

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

- 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

- 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

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

- 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**



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