

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?

- Never
- Sometimes
- Usually
- Always

2. 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?

- 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.

3. In the last 6 months, how often did people in this office [clinic] talk too fast when talking with you?

- Never
- Sometimes
- Usually
- Always

4. In the last 6 months, how often did people in this office [clinic] use medical words that you did not understand?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, how often did you feel that people in this office [clinic] wanted you to ask them questions?

- Never
- Sometimes
- Usually
- Always

6. In the last 6 months, how often did people in this office [clinic] show interest in your questions and concerns?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, how often did people in this office [clinic] listen carefully to you?

- Never
- Sometimes
- Usually
- Always

8. In the last 6 months, how often did people in this office [clinic] spend enough time with you?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, how often did people in this office [clinic] interrupt you when you were talking?

- Never
- Sometimes
- Usually
- Always

10. In the last 6 months, did you see anyone in this office [clinic] for a specific illness or for any health condition?

- Yes
- No → go to question 14

11. 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?

- Yes
- No → go to question 14

12. In the last 6 months, how often were these verbal instructions easy to understand?

- Never
- Sometimes
- Usually
- Always

13. 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?

- 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.

14. In the last 6 months, did you take any medicine?

- Yes
- No → go to question 22

15. 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?

- Yes
- No

16. In the last 6 months, did anyone in this office [clinic] look at your medicine bottles and talk with you about each medicine?

- Yes
- No

17. In the last 6 months, did anyone in this office [clinic] explain the purpose for taking these medicines?

- Yes
- No → go to question 19

18. How often was the explanation easy to understand?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, did anyone in this office [clinic] explain when to take these medicines?

- Yes
- No → go to question 21

20. How often was the explanation easy to understand?

- Never
- Sometimes
- Usually
- Always

21. In the last 6 months, how often did anyone in this office [clinic] suggest ways to help you remember to take your medicines?

- 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.

22. In the last 6 months, did anyone in this office [clinic] give you written materials about how to take care of your health?

- Yes
- No → go to question 24

23. 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?

- Never
- Sometimes
- Usually
- Always

24. In the last 6 months, did you have to sign any forms at this office [clinic]?

- Yes
- No → go to question 26

25. In the last 6 months, how often did someone explain the purpose of a form before you signed it?

- Never
- Sometimes
- Usually
- Always

26. In the last 6 months, did you fill out any forms at this office [clinic]?

- Yes
- No → go to question 29

27. In the last 6 months, how often were you offered help in filling out a form at this office [clinic]?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, how often were the forms that you got at this office [clinic] easy to fill out?

- 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.

29. 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?

- Never
- Sometimes
- Usually
- Always

30. 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?

- Yes
- No

31. In the last 6 months, did anyone in this office [clinic] ask if you want to improve your reading, writing, or math skills?

- Yes
- No

32. 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?

- Yes
- No

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

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

- Excellent
- Very good
- Good
- Fair
- Poor

34. 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

35. Are you male or female?

- Male
- Female

36. 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

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

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

38. What is your race? (Please mark all that apply)

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

39. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

40. How confident are you filling out medical forms by yourself?

- 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.

41. 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)

42. Did someone help you complete this survey?

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

43. How did that person help you? (Please mark all that apply)

- 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!