



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover 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 6 months.

[CLINICIAN NAME]

Is that right?

- Yes → *Go to Question 2*
- No → *Go to Question 23*



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 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 provider to get care for yourself?

- None → *Go to Question 23*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

5. 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 → *Go to Question 7*

6. 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

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

- Yes
- No → *Go to Question 8a*

8. 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

8a. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

- Yes
- No

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

- Yes
- No → *Go to Question 11*

10. 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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 18*

17. 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

18. 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              |                       |                       |                       |                       |                       |



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**18a. 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 → *Go to Question 18c*

**18b. In the last 6 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 this survey.**

**18c. In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?**

- Yes
- No

**18d. 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

**18e. In the last 6 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

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

- Yes
- No → *Go to Question 21*

**20. 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

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| <p><b>CLERKS AND RECEPTIONISTS<br/>AT THIS PROVIDER'S OFFICE</b></p> |
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**21. 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

**22. 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



**ABOUT YOU**

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

**25. 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

**26. Are you male or female?**

- Male
- Female

**27. 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

**28. Are you of Hispanic or Latino origin or descent?**

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

**29. 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

**30. Did someone help you complete this survey?**

- Yes → **Go to Question 31**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

**31. 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

**Thanks again 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**







