



NURSE/ASSISTANT (...continued)

very poor 1 2 3 4 5 very good

- 2. Concern the nurse/assistant showed for your problem

Comments (describe good or bad experience): _____

CARE PROVIDER

Please answer these questions with the Provider named in the first question of this survey in mind.

very poor 1 2 3 4 5 very good

- 1. Friendliness/courtesy of the care provider
- 2. Explanations the care provider gave you about your problem or condition
- 3. Concern the care provider showed for your questions or worries
- 4. Care provider's efforts to include you in decisions about your treatment
- 5. Information the care provider gave you about medications (if any)
- 6. Instructions the care provider gave you about follow-up care (if any)
- 7. Degree to which care provider talked with you using words you could understand
- 8. Amount of time the care provider spent with you
- 9. Your confidence in this care provider
- 10. Likelihood of your recommending this care provider to others

Comments (describe good or bad experience): _____

PERSONAL ISSUES

very poor 1 2 3 4 5 very good

- 1. How well staff protected your safety (by washing hands, wearing gloves, etc.)
- 2. Our sensitivity to your needs
- 3. Our concern for your privacy
- 4. Cleanliness of our practice

Comments (describe good or bad experience): _____

OVERALL ASSESSMENT

very poor 1 2 3 4 5 very good

- 1. How well the staff worked together to care for you
- 2. Likelihood of your recommending our practice to others

Comments (describe good or bad experience): _____

Patient's Name: (optional) _____

Telephone Number: (optional) _____

Thank you! Please return the completed survey in the postage-paid envelope. Return to: Survey Processing, 710 Rush Street, South Bend, IN 46601.

Clinician and Group Experience Survey

SURVEY INSTRUCTIONS: Answer each question by completely filling in the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → **If Yes, go to #1**
- No

Please use black or blue ink to fill in the circle completely.
Example: ●

YOUR PROVIDER

- 1. Our records show that you visited the provider named below
Precode 3
Is that right?
 Yes
 No → **If No, please stop and return the survey in the envelope provided.**

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

Questions that ask about "this visit" are referring to your visit with this provider on
Precode 1

APPOINTMENT AND OFFICE CONTACT

- 3. Was this visit with this provider an appointment for an illness, injury or condition that **needed care right away**?
 Yes
 No → **If No, go to #5**
- 4. When you made this appointment for **care you needed right away**, did you get this appointment as soon as you thought you needed?
 Yes
 No
- 5. Was this visit with this provider an appointment for a **check-up or routine care**?
 Yes
 No → **If No, go to #7**
- 6. When you made this appointment for a **check-up or routine care**, did you get this appointment as soon as you thought you needed?
 Yes
 No

- 7. In the last 3 months, did you phone this provider's office with a medical question during regular office hours?
 Yes
 No → **If No, go to #9**
- 8. In the last 3 months, when you phoned 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
- 9. In the last 3 months, did you phone this provider's office with a medical question **after** regular office hours?
 Yes
 No → **If No, go to #11**
- 10. In the last 3 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?
 Never
 Sometimes
 Usually
 Always
- 11. In the last 3 months, did this provider order a blood test, x-ray, or other test for you?
 Yes
 No → **If No, go to #13**
- 12. In the last 3 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 the results?
 Never
 Sometimes
 Usually
 Always

YOUR CARE FROM THIS PROVIDER ON

Precode 2

- 13. Wait time includes time spent in the waiting room and exam room. During this visit, did you see this provider **within 15 minutes** of your appointment time?
 Yes
 No
- 14. During this visit, did this provider explain things in a way that was easy to understand?
 Yes, definitely
 Yes, somewhat
 No
- 15. During this visit, did this provider listen carefully to you?
 Yes, definitely
 Yes, somewhat
 No
- 16. During this visit, did you talk with this provider about any health questions or concerns?
 Yes
 No → **If No, go to #18**
- 17. During this visit, did this provider give you easy to understand information about these health questions or concerns?
 Yes, definitely
 Yes, somewhat
 No
- 18. During this visit, did this provider seem to know the important information about your medical history?
 Yes, definitely
 Yes, somewhat
 No
- 19. During this visit, did this provider have your medical records?
 Yes
 No
- 20. During this visit, did this provider show respect for what you had to say?
 Yes, definitely
 Yes, somewhat
 No
- 21. During this visit, did this provider spend enough time with you?
 Yes, definitely
 Yes, somewhat
 No

- 22. 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?
 0 Worst provider possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best provider possible
- 23. Would you recommend this provider's office to your family and friends?
 Yes, definitely
 Yes, somewhat
 No

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

- 24. During this visit, were clerks and receptionists at this provider's office as helpful as you thought they should be?
 Yes, definitely
 Yes, somewhat
 No
- 25. During this visit, did clerks and receptionists at this provider's office treat you with courtesy and respect?
 Yes, definitely
 Yes, somewhat
 No

ALL YOUR CARE IN THE LAST 3 MONTHS

These questions ask about **all your** health care. Include all the providers you saw for health care in the last 3 months. Do **not** include the times you saw a dentist.

- 26. In the last 3 months, did you **take any** prescription medicine?
 Yes
 No → **If No, go to #28**
- 27. In the last 3 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?
 Never
 Sometimes
 Usually
 Always

ABOUT YOU

- 28. In general, how would you rate your overall health?
 Excellent
 Very Good
 Good
 Fair
 Poor
- 29. In general, how would you rate your overall **mental or emotional** health?
 Excellent
 Very Good
 Good
 Fair
 Poor
- 30. 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

- 31. Are you of Hispanic, Latino, or Spanish origin?
 Yes, Hispanic, Latino, or Spanish
 No, not Hispanic, Latino, or Spanish
- 32. 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 _____ (specify)
- 33. Did someone help you complete this survey?
 Yes
 No → **If No, go to ADDITIONAL QUESTIONS ABOUT THIS VISIT.**
- 34. 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

Please print: _____

ADDITIONAL QUESTIONS ABOUT THIS VISIT

Now that we have asked you to tell us about **what happened** during your recent experience with the provider and his/her office, please rate how satisfied you were with the services you received during this visit.

INSTRUCTIONS: Mark the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on your experiences.

ACCESS

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Ease of getting through to the clinic on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Convenience of our office hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Ease of scheduling your appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Courtesy of staff in the registration area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

MOVING THROUGH YOUR VISIT

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Degree to which you were informed about any delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Wait time at clinic (from arriving to leaving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

NURSE/ASSISTANT

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Friendliness/courtesy of the nurse/assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>