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# Development of the Patient Experience Survey for Medicare Shared Savings Accountable Care Organizations

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## Project Overview

The goal of this project is to inform efforts by the Centers for Medicare & Medicaid Services (CMS) to develop and implement a patient experience with care survey to collect data on fee-for-service Medicare beneficiaries' experiences with care in Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program and Pioneer Model ACOs. Survey development will also inform the future use of patient experience with care surveys for group practices participating in the Physician Quality Reporting System (PQRS). Patient experience scores from this survey will comprise one-quarter of each ACO's total quality score, which is used to determine the ACO's shared savings payment.

## Survey Development Overview

CMS' final Federal Rule requires that the survey be based on the CAHPS<sup>®</sup> Clinician & Group Survey (CG-CAHPS), and specifies required survey domains.<sup>1</sup> To identify relevant items within each of these domains, as well as possible new domains, we consulted with a Technical Expert Panel (TEP) and conducted focus groups with fee-for-service Medicare beneficiaries. Combining input from these sources, we developed a draft survey instrument, conducted cognitive interviews with beneficiaries to refine item wording, and revised the instrument accordingly. We tested this instrument in the field in the spring of 2012 and further revised the survey based on analyses of the field test data. Each of these steps is described in detail below.

## Federal Rule and CG-CAHPS Required Domains

The initial draft of the ACO patient experience survey comprised survey domains that were specified for inclusion by CMS' Federal Rule for the Shared Savings Program:

1. Getting Timely Care, Appointments, and Information
2. How Well Your Providers Communicate
3. Patients' Rating of Provider
4. Access to Specialists
5. Health Promotion and Education
6. Shared Decision Making
7. Health Status/Functional Status

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<sup>1</sup> The Medicare Shared Savings Program final rule is available at:  
[http://www.cms.gov/SharedSavingsProgram/30\\_Statutes\\_Regulations\\_Guidance.asp#TopOfPage](http://www.cms.gov/SharedSavingsProgram/30_Statutes_Regulations_Guidance.asp#TopOfPage)

The first 6 of these domains are derived from CG-CAHPS core or supplemental item sets.<sup>2</sup> The health status/functional status domain includes items required by Section 4302 of the Affordable Care Act relating to race, ethnicity, sex, primary language, and disability status,<sup>3</sup> as well as additional items regarding health and functional status, including questions from the SF-36, a widely used and well-validated health outcomes survey. Because the Section 4302 items focus on disabilities and more severe physical limitations, we consulted with one of the developers of the RAND SF-36 (Dr. Ron Hays) to identify social- and role-functioning items. The selected items were also assessed based on their performance as outcomes measures in the developmental work conducted by Dr. Hays and others on the Patient Reported Outcomes Measurement Information System (PROMIS), funded by the National Institutes of Health.<sup>4</sup>

The initial draft of the survey also included the CG-CAHPS domain Courteous and Helpful Office Staff, as this domain is part of the CG-CAHPS core item set and is thus required for all CG-CAHPS surveys.

## Focus Groups

To inform the development of new survey content to assess consumer experience with ACOs, we conducted two focus groups in November and December 2011. The first, in Washington, DC, included 8 Medicare beneficiaries enrolled in either fee-for-service Medicare or Medicare Advantage preferred provider organizations who had visited a specialist in the prior 6 months. The second, conducted in Los Angeles, CA, included 8 Medicare fee-for-service beneficiaries who had an overnight hospital stay in the prior 6 months. Participants in both groups were diverse with regard to both race/ethnicity and education. We used an exploratory and confirmatory approach to investigate concepts related to features of ACOs, such as care coordination and patient-centeredness, and to elicit reaction to and feedback regarding specific issues, such as the health care providers who participants consider to be a part of their health care team.

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<sup>2</sup> CG-CAHPS Core measures are questions which survey sponsors are required to field in order to refer to their survey as a CG-CAHPS survey. CAHPS supplemental items explore topics or domains that are not covered by core measures, or explore core measures in richer detail.

<sup>3</sup> The Department of Health and Human Services Office of Minority Health (OMH) Final Data Collection Standard relating to Section 4302 of the Affordable Care Act is available at:  
<http://minorityhealth.hhs.gov/templates/content.aspx?ID=9227&lvl=2&lvlID=208>

<sup>4</sup> The mission of the PROMIS project is to develop and disseminate methodological standards and tools to collect self-reported health outcomes measures. Details on the project and measures can be found at <http://www.nihpromis.org/>

Among the fee-for-service or Medicare Advantage beneficiaries with one or more recent specialist visits, focus group participants noted that they sought assistance from their primary care providers in identifying specialists; perceived that they are individually responsible for assuring the communication and coordination of information between their health care providers; and referred to the doctors and others who participate in their health care as their “health care team” or “personal health care team.”

Among the fee-for-service Medicare beneficiaries with one or more recent hospital stays, focus group participants perceived that inpatients require an advocate (self, spouse, other family member) to assure communication and coordination of information between doctors and between doctors and nurses; and referred to the doctors and others who participate in their health care as their “team” or “network.”

Beneficiaries in both focus groups interpreted questions regarding involvement of family and friends in health care decisions to mean decisions related to end-of-life care.

As a result of these findings, we adapted CG-CAHPS questions in the Health Promotion and Education and Care Coordination domains by using the term “health care team” in questions referring to the set of health care providers responsible for an individual’s care, and by developing new survey items regarding the involvement of friends and family in health care decision making.

## Technical Expert Panel

In December 2011, we convened a Technical Expert Panel (TEP), including representatives of accrediting groups, purchasers and consumers, health care organizations and providers, as well as experts on survey research and performance measurement and improvement. The TEP provided feedback regarding the applicability of existing CAHPS domains to ACOs, revision or expansion of existing CAHPS domains, and new suggested domains. TEP members recommended inclusion of questions from the CAHPS Care Coordination domain, as the subject matter is relevant for evaluation of ACOs, but is not required by the Federal Rule. The TEP further suggested possible expansions of the shared decisionmaking domain to include questions regarding whether

1. the provider understands the patients’ values and preferences;
2. the patient is confused / lacks clinical understanding required to make health care choices; and
3. the provider involved friends / family in decisionmaking if patients’ wished them to do so.

New questions regarding (3) were added to the ACO CAHPS field test survey. Our focus group discussions with beneficiaries suggested that questions related to suggestions (1) and (2) would likely be viewed by survey respondents as closely related to end-of-life care issues. Since ACOs are not specifically designed to focus on end-of-life care, we did not include these suggestions in the field test survey.

In addition, the TEP suggested several new domains for the field test. Table 1 lists these domains, and indicates whether the suggestion was incorporated into the field test survey instrument, and describes the rationale for inclusion or exclusion.

**Table 1. Proposed Domains Resulting from TEP Meeting**

<b>New Domain</b>	<b>Description</b>	<b>Rationale for Inclusion or Exclusion in ACO CAHPS Field Test</b>
<b>Included TEP-Suggested Domains Addressed by Existing CAHPS Questions</b>		
<b>Awareness of care provided by other providers</b>	The degree to which providers seem knowledgeable about care the patient received from other providers	Addressed by the CAHPS coordination of care questions
<b>Care team functioning, stability, attitudes toward one another</b>	How well the beneficiaries perceive that their care team works together, team members mention each other by name, team shares information	Addressed by the CAHPS coordination of care questions
<b>Lifestyle measures</b>	Patient report about whether provider discussed the importance of nutrition and lifestyle for maintaining good health	Addressed by the existing CAHPS questions on provider helping you make changes to prevent illness, healthy diet, and other behaviors
<b>Included TEP-Suggested Domains Addressed by Adding CAHPS Supplemental Items to Field Test Survey</b>		
<b>Medication adherence</b>	Patient reports about whether providers asked them about whether they're taking their medications, medication reconciliation (from previous visits to the same provider, other providers, hospitalizations); <i>not</i> a self-report regarding medication adherence	Relevant CG-CAHPS Health Literacy Supplemental items
<b>Stewardship of patient resources</b>	The degree to which providers and patients discuss out-of-pocket expenses (e.g., prescription drug costs) and the affordability of care; <i>not</i> a self-report regarding patient perception of affordability	Relevant CG-CAHPS supplemental item
<b>Between-visit communication</b>	Patient report of follow-up between visits, including reminders for tests, calls regarding prescriptions, and side effects	Relevant questions from Primary Care Medical Home (PCMH) CAHPS

**TEP-Suggested Domains Excluded from the ACO CAHPS Field Test Survey**

<b>Hospital discharge instructions</b>	Patients' receipt and understanding of instructions	Hospital discharges may be too distant from the survey date to allow for good measurement.
<b>Inpatient to outpatient continuity</b>	Patient report about whether they left the hospital with a provider appointment already scheduled	Hospital discharges may be too distant from the survey date to allow for good measurement.
<b>Provider reports about the ACOs</b>	Patient report about whether the provider speaks well / poorly / at all about the ACO	Beneficiaries likely will not know what an ACO is and therefore will not be able to report.
<b>ACO functions</b>	Patient report about the availability of, and/or their experience with ACO programs, such as case management	Beneficiaries likely will not know what an ACO is and therefore will not be able to report.
<b>Perceived provider restrictions</b>	Patient report regarding feelings of limitation about the providers from whom they could seek care	Beneficiaries likely will not know what an ACO is and therefore will not be able to report.
<b>Resources in community</b>	The degree to which providers and patients discussed resources the patient could access in the community to support their care, such as meal programs	Likely not relevant for many patients.
<b>Avoiding unnecessary uses of the hospital</b>	Patient reports on non-urgent uses of the emergency department, and whether they were aware of how to seek non-urgent after-hours care	Include existing CAHPS questions on after-hours care instead. The patient may not be the best source of information on unnecessary ED use.

## Cognitive Interviews

To inform the order of survey topics and the wording of individual survey items, we conducted 12 cognitive interviews in February 2012. Six interviews were conducted in English and 6 were conducted in Spanish. All interviewees were Medicare beneficiaries enrolled in fee-for-service Medicare. Participants were diverse with regard to both race/ethnicity and education. Participants were recruited to assure a mix of experiences with care. We assessed how the flow of survey topics and items influenced participant comprehension and interpretation, and whether survey items were interpreted consistently across beneficiaries and across English and Spanish versions of the draft survey. Cognitive interview findings resulted in refinement of question content and in re-ordering of topics, but did not result in removal of any topic domains from the survey.

## Field Test Survey

We field tested the draft survey among beneficiaries assigned to 9 participating physician groups from the Medicare Physician Group Practice Demonstration (PGPs) in spring 2012. The methods and implementation details of the field test will be described in later documents.

The field test survey contained 12 domains, as described in Table 2. The survey contained 96 items and was formatted into two versions to allow testing of the patterns of response obtained using the Section 4302 race, ethnicity, and disability items in comparison to the existing OMB race/ethnicity items used by CAHPS and the CAHPS chronic condition questions. Individuals in the field test sample were randomized to a survey version that presented the 4302 race and ethnicity measures before the OMB race and ethnicity measures or a version that presented the OMB race and ethnicity measures before the 4302 race and ethnicity items. (Appendix A provides a list of field test survey questions in each domain.)

**Table 2: ACO CAHPS Field Test Survey Content by CMS Regulatory Domain, Rationale for Inclusion, and Source**

Number	Regulatory Domain	Rationale for Inclusion	Source*
1-6	<ul style="list-style-type: none"> <li>• Getting Timely Care, Appointments, &amp; Information</li> <li>• How Well Your Providers Communicate</li> <li>• Patient's Rating of Provider</li> <li>• Access to Specialists</li> <li>• Health Promotion and Education</li> <li>• Shared Decisionmaking</li> </ul>	Medicare Shared Savings Program Final Rule	CG-CAHPS Core, CG-CAHPS Supplemental Items

7	<ul style="list-style-type: none"> <li>Health Status &amp; Functional Status</li> </ul>	Medicare Shared Savings Program Final Rule	Office of Minority Health (OMH) Data Collection Standards for Section 4302
8	<ul style="list-style-type: none"> <li>Courteous &amp; Helpful Office Staff</li> </ul>	Required for CG-CAHPS	CAHPS Core
9-12	<ul style="list-style-type: none"> <li>Care Coordination</li> <li>Between Visit Communication</li> <li>Educating Patient about Medication Adherence</li> <li>Stewardship of Patient Resources</li> </ul>	Developed based on focus groups with beneficiaries and input from the TEP	CAHPS Supplemental Items, New Measures

\* CG-CAHPS Core measures are questions which survey sponsors are required to field in order to call their survey CG-CAHPS. CAHPS supplemental items explore topics or domains that are not covered by core measures, or explore core measures in richer detail.



## National Implementation Survey

The field test data were analyzed to assess floor and ceiling effects and the reliability of measures in discriminating between PGPs. Additionally, new measures and CAHPS supplemental items were analyzed to determine whether any new composites could be constructed, and data from the four SF-36 measures were analyzed to see if they contributed unique information on functional health, distinct from the information contributed by the Section 4302 disability measures. Based on the results of these analyses, and the removal of duplicative race and ethnicity items included for testing purposes, the survey content was trimmed to 83 items. Table 3 lists the items deleted as a result of the field test analysis, and the rationale that informed the decision to delete each item. Item deletions occurred in multiple domains but did not result in the deletion of the entire content of any domain. The end result is a final survey for national implementation that contains all 12 domains included in the field test.

Appendix B displays the contents of the final national implementation survey.

**Table 3. Deleted Field Test Survey Questions by Survey Domain**

<b>Health Promotion and Education</b>	<b>Source of Measure</b>	<b>Rationale for Deletion</b>
Care team asked if there are things that make it hard for you to take care of your health	CAHPS Supplemental Item	Item is vaguely worded. Item does not contribute to the reliability of the health promotion and education composite.
Care team talked with you about a personal problem, family problem, alcohol use, drug use, mental or emotional illness	CAHPS Supplemental Item	Other items have better measurement reliability. This item has weak reliability.
<b>Shared Decisionmaking</b>	<b>Source of Measure</b>	<b>Rationale for Deletion</b>
Provider talked about including family or friends in making health decisions	New	Factor analysis indicated that this item contributed no unique information to shared decisionmaking composites. Other items had better performance in measuring the concept.
You brought a family member or friend with you to talk with this provider	New	Factor analysis indicated that this item contributed no unique information to shared decisionmaking composites. Other items had better performance in measuring the concept.
<b>Health Status &amp; Functional Status</b>	<b>Source of Measure</b>	<b>Rationale for Deletion</b>
Health limits you in moderate activities	SF-36	These items do not contribute unique information and overlap with the Section 4302 disability items.
Health limits you in bending, kneeling, or stooping	SF-36	These items do not contribute unique information and overlap with the Section 4302 disability items.
Health limits you in lifting or carrying groceries	SF-36	These items do not contribute unique information and overlap with the Section 4302 disability items.

Care Coordination	Source of Measure	Rationale for Deletion
You got help from your care team to manage care, tests, or treatment from different providers	CAHPS Supplemental Item	This item did not contribute to a composite measure of care coordination. Other items were identified to comprise a care coordination composite.
Satisfaction with help from your care team to manage care, tests, or treatment from different providers	CAHPS Supplemental Item	This item did not contribute to a composite measure of care coordination. Other items were identified to comprise a care coordination composite.
You needed help from your care team to manage care, tests, or treatment from different providers	CAHPS Supplemental Item	This item is a screener for the items on getting help for managing care, tests, or treatment from different providers.

## Appendix A: ACO Patient Experience Survey – Field Test Questions by CMS Regulatory Domain\*

<b>1. Getting Timely Care, Appointments, &amp; Information</b>	<b>Source of Measure</b>
Got urgent care appointment as soon as you needed	CG-CAHPS Core
Got appointment for check-up or routine care as soon as you needed	CG-CAHPS Core
Called provider's office during regular hours and got answer to medical questions same day	CG-CAHPS Core
Called provider's office after hours and got answer to medical questions as soon as you needed	CG-CAHPS Core
Saw provider within 15 minutes of appointment time	CG-CAHPS Core
Ease of getting care, tests, or treatment you thought you needed	CAHPS Supplemental Item
<b>2. How Well Your Providers Communicate</b>	<b>Source of Measure</b>
Provider explained things in a way that was easy to understand	CG-CAHPS Core
Provider listened carefully to you	CG-CAHPS Core
Provider gave you easy to understand instructions about health problem or concern	CG-CAHPS Core
Provider knew the important information about your medical history	CG-CAHPS Core
Provider showed respect for what you had to say	CG-CAHPS Core
Provider spent enough time with you	CG-CAHPS Core
<b>3. Patient's Rating of Provider</b>	<b>Source of Measure</b>
0 to 10 Rating of Provider	CG-CAHPS Core

4. Access to Specialists	Source of Measure
Ease of making appointments with specialists	CAHPS Supplemental Item
Specialist you saw most often knew the important information about your medical history	CAHPS Supplemental Item
Number of specialists seen	CAHPS Supplemental Item
5. Health Promotion and Education	Source of Measure
Care team talked with you about specific things you could do to prevent illness	CAHPS Supplemental Item
Care team talked with you about healthy diet and healthy eating habits	CAHPS Supplemental Item
Care team talked with you about your exercise or physical activity	CAHPS Supplemental Item
Care team talked with you about specific goals for your health	CAHPS Supplemental Item
Care team asked if there are things that make it hard for you to take care of your health	CAHPS Supplemental Item
Care team talked with you about all your prescription medicines	CAHPS Supplemental Item
Care team asked if you had a period of feeling sad, empty or depressed	CAHPS Supplemental Item
Care team talked with you about things that worry you or cause you stress	CAHPS Supplemental Item
Care team talked with you about a personal problem, family problem, alcohol use, drug use, mental or emotional illness	CAHPS Supplemental Item

6. Shared Decisionmaking	Source of Measure
Provider talked about the reasons you might want to take a prescription medicine	CAHPS Supplemental Item
Provider talked about the reasons you might <b>not</b> want to take a prescription medicine	CAHPS Supplemental Item
When talking about starting or stopping a prescription medicine, provider asked you what was best for you.	CAHPS Supplemental Item
Provider talked about the reasons you might want to have surgery or procedure	CAHPS Supplemental Item
Provider talked about the reasons you might <b>not</b> want to have surgery or procedure	CAHPS Supplemental Item
When talking about surgery or procedure, provider asked you what was best for you.	CAHPS Supplemental Item
Provider talked about including family or friends in making health decisions	New Item
Provider talked about how much of your personal health information you wanted to share with family or friends	New Item
Provider respected your wishes about sharing personal health information with family or friends	New Item
You brought a family member or friend with you to talk with this provider	New Item

<b>7. Health Status &amp; Functional Status</b>	<b>Source of Measure</b>
Rating of overall health	CG-CAHPS Core
Rating of overall mental or emotional health	CG-CAHPS Core
You had 3 or more visits for the same health condition or problem	CAHPS Supplemental Item
You take prescription medicine for a condition that has lasted 3 months or longer	CAHPS Supplemental Item
Extent to which physical health interferes with normal social activities	SF-36
Frequency with which physical health interferes with social activities	SF-36
Health limits you in moderate activities	SF-36
Health limits you in bending, kneeling, or stooping	SF-36
Health limits you in lifting or carrying groceries	SF-36
Deafness or serious difficulty hearing	OMH Section 4302
Blindness or serious difficulty seeing	OMH Section 4302
Serious difficulty concentrating, remembering, or making decisions	OMH Section 4302
Serious difficulty walking or climbing stairs	OMH Section 4302
Serious difficulty dressing or bathing	OMH Section 4302
Difficulty doing errands alone	OMH Section 4302
<b>8. Courteous &amp; Helpful Office Staff</b>	<b>Source of Measure</b>
Clerks and receptionists at this provider's office were helpful	CG-CAHPS Core
Clerks and receptionists at this provider's office treated you with courtesy and respect	CG-CAHPS Core

<b>9. Care Coordination</b>	<b>Source of Measure</b>
Provider had medical records during your visits	CAHPS Supplemental Item
Provider's office followed up to give you results of text or x-ray	CG-CAHPS Core
You needed help from your care team to manage care, tests, or treatment from different providers	CAHPS Supplemental Item
You <b>got</b> help from your care team to manage care, tests, or treatment from different providers	CAHPS Supplemental Item
Satisfaction with help from your care team to manage care, tests, or treatment from different providers	CAHPS Supplemental Item
<b>10. Between Visit Communication</b>	<b>Source of Measure</b>
Got reminders from provider's office between visits	CAHPS Supplemental Item
Got reminder from provider's office to make an appointment for tests or treatment	New Item
<b>11. Educating Patient about Medication Adherence</b>	<b>Source of Measure</b>
Provider gave you easy to understand instructions about how to take prescription medicines	CAHPS Supplemental Item
Provider gave you information in writing about how to take prescription medicines that was easy to understand	CAHPS Supplemental Item
Provider suggested ways to help you remember to take your medicines	CAHPS Supplemental Item
<b>12. Stewardship of Patient Resources</b>	<b>Source of Measure</b>
Care team talked with you about cost of your prescription medicines	CAHPS Supplemental Item

\*In addition to the survey questions listed here, a number of other “screener” questions are used to identify whether respondents are eligible to answer subsequent questions. For example, one question asks respondents if they have tried to make an appointment with a specialist. Only those answering “yes” are asked subsequent questions about specialists. Additional questions address items not related to these 12 domains, such as confirming the respondent’s knowledge of the main or “focal” provider named in the survey and demographic information.



## Appendix B: Contents of the Final National Implementation Survey

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### Your Provider

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1. Our records show that you visited the provider named below in the last 6 months.

Name of provider label goes here

Is that right?

Yes

No → **If No, go to #44 on page 5**

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

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## Your Care From This Provider in the Last 6 months

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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 saw a dentist.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

None → **If None, go to #44 on page 5**

1 time

2

3

4

5 to 9

10 or more times

5. In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that **needed care right away**?

Yes

No → **If No, go to #7**

6. In the last 6 months, when you phoned 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 → **If No, go to #9**

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

9. In the last 6 months, did you phone this provider's office with a medical question during regular office hours?

Yes

No → **If No, go to #11**

10. In the last 6 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

11. In the last 6 months, did you phone this provider's office with a medical question **after** regular office hours?

Yes

No → **If No, go to #13**

12. In the last 6 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

13. Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any **reminders** from this provider's office between visits?

Yes

No → **If No, go to #15**

14. In the last 6 months, did this provider's office contact you to remind you to **make an appointment** for tests or treatment?

Yes

No

15. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider **within 15 minutes** of your appointment time?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, did you talk with this provider about any health questions or concerns?

- Yes
- No → **If No, go to #20**

19. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

21. When you visited this provider in the last 6 months, how often did he or she have your medical records?

- Never
- Sometimes
- Usually
- Always

22. In the last 6 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, how often did this provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

24. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No → **If No, go to #26**

25. In the last 6 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 those results?

- Never
- Sometimes
- Usually
- Always

26. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

- Yes
- No → **If No, go to #35**

27. Did you and this provider talk about the reasons you might want to take a medicine?

- Yes
- No

28. Did you and this provider talk about the reasons you might **not** want to take a medicine?
- Yes
  - No
29. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?
- Yes
  - No
30. After you and this provider talked about starting or stopping a prescription medicine, did you **start** a prescription medicine?
- Yes
  - No → **If No, go to #35**
31. In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?
- Never
  - Sometimes
  - Usually
  - Always
32. In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines?
- Yes
  - No → **If No, go to #34**
33. Was the written information this provider gave you easy to understand?
- Yes
  - No
34. In the last 6 months, did this provider suggest ways to help you remember to take your medicines?
- Yes
  - No
35. In the last 6 months, did you and this provider talk about having surgery or any type of procedure?
- Yes
  - No → **If No, go to #39**

36. Did you and this provider talk about the reasons you might want to have the surgery or procedure?

Yes

No

37. Did you and this provider talk about the reasons you might **not** want to have the surgery or procedure?

Yes

No

38. When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?

Yes

No

39. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?

Yes

No

40. In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?

Yes

No

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

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## Clerks and Receptionists at This Provider's Office

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42. 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

43. 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

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## Your Care From Specialists in the Last 6 months

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44. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?

- Yes → **If Yes, go to #48**
- No

45. In the last 6 months, did you try to make any appointments with specialists?

- Yes
- No → **If No, go to #49**

46. In the last 6 months, how often was it easy to get appointments with specialists?

- Never
- Sometimes
- Usually
- Always



47. In the last 6 months, how often did the **specialist you saw most** seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

48. How many specialists have you seen in the last 6 months?

- None
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

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## All Your Care in the Last 6 Months

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These questions ask about **all your** health care. Include all the providers you saw for health care in the last 6 months. Do **not** include the times you saw a dentist.

49. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?

Yes

No

50. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?

Yes

No

51. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?

Yes

No

52. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?

Yes

No

53. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed?

Never

Sometimes

Usually

Always

54. In the last 6 months, did you **take any** prescription medicine?

Yes

No → **If No, go to #57**

55. In the last 6 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

56. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

- Yes
- No

57. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?

- Yes
- No

58. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?

- Yes
- No

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## About You

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

- Excellent
- Very good
- Good
- Fair
- Poor

60. In general, how would you rate your overall **mental or emotional** health?

- Excellent
- Very good
- Good
- Fair
- Poor

**61.** In the **last 12 months**, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

Yes

No → **If No, go to #63**

**62.** Is this a condition or problem that has lasted for at least 3 months?

Yes

No

**63.** Do you now need or take medicine prescribed by a doctor?

Yes

No → **If No, go to #65**

**64.** Is this medicine to treat a condition that has lasted for at least 3 months?

Yes

No

**65.** During the last 4 weeks, how much did your physical health interfere with your normal social activities with family, friends, neighbors or groups?

Not at all

Slightly

Moderately

Quite a bit

Extremely

**66.** During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

67. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 69
- 70 to 74
- 75 to 79
- 80 to 84
- 85 or older

68. Are you male or female?

- Male
- Female

69. What is the highest grade or level of school that you have completed?

- 8<sup>th</sup> 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

70. How well do you speak English?

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

71. Do you speak a language other than English at home?

- Yes
- No → **If No, go to #73**

72. What is the language you speak at home?

Spanish

Chinese

Some other language

*Please print:*

73. Are you deaf or do you have serious difficulty hearing?

Yes

No

74. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Yes

No

75. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Yes

No

76. Do you have serious difficulty walking or climbing stairs?

Yes

No

77. Do you have difficulty dressing or bathing?

Yes

No

78. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes

No

79. Are you of Hispanic, Latino, or Spanish origin?

Yes, Hispanic, Latino, or Spanish

No, not Hispanic, Latino, or Spanish → **If No, go to #81**

80. Which group best describes you?

Mexican, Mexican American, Chicano → **Go to #81**

Puerto Rican → **Go to #81**

Cuban → **Go to #81**

Another Hispanic, Latino, or Spanish origin → **Go to #81**

81. What is your race? Mark one or more.

White

Black or African American

American Indian or Alaska Native

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

82. Did someone help you complete this survey?

Yes

No → **Thank you.**

**Please return the completed survey in the postage-paid envelope.**

83. 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:*

**Thank you**

**Please return the completed survey in the postage-paid envelope.**

[VENDOR NAME AND ADDRESS HERE]