Form Approved  
OMB No. 0935-XXXX  
Exp. Date XX/XX/20XX

**Attachment I.1: Patient Survey**

**Demonstration of Health Literacy Universal Precautions Toolkit**

**Date:**

**Instructions:**

Please answer the questions below about the care provided by [name of practice/clinic]. Your answers will help us learn how well people in your providers’ office [clinic] explain things to you. We will not share your answers with anyone in your providers’ office [clinic].

**First, we would like to know how well the providers and other staff in this office explain things to you and how well they listen to you.**

1. **In the last 6 months, how often did people in this office [clinic] explain things in a way that was easy to understand? [Tool 4; Source: CAHPS CGS 14 - expanded beyond doctor, changed time frame]**

Never

  Sometimes   
  Usually  
 Always

1. **In the last 6 months, how often did anyone in this doctor’s office use pictures, drawings, models, or videos to explain things to you? [Tool 4: Source: CAHPS CGS HL4 - expanded beyond doctor, changed time frame]**

Never

  Sometimes   
  Usually  
 Always

Public reporting burden for this collection of information is estimated to average 20 minutes per response, the estimated time required to participate in this survey.  An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Form Approved: OMB Number 0935-XXXX Exp. Date xx/xx/20xx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

1. **In the last 6 months, how often did people in this office [clinic] talk too fast when talking with you? [Tool 4; Source: CAHPS CGS HL3 - expanded beyond doctor, changed time frame]**

Never

  Sometimes   
  Usually  
 Always

1. **In the last 6 months, how often did people in this office [clinic] use medical words that you did not understand? [Tool 4; Source: CAHPS CGS HL2 - expanded beyond doctor, changed time frame]**

Never

  Sometimes   
  Usually  
 Always

1. **In the last 6 months, how often did you feel that people in this office [clinic] wanted you to ask them questions? [Tool 14; Source: Newly Developed]**

Never

  Sometimes   
  Usually  
 Always

1. **In the last 6 months, how often did people in this office [clinic] show interest in your questions and concerns? [Tool 14; Source: CAHPS CGS HL7 - expanded beyond doctor, changed time frame]**

Never

  Sometimes   
  Usually  
 Always

1. **In the last 6 months, how often did people in this office [clinic] listen carefully to you? [Tool 14; Source: CAHPS CGS 15 - expanded beyond doctor, changed time frame]**

Never

  Sometimes   
  Usually  
 Always

1. **In the last 6 months, how often did people in this office [clinic] spend enough time with you? [Tool 14 ; Source: CAHPS CGS 20 - expanded beyond doctor, changed time frame]**

Never

  Sometimes   
  Usually  
 Always

1. **In the last 6 months, how often did people in this office [clinic] interrupt you when you were talking? [Tool 14; Source: CAHPS CGS HL6 - expanded beyond doctor, changed time frame]**

Never

  Sometimes   
  Usually  
 Always

1. **In the last 6 months, did you see anyone in this office [clinic] for a specific illness or for any health condition? [Tool 5; Source: CAHPS CGS HL11 - expanded beyond doctor, changed time frame]**

Yes

  No → **go to question 14**

1. **In the last 6 months, did anyone in this office [clinic] give you verbal instructions about what to do to take care of this illness or health condition? [Tool 5; Source: CAHPS CGS HL12 – revised to be two items – was double-barreled]**

Yes

No → **go to question 14**

1. **In the last 6 months, how often were these verbal instructions easy to understand? [Tool 5; Source: CAHPS CGS HL12 – revised to be two items – was double-barreled]**

Never

Sometimes

Usually

Always

1. **In the last 6 months, how often did anyone in this office [clinic] ask you to describe how you were going to follow these instructions? [Tool 5; Source: CAHPS CGS HL13 - expanded beyond doctor, changed time frame]**

Never

Sometimes

Usually

Always

**Now we would like to know how well providers and other staff in this office [clinic] have done in talking with you about any medicines that you take.**

1. **In the last 6 months, did you take any medicine? [Tool 8; Source: CAHPS PCMH 55]**

Yes

  No → **go to question 22**

1. **In the last 6 months, did anyone from this office ask you to bring to this office [clinic] all the prescription and over-the-counter medicines you were taking? [Tool 8; Source: HHC CAHPS 5rev]**

Yes

  No

1. **In the last 6 months, did anyone in this office [clinic] look at your medicine bottles and talk with you about each medicine? [Tool 8; Source: Newly Developed]**

Yes

  No

1. **In the last 6 months, did anyone in this office [clinic] explain the purpose for taking these medicines? [Tool 8; Source: HHC CAHPS 12 – changed term used to refer to provider]**

Yes

  No → **go to question 19**

1. **How often was the explanation easy to understand? [Source: Newly Developed]**

Never

Sometimes

Usually

Always

1. **In the last 6 months, did anyone in this office [clinic] explain when to take these medicines? [Tool 8; Source: HHC CAHPS 13 – provider terminology revised]**

Yes

  No → **go to question 21**

1. **How often was the explanation easy to understand? [Source: Newly Developed]**

Never

Sometimes

Usually

Always

1. **In the last 6 months, how often did anyone in this office [clinic] suggest ways to help you remember to take your medicines? [Tool 16; Source: CAHPS CGS HL24 - expanded beyond doctor, changed time frame]**

Never

  Sometimes   
  Usually  
 Always

**Now, we would like to know whether your provider or other staff in this office [clinic] have given you written information about your health.**

1. **In the last 6 months, did anyone in this office [clinic] give you written materials about how to take care of your health? [Tool 12; Source: Newly Developed]**

Yes

  No → **go to question 24**

1. **In the last 6 months, how often did anyone in this office [clinic] explain or walk you through the written information that you were given? [Source: Newly Developed]**

Never

Sometimes

Usually

Always

1. **In the last 6 months, did you have to sign any forms at this office [clinic]? [Tool 11; Source: CAHPS CGS HL26 - changed time frame]**

Yes

  No **→ go to question 26**

1. **In the last 6 months, how often did someone explain the purpose of a form before you signed it? [Tool 11; Source: CAHPS CGS HL27 - changed time frame]**

Never

  Sometimes   
  Usually  
 Always

1. **In the last 6 months, did you fill out any forms at this office [clinic]? [Tool 11; Source: CAHPS CGS HL26 - changed time frame]**

Yes

  No **→ go to question 29**

1. **In the last 6 months, how often were you offered help in filling out a form at this office [clinic]? [Tool 11; Source: CAHPS CGS HL28 - changed time frame]**

Never

  Sometimes   
  Usually  
 Always

1. **In the last 6 months, how often were the forms that you got at this office [clinic] easy to fill out? [Tool 11; Source: CAHPS CGS HL29 - changed time frame]**

Never

  Sometimes   
  Usually  
 Always

**Now, we want to know whether your provider and other staff in this office [clinic] have talked with you about classes or other services in the community that might be helpful for you.**

1. **In the last 6 months, how often did anyone in this office [clinic] suggest that you go to a support group or class to help you take care of your health? [Tool 20; Source: PACI 35rev]**

Never

  Sometimes   
  Usually  
 Always

1. **In the last 6 months, did you and anyone in this office [clinic] talk about what was available in your community to help you manage your health? [Tool 20; Source: CAHPS PCMH 74rev]**

Yes

  No

1. **In the last 6 months, did anyone in this office [clinic] ask if you want to improve your reading, writing, or math skills? [Tool 20; Source: Newly Developed]**

Yes

  No

1. **In the last 6 months, did anyone in this doctor’s office [clinic] help you get services to improve your reading, writing, or math skills? [Tool 20; Source: Newly Developed]**

Yes

  No

**Now, we have some questions about you and your health.**

1. **In general, how would you rate your overall health? [Source: CAHPS CGS 26]**

Excellent

  Very good   
  Good  
 Fair

Poor

1. **What is your age? [Source: CAHPS CGS 31]**

18 to 24

  25 to 34  
  35 to 44  
 45 to 54

55 to 64

65 to 74

75 or older

1. **Are you male or female? [Source: CAHPS CGS 32]**

Male

  Female

1. **What is the highest grade or level of school that you have completed? [Source: CAHPS CGS 33]**

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

1. **Are you of Hispanic or Latino origin or descent? [Source: CAHPS CGS 34]**

Yes, Hispanic or Latino

  No, not Hispanic or Latino

1. **What is your race? *(Please mark all that apply)* [Source: CAHPS CGS 35]**

White

  Black or African American  
  Asian  
 Native Hawaiian or Other Pacific Islander

American Indian or Alaskan Native

Other

1. **How well do you speak English? [Source: CAHPS CU 28]**

Very well

  Well   
  Not well  
 Not at all

1. **How confident are you filling out medical forms by yourself? [Source: Chew et al., 2004, 2008]**

Extremely

  Quite a bit   
  Somewhat  
 A little bit

Not at all

**Finally, we would like to know your opinion of the provider you saw today and to find out if anyone helped you answer these questions.**

1. **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? [Source: CAHPS CGS 23]**

0 (Worst provider possible)

  1   
  2

  3  
  4  
  5  
  6  
  7  
  8  
  9  
 10 (Best provider possible)

1. **Did someone help you complete this survey? [Source: CAHPS CGS 36]**

Yes

  No → **You are finished filling out this survey. Thank you.**

1. **How did that person help you? *(Please mark all that apply)* [Source: CAHPS CGS 37]**

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 specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Thank you for taking the time to complete this survey!**