



All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

Your responses to this survey are completely confidential. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to DataStat.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this survey, please call 1-888-506-5135.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark 

Incorrect Marks 



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes ➔ *Go to Question 1*
- No

↓ **START HERE** ↓

Your Provider

1. Our records show that you got care from the provider named below in the last 12 months.

[CLINICIAN NAME]

Is that right?

- Yes
- No ➔ *Go to Question 29*



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

Your Care From This Provider in the Last 12 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 12 months, how many times did you visit this provider to get care for yourself?

- None → *Go to Question 29*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

5. In the last 12 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 → *Go to Question 7*

6. In the last 12 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

7. In the last 12 months, did you make any appointments for a check-up or routine care with this provider?

- Yes
- No → *Go to Question 9*

8. 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

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

- Yes
- No

10. In the last 12 months, did you contact this provider's office with a medical question during regular office hours?

- Yes
- No → *Go to Question 12*

11. In the last 12 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

12. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

13. In the last 12 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

14. In the last 12 months, how often did this provider seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

16. In the last 12 months, how often did this provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

17. In the last 12 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No → *Go to Question 19*

18. 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

19. 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?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Provider | | | | | Provider | | | | | |
| Possible | | | | | Possible | | | | | |



20. 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 → *Go to Question 22*

21. 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 the survey.

22. In the last 12 months, did someone from this provider's office talk with you about specific goals for your health?

- Yes
- No

23. In the last 12 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

24. In the last 12 months, did you and someone from this provider's office talk about things in your life that worry you or cause you stress?

- Yes
- No

25. In the last 12 months, did you take any prescription medicine?

- Yes
- No → *Go to Question 27*

26. In the last 12 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

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

27. 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

28. 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



About You

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

31. 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

32. Are you male or female?

- Male
- Female

33. 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

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

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

35. What is your race? Please mark one or more.

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

36. Did someone help you complete this survey?

- Yes → **Go to Question 37**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

37. How did that person help you? Please 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 for taking the time to complete this survey. Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108







