was there a period of time when things in [your/the patient’s] life worried [you/the patient] or caused [you/the patient] stress?

1 YES

2 NO → [SKIP TO Q50]

DK→ [SKIP TO Q50]

REF→ [SKIP TO Q50]

**Q49.** In the last 6 months, did someone from this provider’s office help during a period of time when things in [your/the patient’s] life worried [you/the patient] or caused [you/the patient] stress?

1 YES

2 NO

DK

REF

**Q50.** In the last 6 months, did someone from this provider’s office ask [you/the patient] about alcohol use or drug use?

1 YES

2 NO

DK

REF

**Q51.** In the last 6 months, was there a period of time when [you/the patient] had a problem with alcohol use or drug use?

1 YES

2 NO → [SKIP TO Q53]

DK→ [SKIP TO Q53]

REF→ [SKIP TO Q53]

**Q52.** In the last 6 months, did someone from this provider’s office help with [your/the patient’s] alcohol use or drug use?

1 YES

2 NO

DK

REF

**Q53.** In the last 6 months, did someone from this provider’s office ask [you/the patient] about any nonmedical needs, such as food, housing, or transportation?

1 YES

2 NO

DK

REF

**Q54.** In the last 6 months, was there a period of time when [you/the patient] had any nonmedical needs, such as food, housing, or transportation?

1 YES

2 NO → [SKIP TO Q56 intro]

DK→ [SKIP TO Q56 intro]

REF→ [SKIP TO Q56 intro]

**Q55.** In the last 6 months, did someone from this provider’s office help [you/the patient] get nonmedical needs, such as food, housing, or transportation?

1 YES

2 NO

DK

REF

**Q56 intro.** The following are a few general questions about [you/the patient].

**Q56**. In general, how would you rate [your/the patient’s] overall health? Would you say…

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

DK

REF

**Q57.** In general, how would you rate [your/the patient’s] overall **mental or emotional** health?

(**REPEAT AS NECESSARY:** Would you say…)

1 EXCELLENT

2 VERY GOOD

3 GOOD

4 FAIR

5 POOR

DK

REF

**Q58.** What is [your/the patient’s] age?

**INTERVIEWER:** PAUSE TO ALLOW RESPONDENT TO ANSWER. READ AGE RANGES IF NECESSARY.

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 TO 84

8 85 OR OLDER

DK

REF

**Q59.** [Are you/Is the patient] male or female?

**INTERVIEWER INSTRUCTION:** IF RESPONDENT PROVIDES AN ANSWER OTHER THAN MALE OR FEMALE, PLEASE CHOOSE “DON’T KNOW/OTHER”

1 MALE

2 FEMALE

DON’T KNOW/OTHER

REF

Q60. What is the highest grade or level of school that [you have/the patient has] completed? Would you say…

**INTERVIEWER INSTRUCTION:** READ ALL RESPONSE OPTIONS EVEN IF THE RESPONDENT OFFERS AN ANSWER. PROBE AS NECESSARY TO ENSURE YOU CAPTURE THE ANSWER CORRECTLY.

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, or

6 More than 4-year college degree?

DK

REF

**Q61.** [Are you/Is the patient] of Hispanic or Latino origin or descent?

1 YES, HISPANIC OR LATINO

2 NO, NOT HISPANIC OR LATINO

DK

REF

**Q62.** What is [your/the patient’s] race? I will read a list of options. You may choose one or more.

1 White

2 Black or African American

3 Asian

4 Native Hawaiian or Other Pacific Islander

5 American Indian or Alaskan Native

6 Other

DK

REF

[PROGRAMMER: ALLOW MORE THAN ONE RESPONSE TO BE ENTERED, EXCLUDING DK/REF]

[SUGGESTED ANSWERING MACHINE LANGUAGE]

**ANSMACH\_MSG** Hello, my name is [INTERVIEWER NAME] calling from [VENDOR NAME] on behalf of [PRACTICE]. I am trying to reach [FNAME LNAME] about the Patient Experience of Care Survey. This survey asks for your feedback on your experience of care with your primary care provider and we would like to hear from you. The Department of Health and Human Services and [PRACTICE] are conducting the survey and you may remember receiving it in the mail. We have not heard from you and would like to complete the survey over the phone with you at your convenience. Please call us toll free at [INSERT CORRECT PHONE NUMBER]. Again, that’s [INSERT CORRECT PHONE NUMBER]. Thank you.