

EXPERIENCES WITH YOUR DOCTOR SURVEY

YOUR DOCTOR

1. Our records show that you got care from the doctor named below in the last 6 months.

Is that right?

- ₁ Yes
₂ No → *If No, go to Question 39 on Page 4*

2. Is this the doctor 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 doctor?

- 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 FROM THIS DOCTOR 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.

4. In the last 6 months, how many times did you visit this doctor to get care for yourself?

- ₁ None → *If None, go to Question 39 on Page 4*
₂ 1 time
₃ 2
₄ 3
₅ 4
₆ 5 to 9
₇ 10 or more times

5. In the last 6 months, did you contact this doctor'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 Question 7*

6. In the last 6 months, when you contacted this doctor's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

7. In the last 6 months, did you make any appointments for a check-up or routine care with this doctor?

- ₁ Yes
₂ No → *If No, go to Question 9*

8. In the last 6 months, when you made an appointment for a check-up or routine care with this doctor, how often did you get an appointment as soon as you needed?

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

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

- ₁ Yes
₂ No → *If No, go to Question 11*

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

- ₁ Yes
₂ No → *If No, go to Question 13*

12. In the last 6 months, when you contacted this doctor'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 6 months, how often did you see this doctor within 15 minutes of your appointment time?

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

MANAGING YOUR CARE

14. In the last 6 months, how often did this doctor explain things in a way that was easy to understand?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
15. In the last 6 months, how often did this doctor listen carefully to you?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
16. In the last 6 months, how often did this doctor seem to know the important information about your medical history?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
17. In the last 6 months, how often did this doctor show respect for what you had to say?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
18. In the last 6 months, how often did this doctor spend enough time with you?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
19. In the last 6 months, did this doctor order a blood test, x-ray, or other test for you?
- ₁ Yes
 - ₂ No → *If No, go to Question 21*
20. In the last 6 months, when this doctor ordered a blood test, x-ray, or other test for you, how often did someone from this doctor's office follow up to give you those results?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always

STAYING HEALTHY

21. In the last 6 months, did you and this doctor talk about a healthy diet and healthy eating habits?
- ₁ Yes
 - ₂ No
22. In the last 6 months, did you and this doctor talk about the exercise or physical activity you get?
- ₁ Yes
 - ₂ No

SHARED DECISION MAKING

23. In the last 6 months, did you and this doctor talk about starting or stopping a prescription medicine?
- ₁ Yes
 - ₂ No → *If No, go to Question 27*
24. Did you and this doctor talk about the reasons you might want to take a medicine?
- ₁ Yes
 - ₂ No
25. Did you and this doctor talk about the reasons you might not want to take a medicine?
- ₁ Yes
 - ₂ No
26. When you and this doctor talked about starting or stopping a prescription medicine, did this doctor ask what you thought was best for you?
- ₁ Yes
 - ₂ No

OVERALL RATING OF DOCTOR

27. Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?
- 0 Worst doctor possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best doctor possible

COORDINATING YOUR CARE

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

- ₁ Yes
₂ No → *If No, go to Question 30*

29. In the last 6 months, how often did you and someone from this doctor's office talk about all the prescription medicines you were taking?

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

30. In the last 6 months, did you get care from any other doctors?

- ₁ Yes
₂ No → *If No, go to Question 32*

31. In the last 6 months, how often did this doctor (named in Question 1) seem informed and up-to-date about the care you got from other doctors?

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

CLERKS AND RECEPTIONISTS AT THIS DOCTOR'S OFFICE

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

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

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

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

OVERALL RATING OF CARE

34. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate all your health care from all doctors and other health providers that you have seen in the last 6 months?

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

DISCUSSING HEALTH ISSUES

35. In the last 6 months, did you discuss any health issues with this doctor (named in Question 1)?

- ₁ Yes
₂ No → *If No, go to Question 39 on Page 4*

36. In the last 6 months, thinking about your visit(s) with this doctor, how much effort did this doctor make to help you understand your health issues?

- 0 No effort was made
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Every effort was made

37. In the last 6 months, thinking about your visit(s) with this doctor, how much effort did this doctor make to listen to the things that matter most to you about your health issues?

- 0 No effort was made
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Every effort was made

38. In the last 6 months, thinking about your visit(s) with this doctor, how much effort did this doctor make to include what matters most to you in choosing what to do next?

- 0 No effort was made
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Every effort was made

ABOUT YOU

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

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

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

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

41. 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

42. Are you male or female?

- ₁ Male
- ₂ Female

43. 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

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

- ₁ Yes, Hispanic or Latino
- ₂ No, not Hispanic or Latino

45. What is your race? 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

46. What language do you mainly speak at home?

- ₁ English
- ₂ Spanish
- ₃ Some other language (please print)

THANK YOU

When you are done, please use the enclosed prepaid envelope to mail the questionnaire to:
Center for the Study of Services, PO Box 10820, Herndon, VA 20172-9940