



SCHOOL OF PUBLIC HEALTH

UNIVERSITY *of* WASHINGTON

This survey is part of a research project being conducted by the Department of Health Services at the University of Washington. The purpose of the survey is to learn from patients who get their primary care at several clinics in the Puget Sound area what they think about the care they receive at those clinics.

Your health care provider(s) and the staff at this clinic will not see your responses. The researchers will not be able to identify you from your responses to the survey. You may skip any questions that you do not want to answer. The survey should take approximately 10 minutes to complete.

When you have completed the survey, please place it in the envelope and seal it, and deposit it in the collection box or mail it to the project team.

If you have any questions about the project or the survey, please contact either the Principal Investigator or Project Manager:

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You may take this page with you for reference.

Thank you.

Your Medical Provider

1. Before today, have you seen any provider at this clinic in the last 12 months?
 - ¹ Yes
 - ² No (Thank you - please hand in the survey.)

2. Is this clinic the place you usually go to if you need a check-up, want advice about a health problem, or get sick or hurt?
 - ¹ Yes
 - ² No (Thank you - please hand in the survey.)

3. Do you have a **regular provider** at this clinic that you usually go to if you need a check-up, want advice about a health problem, or get sick or hurt?
 - ¹ Yes
 - ² No (**Skip to Question # 6**)

4. How long have you been going to this provider?
 - 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

5. What type of provider is he/she? (**choose one**)
 - ¹ Physician
 - ² Nurse Practitioner
 - ³ Physician Assistant
 - ⁴ Other, please specify _____
 - ⁵ Not sure

Your Care From This Clinic in the Last 12 Months

6. In the last 12 months, when you visited this clinic, how often was it well organized, efficient, and did not waste your time?
 - ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always

7. In the last 12 months, when you phoned this clinic to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you thought you needed?
 - ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always
 - ⁵ I did not phone this clinic to get an appointment for care needed right away in the last 12 months.

8. In the last 12 months, when you made an appointment for a **check-up or routine care** at this clinic, how often did you get an appointment as soon as you thought you needed it?
 - ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always
 - ⁵ I did not phone this clinic to get an appointment for a check-up or routine care in the last 12 months.

9. In the last 12 months, when you contacted this clinic 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
 - ⁵ I did not phone this clinic during regular office hours in the last 12 months.

10. In the last 12 months, when you contacted this clinic **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
- ⁵ I did not phone this clinic after regular office hours in the last 12 months.

11. In the last 12 months, did someone from this clinic remind you to schedule preventive care that you were due to receive—for example: a flu shot, cancer screening, or eye exam?

- ¹ Yes
- ² No
- ³ I did not need preventive care.

12. Did someone from this clinic remind you of today's scheduled appointment?

- ¹ Yes
- ² No
- ³ Not Applicable

13. In the last 12 months, when the provider(s) ordered a blood test, x-ray, or other test for you, how often did someone from this clinic follow-up to give you those results?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not have a blood test, x-ray, or other test ordered in the last 12 months.

Your Care From Providers at This Clinic in the Last 12 Months

14. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you have to wait longer than 15 minutes to see your provider?

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

15. In the last 12 months, how often did the provider(s) at this clinic explain things in a way that was easy to understand?

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

16. In the last 12 months, how often did the provider(s) at this clinic listen carefully to you?

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

17. In the last 12 months, how often did the provider(s) at this clinic give you easy to understand instructions about taking care of your health problems or concerns?

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

18. In the last 12 months, how often did the provider(s) at this clinic seem to know the important information about your medical history?

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

19. In the last 12 months, how often did the provider(s) at this clinic show respect for what you had to say?

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

20. In the last 12 months, how often did the provider(s) at this clinic spend enough time with you?

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

21. In the last 12 months, how often was the provider(s) at this clinic as thorough as you thought you needed?

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

22. Would you recommend this clinic to your family and friends?

- ¹ Definitely no
- ² Probably no
- ³ Probably yes
- ⁴ Definitely yes

23. Using any number from 0 to 10, where 0 is the worst medical care possible and 10 is the best medical care possible, what number would you use to rate the medical care you received from this clinic, over the last 12 months?

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

Self-Management Support

In these questions we ask you about the assistance you receive from your provider in managing illnesses, injuries, and/or chronic conditions.

24. In the last 12 months, did you see a provider(s) at this clinic for a specific illness, injury, or for any chronic health condition?

- ¹ Yes
- ² No (**Skip to Question # 29**)

25. In the last 12 months, how often did the provider(s) at this clinic give you easy to understand instructions about what to do to take care of this illness, injury, or chronic health condition?

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

26. In the last 12 months, how often did the provider(s) at this clinic ask you to describe how you were going to follow these instructions?

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

27. Sometimes providers give instructions that are clear, but difficult to carry out. In the last 12 months, how often did the provider(s) at this clinic ask you whether you would have any problems following these instructions?

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

28. In the last 12 months, how often did the provider(s) at this clinic explain what to do if this illness, injury, or chronic health condition got worse or came back?

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

Shared Decision Making

29. Choices for your treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did the provider(s) at this clinic tell you there was more than one choice for your treatment or health care?

- ¹ Yes
² No (Skip to Question # 32)

30. In the last 12 months, did the provider(s) at this clinic talk with you about the pros and cons of each choice for your treatment or health care?

- ¹ Yes
² No

31. In the last 12 months, when there was more than one choice for your treatment or health care, did the provider(s) at this clinic ask which choice you thought was best for you?

- ¹ Yes
² No

Care Coordination

32. Other than your **regular provider**, how many providers have you seen in the last 12 months at **any** clinic?

- ¹ None (Skip to Question # 36)
² 1
³ 2
⁴ 3
⁵ 4
⁶ 5 or more other providers

33. In the last 12 months, how often did your regular provider at this clinic seem informed and up-to-date about the care you got from those other providers?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

34. In the last 12 months, how often did you feel that the other providers you saw had all the information they needed to provide your care?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

35. In the last 12 months, how often, while you were in your regular provider's office, did he or she communicate directly with the other provider(s) about your care (e.g., by phone or email)?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

Clerks and Receptionists at This Clinic

36. In the last 12 months, how often were clerks and receptionists at this clinic as helpful as you thought they should be?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

37. In the last 12 months, how often did clerks and receptionists at this clinic treat you with courtesy and respect?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

About You

38. How confident are you that you can manage and control most of your health problems or concerns?

- ¹ Very confident
² Somewhat confident
³ Somewhat unconfident
⁴ Not very confident

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

- Excellent
- Very Good
- Good
- Fair
- Poor

40. What is the zip code where you live?

41. 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

42. Are you male or female?

- Male
- Female

43. 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

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

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

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

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

Thank you for completing our survey. Your feedback is important to us!

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