

**Appendix A:
Care Coordination Quality
Measure for Primary Care
(CCQM-PC)**

Care Coordination Measure Development

Draft Survey – All Items

Version: post-R1 cognitive testing

Language: English

Reference Period: In the last 12 months

Each survey item has been labeled to indicate the domain, construct source, and CAHPS or other survey indicator. The lists below provide the abbreviations used. For example, if a question is labeled: **(EA/AT,T/HP5-AM-m1)**, it means this question is from the Establish accountability or negotiate responsibility domain, the construct came from the ATLAS, 2010 and Technical Expert Panel, and the question wording is a modified version of the CAHPS Health Plan 5.0 Adult Medicaid Question #1. The headings in this survey are meant for respondent navigation, not domain headings.

Survey Domain Name

EA=Establish accountability or negotiate responsibility
CG=Communicate: general
CIP=Communicate: interpersonal communication
CIF=Communicate: information transfer
FG=Facilitate transitions: general
FAS=Facilitate transitions: across settings
FAN=Facilitate transitions: as needs change
ANG=Assess needs and goal
CPC=Create a proactive plan of care
MFU=Monitor, follow up and respond to change
SSM=Support self-management goals
LCR=Link to community resources
ARP=Align resources with patient and population needs
RC=Respondent Characteristics

All the questions have a domain label.

Construct Source

AT=ATLAS, 2010
ATU=ATLAS, updated 2013
F=Formative research including focus groups and in-depth interviews
CI1=Cognitive Interviews Round 1
CI2=Cognitive Interviews Round 2
T=Technical Expert Panel
A=Agency for Healthcare Research and Quality
NI=New Item

Survey Indicator

PC1-A-Q#	CAHPS Adult Primary Care 1.0, Question #
SC1-A-Q#	CAHPS Adult Specialty Care 1.0, Question #
PCMHS-A-Q#	CAHPS Patient-Centered Medical Home Supplementary Survey Adult, Question #
PCMHS1.1-C-Q#	CAHPS Patient-Centered Medical Home Supplementary Survey Child Version 1.1*, Question #
CPCQ-Q#	Client Perception of Coordination Questionnaire (CPCQ), Question #
FCCST-F-Q#	Family-Centered Care Self-Assessment Tool Family Version, Question #
CSHCN-Q#	National Survey of Children With Special Health Care Needs (CSHCN)
MHILV-Q#	Medical Home Index Long Version (MHI-LV)
MHFIS-Q#	Medical Home Family Index and Survey (MHFIS)
PCAT-CE-Q#	Primary Care Assessment Tool Child Expanded Edition (PCAT-CE)
PCAT-AE-Q#	Primary Care Assessment Tool Adult Expanded Edition (PCAT-AE)
RSSM-Q#	Resources and Support for Self-Management (RSSM)
MPOC-Q#	Measure of Processes of Care (MPOC-28)
FCD-Q#	Follow Up Care Delivery
PCMHVCI-Q#	Primary Care Multimorbidity Hassles for Veterans With Chronic Illnesses
PCSSW-Q#	Primary Care Satisfaction Survey for Women (PCSSW)
PPOC-Q#	Patient Perceptions of Care (PPOC)
ACES-Q#	Ambulatory Care Experiences Survey (ACES)
PC-Q#	Patient Perception of Continuity Instrument (PC)
CPCI-Q#	Components of Primary Care Index (CPCI)
B5AP-Q#	Brief 5 A's Patient Survey
PPCCMP-Q#	Patient Perceived Continuity of Care from Multiple Providers
RMCSMLTC-Q#	Relational and Management Continuity Survey in Patients with Multiple Long-Term Conditions
PPIC-Q#	Patient Perception of Integrated Care Survey (PPIC)
PCCPP-Q#	Primary Care Questionnaire for Complex Pediatric Patients
PACIC-Q#	Patient Assessment of Care for Chronic Conditions
MCQ-Q#	Medical Care Questionnaire
HP5-AM-Q#	CAHPS Adult Health Plan Medicaid 5.0, Question #
HP4-AS-Q#	CAHPS Adult Health Plan Supplemental 4.0, Question #
CG2-AS-Q#	CAHPS Clinician & Group Supplemental 2.0, Question #
HPQ-Q#	Health and Work Performance Questionnaire (HPQ)— World Health Organization (WHO)-- developed as part of the WHO Composite International Diagnostic Interview

OVERVIEW SURVEY DOMAINS

This Domain Overview provides a quick overview of the items in the survey. It is NOT meant to list hypothesized composite items. There are a mix of screener, assessment/composite, and single items listed under each domain. It also does NOT list out every item but rather is meant to cover unique constructs. For example, if there is a screener item and an assessment item that measure the same construct, then the assessment item is listed.

I. SEEKING CARE IN THE LAST 12 MONTHS

- Visited primary care provider's office to get care
- Contacted primary care provider or another primary care professional
- Different primary care professionals seen within primary care provider's office
- Different primary care professionals seen outside primary care provider's office

II. KNOWING WHO DOES WHAT

- Knew the responsibilities of each health care team member
- Knew what aspect of care was responsible for
- Talked about what to do if condition got worse or came back
- Identify health care team member in charge of making sure respondent got all needed care
- Identify health care team member in charge of keeping track of all care needed and received
- Knew which health care professional to get in touch with for care

III. COMMUNICATING WITH YOUR HEALTH CARE PROVIDERS

- Given information about what to do if needed care after hours
- Got an answer same day during regular office hours
- Got help or advice needed after regular office hours
- Got an answer as soon as needed when e-mailed
- Got answers as soon as needed when asked
- Easy to discuss care in preferred language
- Got to talk to primary care professional who knows respondent best
- Explain things in a way easy to understand
- Listen carefully to respondent
- Encouraged to ask all questions
- Asked if understood all information given
- Talk about concerns about health or treatment
- Felt comfortable asking questions
- Felt completely comfortable talking about personal problems
- Talked about things in life that might get in the way of taking care of health
- Asked if there was a period of time when felt sad, empty or depressed

IV. SHARING HEALTH INFORMATION

- Given all information needed on health condition
- Given all information needed about chances of getting better

- Given test results as follow up
- Had to request test results
- Received a copy of care plan if requested
- Primary care provider or other primary care professionals knew about past health problems
- Talked about all prescription medications taken
- Rate primary care provider's knowledge of medical history
- If saw health care professional outside primary care provider's office, primary care provider knew
- If saw health care professional outside primary care provider's office, primary care provider knew about tests or results
- Up-to-date health information
- Received medical records when requested

V. DEVELOP AND EXECUTE A PLAN OF ACTION FOR YOUR CARE: ASSESSING YOUR NEEDS AND GOALS

- Talked about how to pay for care
- Talked about what is and is not covered by insurance plan
- Primary care provider or other primary care professional remembered special needs
- Asked about health habits
- Talked about people who can help with health or treatment
- Talked about support needed to take care of health
- Asked about goals for taking care of health
- Helped set goals for taking care of health

VI. DEVELOP AND EXECUTE A PLAN OF ACTION FOR YOUR CARE: COLLABORATION ON THE DESIGN OF CARE

- Considered preferences for how wanted to receive care
- Considered preferences for where wanted to receive care
- Agree with primary care provider on best way to take care of health
- Agree with other primary care professional on best way to take care of health
- Told there was more than once choice for health care or treatment
- Talked about reasons for choosing one option
- Talked about reasons for not choosing one option
- Asked which choice thought was best
- Had as much choice as wanted in care received
- Family involved as much as wanted in planning care

VII. DEVELOP AND EXECUTE A PLAN OF ACTION FOR YOUR CARE: CREATING A HEALTH CARE PLAN OF ACTION

- Create a plan of action used everyday
- Plan included different ways to communicate with primary care practice
- Plan included outcomes showing goals were met
- Plan included a schedule for follow up
- Plan included what to do if there was a problem or change in health
- Helped to plan ahead to take care of health during difficult or stressful times

VIII. DEVELOP AND EXECUTE A PLAN OF ACTION FOR YOUR CARE: FOLLOWING UP, IDENTIFYING PROBLEMS AND MAKING ADJUSTMENTS

- Had follow up at next visit or by phone for a health problem
- Asked how health or treatment affected daily life
- Had follow up to see what was working well
- Discussed whether getting the health care needed
- Felt someone in the primary care practice was available to listen to concerns
- Plan of action was reviewed and updated

VIII. CONNECTING YOU TO OTHER SOURCES OF CARE

- Got a referral when needed
- Helped in making appointments
- Satisfied with care received
- Given information about available community based services
- Had follow up about use of community based services
- Helped connect with other people with similar health issues

VIII. HELPING YOU TAKE CARE OF YOURSELF

- Asked how took care of health
- Received explanation for tests or exams to manage health
- Got reminders between visits
- Asked if had enough services at home
- Arranged services at home to help manage condition
- Activities recommended took into account responsibilities at work or home
- Taught how to monitor health
- Given health information such as booklets or videos

CASE MIX ADJUSTERS

- Rating of overall physical health
- Age
- Sex

RESPONDENT CHARACTERISTICS

- Rating of overall mental or emotional health
- Got health care 3 or more times for same condition
- Got health care 3 or more times for condition lasted for at least 3 months
- Take medicine prescribed by a doctor
- Take medicine for condition lasted for at least 3 months
- Was hospitalized for at least one night
- Was in a nursing home or rehabilitation facility
- Had health insurance in last 12 months
- Education level
- Ethnicity
- Race
- Preferred Language

- Rating of English language skills
- Helped to complete this survey
- How helped to complete this survey
- List of health conditions

Your Care Coordination Experience

Introduction

This survey asks questions about your experience with care coordination. Care coordination refers to health care that is provided in a planned way that meets the needs and preferences of the patient. When care is coordinated well, the patient and his or her doctors, nurses, other health care providers, family, and other caregivers all know who is responsible for different parts of the patient's care and they communicate with each other so that everyone has the information they need.

Your answers to this survey will help us learn more about people's experiences with care coordination.

Survey Instructions

Answer each question by marking the box 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:

- ¹ Yes
² No → **If No, go to #1**

Public reporting burden for this collection of information is estimated to average 25 minutes per response, which is the estimated time required to complete the 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. 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 (0935-0176); AHRQ; 540 Gaither Road, Room # 5036; Rockville, MD 20850.

Definitions

Below are several definitions of terms that are used throughout the survey. Some of these definitions are relevant to specific sections of the survey and are also included at the beginning of that section.

Your primary care provider: The doctor or other provider who cares for most of your usual health care needs and who you normally see when you need care for a new illness or injury, to maintain or control a health issue, or to prevent health problems so you can stay healthy.

Other primary care professionals in this office: doctors, nurse practitioners, physician assistants, nurses, and others who work in the same office or group as your primary care provider and also help people get better, maintain their health, and prevent problems to stay healthy.

Primary care office: A group of primary care professionals and the staff that work with them in an office. The primary care professionals and other staff in the office all work for the same organization or business that shares a common goal of caring for the health needs of patients and keeping patients healthy. A primary care office is designed to be the first place patients go to get their health needs met.

Other health care professionals: doctors, nurse practitioners, physician assistants, nurses, and others who work outside of your primary care practice to provide specialized care for specific health problems or health needs.

Health care team: this includes your primary care provider, other primary care professionals and other health care professionals who care for you. It also includes people who are not primary care professionals for example, the people in your life such as yourself, family members, or friends that help you get the care you need to feel better or stay healthy.

“Plan of action” or “care plan”: Sometimes, in order to coordinate care, the patient and/or family creates a care plan, together with one or more health care providers. It covers the patient’s needs and goals for health care and identifies any gaps in care coordination. The plan may set goals for the patient and the patient’s providers. Ideally, it anticipates routine needs and tracks current progress toward a patient’s goals. This plan is often called a “care plan” or a “plan of action”.

Seeking care in the last 12 months

1. In the last 12 months, how many times did you visit your primary care provider's office to get care for yourself from your primary care provider or other primary care professional? [NI/HP5-AM-m11]

- ¹ None
² 1
³ 2
⁴ 3
⁵ 4
⁶ 5 to 9
⁷ 10 or more times

2. In the last 12 months, apart from scheduling appointments, how many times did you contact your primary care provider or another primary care professional in this office about your health, for example by email or phone call? [A, CI1/HP4-AS-mC01]

- ¹ None
² 1
³ 2
⁴ 3
⁵ 4
⁶ 5 to 9
⁷ 10 or more times

3. In the last 12 months, including your primary care provider, how many different primary care professionals at your primary care provider's office have you seen for a health reason? [CI1/HP5-AM-m19]

- ¹ 1
² 2
³ 3 or more
⁴ I did not get care from this primary care provider's office in the last 12 months.

4. In the last 12 months, how many health care professionals outside of your primary care provider's office have you seen for a health reason? [NI/HP4-AS-mH5]

- ¹ None
² 1
³ 2
³ 3 or more

Knowing Who Does What

Care coordination: this refers to health care that is provided in a planned way that meets the needs and preferences of the patient. When care is coordinated well, the patient and his or her doctors, nurses, other health care providers, family, and other caregivers all know who is responsible for different parts of the patient's care and they communicate with each other so that everyone has the information they need.

Health care team: this includes your primary care provider, other primary care professionals and other health care professionals who care for you. It also includes people who are not primary care professionals for example, the people in your life such as yourself, family members, or friends that help you get the care you need to feel better or stay healthy.

5. In the last 12 months, how often did you know what the responsibilities were of each member of your health care team? [EA/AT/CPCQ-m9]

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

6. In the last 12 months, how often did you know what aspects of your care you were responsible for? [EA/NI]

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

7. In the last 12 months, if you had health problems, how often did your primary care provider or other primary care professional in this office talk with you about what to do if your condition got worse or came back? [CIP/AT/PC1-A-mC2f]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 I did not have a health problem in the last 12 months.

8. In the last 12 months, who in your health care team was most often in charge of making sure you got all the care you needed? [EA/T, CII,NI]

- ¹ My primary care provider
- ² Another primary care professional in the same office as my primary care provider
- ³ Another health care professional outside of my primary care provider's office
- ⁴ Myself
- ⁵ Family or caregiver(s)
- ⁶ Myself and family or caregiver(s)
- ⁷ There was nobody in charge of making sure I got all the care I needed

9. In the last 12 months, who in your health care team was most often in charge of keeping track of the care you needed and got? [EA/CII,NI]

- ¹ My primary care provider
- ² Another primary care professional in the same office as my primary care provider
- ³ Another health care professional outside of my primary care provider's office
- ⁴ Myself
- ⁵ Family or caregiver(s)
- ⁶ Myself and family or caregiver(s)
- ⁷ There was nobody in charge of making sure I got all the care I needed

10. In the last 12 months, if you saw more than one health care professional for your health care needs, how often did you know which one to get in touch with when you needed medical care? [EA/ATU / RMCSMLTC-mQ36]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not see more than one health care professional for my health care needs in the last 12 months.

Communicating with your health care providers

11. In the last 12 months, how often did someone in your primary care provider's office give you information about what to do if you needed care during evenings, weekends, or holidays? [CIP/ATU/PCMHS2-A-mPCMH2]

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

12. In the last 12 months, if you called your primary care provider's office with a medical question during regular office hours, how often did you get an answer that same day? [CIP/AT/ACES-m6]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not call my primary care provider's office with a medical question during regular office hours in the last 12 months.

13. In the last 12 months, if you called your primary care provider's office after regular office hours, how often did you get the help or advice you needed? [CIP/AT/ACES-m7]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not call my primary care provider's office after regular office hours in the last 12 months.

14. In the last 12 months, if you e-mailed your primary care provider's office with a question, how often did you get an answer as soon as you needed it? [CIP/AT/ PC1-A-mAE2]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not e-mail my primary care provider's office with a question in the last 12 months.

15. In the last 12 months, when you asked questions of your primary care provider or other primary care professional in this office, how often did you get answers as soon as you needed them? [CIP/AT/PPOC-m9]

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

16. In the last 12 months, how often did the primary care professionals in your primary care provider's office make it easy for you to discuss your care in your preferred language? [CPC/AT/FCCST-F-m1.3A]

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

17. In the last 12 months, if you needed to talk to your primary care provider or another primary care professional in this office, how often did you get to talk to the primary care professional who knows you best? [CIP/AT/PCAT-AE-mD4]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not need to talk to my primary care provider or another primary care professional in this office in the last 12 months.

18. In the last 12 months, how often did your primary care provider or other primary care professionals in this office explain things in a way that was easy to understand? [CIP/ AT /SCI1-A-m14]

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

19. In the last 12 months, how often did your primary care provider or other primary care professionals in this office listen carefully to you? [CIP/AT/PCAT-CE-mD2]

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

20. In the last 12 months, how often did your primary care provider or other primary care professionals in this office encourage you to ask all the questions you had? [CIP/AT/FCD-m4]

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

21. In the last 12 months, how often did your primary care provider or other primary care professional in this office ask you if you understood all of the information he or she gave you? [CIP/AT/FCD-m6]

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

22. In the last 12 months, when you had concerns about your health or treatment, how often did you talk with your primary care provider or other primary care professional in this office about your concerns? [CIP/AT/PPOC-m20]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not have concerns about my health or treatment in the last 12 months.

23. In the last 12 months, how often have you felt comfortable asking questions of your primary care provider or other primary care professionals you saw in this office? [CIP/AT, T/PC-m2E]

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

24. In the last 12 months, how often did you feel completely comfortable talking with your primary care provider or other primary care professional in this office about personal problems? ([CIP/AT, T/PC-m2C])

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

25. In the last 12 months, how often did your primary care provider or other primary care professionals you saw in this office talk to you about things in your life that might get in the way of your taking care of your health? [CPC/ATU /PPCCMP-m4]

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

26. In the last 12 months, how often did your primary care provider or other primary care professional in this office ask you if there was a period of time when you felt sad, empty or depressed? [CPC/AT /PCSSW-mQ12d]

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

Sharing health information

27. In the last 12 months, how often did your primary care provider or other primary care professional in this office give you all of the information that you needed on your health or health condition(s)?
[CIF/ AT /PCMHVCI-m13]

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

28. In the last 12 months, if you had a health problem, how often did your primary care provider or other primary care professional in this office give you all the information that you needed about your chances of getting better? [CIF/AT, CI1/PCMHVCI-m14]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not have a health problem in the last 12 months

29. In the last 12 months, if you had a blood test, x-ray, or other test, how often did your primary care provider or other primary care professional in this office follow up to give you those results?
[CIF/AT/FCCST-F-m1.A]

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

30. In the last 12 months, if you had a blood test, x-ray or other test ordered by your primary care provider or other primary care professional in this office, how often did you have to request the results before you got them? [CIF/ATU, CI1/PPIC-m20]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ Primary care professionals in my provider's office did not order medical tests for me in the last 12 months.

31. In the last 12 months, how often did your primary care provider or other primary care professionals in this office know about your past health problems or past treatments? [CIP/ATU/MCQ-m8]

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

32. In the last 12 months, if you had health problems, how often has your primary care provider or other primary care professional in this office known about all of your health problems? [CIF/AT, T/PC-m1G]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not have health problems in the last 12 months.

33. In the last 12 months, if you took any prescription medications, how often did your primary care provider or other primary care professional in this office talk with you about all of the prescription medications you were taking? [CIP/AT/SCI-A-mCC1]

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

34. In the last 12 months, how would you rate your primary care provider's knowledge of your medical history? [CIF/AT/ACES-m20]

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

35. In the last 12 months, if you saw a health care professional outside of your primary care provider's office, how often did your primary care provider know that these visits happened? [CIP/AT, A, /PCAT-AE-mE7]

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not see a health care professional outside of my primary care provider's office in the last 12 months.

36. In the last 12 months, if you saw a health care professional outside of your primary care provider's office, how often did your primary care provider know about any tests or results from these visits? [CIP/ AT/PCAT-AE-mE7]

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not see a health care professional outside of my primary care provider's office in the last 12 months.

37. In the last 12 months, how often has it seemed like your primary care provider's office keeps health information about you complete and up-to-date? [CIF/ATU/RMCSMLTC-mQ27]

¹ Never

² Sometimes

³ Usually

⁴ Always

38. In the last 12 months, if you asked someone at your primary care provider's office for your medical records, how often did you get them as soon as you needed? [CIF/AT/PCAT-AE-mF3]

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not ask my primary care provider's office for my medical records in the last 12 months.

Develop and execute a plan of action for your care: Assessing your needs and goals

39. In the last 12 months, how often did someone in your primary care provider's office talk to you about how to pay for the care you need? [CPC/AT/MHILV-m3.5LevelOne]

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

40. In the last 12 months, if you had a health insurance plan, how often did your primary care provider or other primary care professional in this office talk with you about what is and is not covered by your insurance plan? [CPC/AT/MHILV-m3.5LevelThree]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not have health insurance in the last 12 months.

41. In the last 12 months, if you told your primary care provider or other primary care professional at this office about special needs you had, how often did they remember these needs? [CPC/AT/MHILV-m1.4LevelOne]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not tell the primary care professionals in this office about any special needs in the last 12 months.

42. In the last 12 months, how often did your primary care provider or other primary care professional at this office, ask you about habits related to your health, such as smoking, diet, exercise, alcohol consumption, and rest? [CPC/AT/RSSM-m2]

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

43. In the last 12 months, how often did your primary care provider or other primary care professional in this office talk with you about the people in your life who can help you with your health or treatment? [CIP/AT/FCCST-F-m1.B]

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

44. In the last 12 months, how often did your primary care provider or other primary care professional in this office talk to you about any support you might need to take care of your health? [CPC/AT/MHILV-m3.5LevelOne]

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

45. In the last 12 months, how often did your primary care provider or other primary care professional at this office, ask about your goals for taking care of your health? [CPC/AT/RSSM-m1]

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

46. In the last 12 months, how often has your primary care provider or other primary care professional at this office, helped you in setting goals for taking care of your health? [CPC/AT/RSSM-m4]

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

Develop and execute a plan of action for your care: Collaboration on the design of care

- 47.** In the last 12 months, how often did the care you received from your primary care provider or other primary care professional at this office, consider your preferences for how you wanted to receive your care? [CPC/AT/FCCST-F-m3.A]
- ¹ Never
² Sometimes
³ Usually
⁴ Always
- 48.** In the last 12 months, how often did the care you received from your primary care provider or other primary care professional at this office, consider your preferences for where you wanted to receive your care? [CPC/AT/FCCST-F-m3.A]
- ¹ Never
² Sometimes
³ Usually
⁴ Always
- 49.** In the last 12 months, how often did you and your primary care provider agree on the best way to take care of your health or health conditions? [CPC/NI/HP4-AS-mCC8]
- ¹ Never
² Sometimes
³ Usually
⁴ Always
- 50.** In the last 12 months, if you saw any other primary care professionals in this office, how often did you and these other primary care professionals agree about the best way to take care of your health or health conditions? [CPC/NI/HP4-AS-mCC8]
- ¹ Never
² Sometimes
³ Usually
⁴ Always
⁵ I did not see any other primary care professionals in this office in the last 12 months

- 51.** Choices for your treatment or health care can include choices about tests and screenings, preventive healthcare (e.g. flu shot), medicine, surgery, or other treatment.

In the last 12 months, how often did your primary care provider or other primary care professional in this office tell you there was more than one choice for your health care or treatment?

[CPC/AT/PACCC-mB2]

- ¹ Never
² Sometimes
³ Usually
⁴ Always

- 52.** In the last 12 months, if you talked about different options for your health care or treatment with your primary care provider or other primary care professional in this office, how often did they talk about the reasons for choosing an option? [CPC/NI/HP4-AS-mH3]

- ¹ Never
² Sometimes
³ Usually
⁴ Always
⁵ I did not talk to my primary care provider or other primary care professional in this office about different options for my healthcare or treatment.

- 53.** In the last 12 months, if you talked about different options for your health care or treatment with your primary care provider or other primary care professional in this office, how often did they talk about the reasons for **not** choosing an option? [CPC/NI/HP4-AS-mH3]

- ¹ Never
² Sometimes
³ Usually
⁴ Always
⁵ I did not talk to my primary care provider or other primary care professional in this office about different options for my healthcare or treatment.

- 54.** In the last 12 months, if you talked about different choices for your healthcare or treatment with your primary care provider or other primary care professional in this office, how often did they ask which choice you thought was best for you? [CPC/NI/HP4-AS-mH4]

- ¹ Never
² Sometimes
³ Usually
⁴ Always
⁵ I did not talk to my primary care provider or other primary care professional in this office about different choices for my healthcare or treatment.

55. In the last 12 months, how often did you have as much of a choice as you wanted in the care you received from the primary care professionals in this office? [CPC/AT/MPOC-m3]

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

56. In the last 12 months, how often did your primary care provider or other primary care professional in this office involve your family as much as you wanted in planning your care? [EA/AT/MHILV-3.1-level four]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I do not have a family.
- ⁶ I do not have a family whom I wanted involved in planning my care in the last 12 months.

Develop and execute a plan of action for your care: Creating a health care plan of action

“Plan of action” or “care plan”: Sometimes, in order to coordinate care, the patient and/or family creates a care plan, together with one or more health care providers. It covers the patient’s needs and goals for health care and identifies any gaps in care coordination. The plan may set goals for the patient and the patient’s providers. Ideally, it anticipates routine needs and tracks current progress toward a patient’s goals. This can be called a care plan or a plan of action.

57. In the last 12 months, how often did your primary care provider or other primary care professionals in this office help you create a plan of action that you use every day to help you take care of your health? [CPC/ATU, F/B5AP-m7]

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

58. In the last 12 months, if you and a primary care professional in this office had a plan of action to take care of your health, how often did the plan include different ways to communicate with your primary care practice? [CPC/ATU, F/PCCPP-m1]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not have a plan of action with primary care professionals in this office in the last 12 months.

59. In the last 12 months, if you asked someone in your primary care provider’s office for a copy of your plan of action, how often did someone in the office give you a copy? [CIF/AT/PACIC-mB9]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not have a plan of action with primary care professionals in this office in the last 12 months.
- ⁶ I did not ask for a copy of my plan of action in the last 12 months.

60. In the last 12 months, if you and a primary care professional in this office had a plan of action to take care of your health, how often did the plan include specific outcomes that would tell you when you met your goals? Outcomes can include functional goals, such as being able to walk a flight of stairs without losing your breath, or target rates, for example, a blood pressure reading below 120/80 mmHg? [CPC/AT, F/MPOC-m10]

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not have a plan of action with primary care professionals in this office in the last 12 months.

61. In the last 12 months, if you and a primary care professional in this office had a plan of action to take care of your health, how often did the plan include a schedule for follow up? [CPC/ AT, F /MPOC-m10]

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not have a plan of action with primary care professionals in this office in the last 12 months.

62. In the last 12 months, if you and a primary care professional in this office had a plan of action to take care of your health, how often did the plan include what to do if there is a problem or a change in your health? [CPC/ F,NI/CG2-AS-mHL16]

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not have a plan of action with primary care professionals in this office in the last 12 months.

63. In the last 12 months, how often did your primary care provider or other primary care professional in this office help you to plan ahead so that you could take care of your health even during difficult or stressful times? [CPC/ATU/B5AP-m8]

¹ Never

² Sometimes

³ Usually

⁴ Always

Develop and execute a plan of action for your care: Following up, identifying problems and making adjustments

- 64.** In the last 12 months, if you had a health problem, how often did your primary care provider or other primary care professional in this office follow up on a health problem you had, either at the next visit or by phone?[CPC/AT/CPCI-m13]
- ¹ Never
² Sometimes
³ Usually
⁴ Always
⁵ I did not have a health problem in the last 12 months
- 65.** In the last 12 months, how often did your primary care provider or other primary care professional in this office ask you how your health or treatment affected your daily life? [CIP/AT/PACCC-mB15]
- ¹ Never
² Sometimes
³ Usually
⁴ Always
- 66.** In the last 12 months, if you had treatment, how often did your primary care provider or other primary care professional in this office follow up with you to find out what was working well with your treatment? [CIP/AT/FCCST-F-1.B]
- ¹ Never
² Sometimes
³ Usually
⁴ Always
⁵ I did not have treatment in the last 12 months.
- 67.** In the last 12 months, how often did your primary care provider or other primary care professional in this office discuss whether you were getting the health care you needed? [CPC/ATU/PPIC-m24]
- ¹ Never
² Sometimes
³ Usually
⁴ Always

68. In the last 12 months, if you had a concern that your primary care provider or other primary care professional in this office was not caring for your health in the way you needed, how often did you feel that someone in the primary care practice was available to listen to your concerns?

[CPC/AT/MHILV-m1.1-Level Four]

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not have a concern that the primary care professionals in this office were not caring for my health the way I wanted in the last 12 months

69. In the last 12 months, if you had a health care plan of action, how often did your primary care provider or other primary care professional in this office review and update your plan of action and make any changes that were needed? [CPC/AT,F/MHFIS-m10c]

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not have a plan of action in the last 12 months

Connecting you to other sources of care

- 70.** In the last 12 months, if you needed a referral from your primary care provider to see another health care professional, how often did you get one as soon as you needed it? [FAS/AT/CSHCN-mC4Q07]
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not need a referral to another health care professional in the last 12 months
-
- 71.** In the last 12 months, if you needed to visit another health care professional outside of your primary care provider's office, how often did someone in your primary care provider's office help you make the appointment? [FAS/AT/PPOC-m33]
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not need to visit a health care professional outside of my primary care provider's office in the last 12 months
- ⁶ When I needed to visit a health care professional outside of my primary care provider's office in the last 12 months, I did not seek help from anyone in my primary care provider's office.
-
- 72.** In the last 12 months, if your primary care provider referred you to another health care professional, how often were you satisfied with the care you received from the professionals your primary care provider recommended? [FAS/AT/PC-m2J]
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ My PCP did not refer me to any health care professionals in the last 12 months

- 73.** In the last 12 months, how often did your primary care provider or other primary care professional in this office give you information about available community based services to support your health such as support groups, classes, counselors, community recreation programs, or faith-based activities?[LCR/ATU/B5AP-m9]
- ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always
- 74.** In the last 12 months, if your primary care provider or another primary care professional in this office told you about resources available in the community that could help you take care of yourself or your family, how often did someone in your primary care provider's office follow up with you about your use of these resources? [CPC/NI/FCCST-F-m1.E]
- ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always
 - ⁵ Community-based services were not recommended to me in the last 12 months.
- 75.** In the last 12 months, how often did your primary care provider or another primary care professional in this office help you connect with other people with similar health issues? [LCR/ATU/FCCST-F-m1.B]
- ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always

Helping you take care of yourself

- 76.** In the last 12 months, how often did your primary care provider or other primary care professionals you saw at this office ask you how you take care of your health? [SSM/ATU/B5AP-m1]
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- 77.** In the last 12 months, how often did your primary care provider or other primary care professionals in this office explain what tests or exams you should have to manage your health or health condition? [CPC/A/PPCCMP-m22]
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- 78.** Some offices remind patients between visits about tests, treatment, or appointments. In the last 12 months, how often did you get reminders from your primary care provider's office between visits? [CIP/ATU/PCMHS2-A-mPCMHS]
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- 79.** In the last 12 months, if you had an illness or injury, how often did your primary care provider or other primary care professionals in this office ask whether you had enough services to help you take care of this illness or injury at home? [CPC/ATU/PPIC-m38]
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not have an illness or injury in the last 12 months.

- 80.** In the last 12 months, if you needed help at home to manage your health, how often did someone in your primary care provider's office arrange services for you at home to help manage your health condition? [SSM/ATU/PPIC-m39]
- ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always
 - ⁵ I did not need help at home to manage my health in the last 12 months.
- 81.** In the last 12 months, how often did you feel like the activities primary care professionals in this office recommended for your care took into account the responsibilities you have at work or home? [CPC/ATU/PPCCMP-m4]
- ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always
- 82.** In the last 12 months, how often did your primary care provider or other primary care professional in this office teach you how to monitor your health so you can tell how you are doing? [SSM//PCMHS-A -m22 v5.B22]
- ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always
- 83.** In the last 12 months, how often did a primary care professional in this office give you health information such as booklets or videos about what you can do for your health? [SSM/ATU/MPOC-m14]
- ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always

About You

- 84.** In general, how would you rate your overall physical health? [CM/HP5-AM-27]
- ¹ Excellent
² Very good
³ Good
⁴ Fair
⁵ Poor
- 85.** In general, how would you rate your overall mental or emotional health? [RC/HP5-AM-28]
- ¹ Excellent
² Very good
³ Good
⁴ Fair
⁵ Poor
- 86.** In the last 12 months, did you get health care 3 or more times for the same condition or problem? [RC/HP5-AM-29]
- ¹ Yes
² No → **If No, go to #88**
- 87.** Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause. [RC/HP5-AM-30]
- ¹ Yes
² No
- 88.** Do you now need or take medicine prescribed by a doctor? Do not include birth control. [RC/HP5-AM-31]
- ¹ Yes
² No → **If No, go to #90**
- 89.** Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause. [RC/HP5-AM-32]
- ¹ Yes
² No
- 90.** In the last 12 months, did you have to stay in the hospital for at least one night? [NI, A]
- ¹ Yes
² No

91. In the last 12 months, were you admitted to or discharged from a nursing home or rehabilitation facility? [NI,A]

¹ Yes

² No

92. In the last 12 months, did you have health insurance? [RC]

¹ Yes

² No

93. What is your age? [CM/HP5-AM-33]

¹ 18 to 24 years

² 25 to 34

³ 35 to 44

⁴ 45 to 54

⁵ 55 to 64

⁶ 65 to 74

⁷ 75 or older

94. Are you male or female? [CM/HP5-AM-33]

¹ Male

² Female

95. What is the highest grade or level of school that you have completed? [CM/HP5-AM-35]

¹ 8th grade or less

² Some high school, but did not graduate

³ High school graduate or GED

⁴ Some college or 2-year degree

⁵ 4-year college graduate

⁶ More than 4-year college degree

96. Are you Hispanic, Latino/a, or Spanish origin? [RC/M-ACO-77]

¹ Yes, Hispanic, Latino/a, or Spanish origin

² No, not of Hispanic, Latino/a, or Spanish origin

97. What is your race? Mark one or more. [RC/OMH-4032-2]

- ¹ White
- ² Black or African American
- ³ American Indian or Alaska Native
- ⁴ Asian Indian
- ⁵ Chinese
- ⁶ Filipino
- ⁷ Japanese
- ⁸ Korean
- ⁹ Vietnamese
- ¹⁰ Other Asian
- ¹¹ Native Hawaiian
- ¹² Guamanian or Chamorro
- ¹³ Samoan
- ¹⁴ Other Pacific Islander

98. What is your preferred language? [RC, CuC/CG2-AS-CU22]

- ¹ English
- ² Other

Please specify: _____

99. How well do you speak English? [RC, CuC/OMH-4302-4]

- ¹ Very well
- ² Well
- ³ Not well
- ⁴ Not at all

100. Did someone help you complete this survey? [RC/HP5-AM-38]

- ¹ Yes → **If Yes, go to #105**
- ² No → **Thank you. Please return the completed survey in the postage-paid envelope.**

101. How did that person help you? Mark one or more. [RC/HP5-AM-39]

- ¹ Read the questions to me
- ² Wrote down the answers I gave
- ³ Answered the questions for me
- ⁴ Translated the questions into my language
- ⁵ Helped in some other way

Thank You
Please return the completed survey in the postage-paid envelope.

102. Do you have any of the following conditions? [NI/HPQ-CCC]

Do you have any of the following conditions? If your answer is YES, mark whether you <u>never</u>, <u>previously</u>, or <u>currently</u> receive professional treatment. (Professional treatment is any treatment supervised by a health professional.) If you are unsure if you have a condition, please mark the NO response option.	NO, I don't have this condition	YES, but I <u>never</u> received professional treatment	YES, I <u>previously</u> received (but don't currently receive) professional treatment	YES, and I <u>currently</u> receive professional treatment
Arthritis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic back/neck pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraine headaches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other frequent or severe headaches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other chronic pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure or hypertension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congestive heart failure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary heart disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood cholesterol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An ulcer in your stomach or intestine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Either frequent diarrhea or frequent constipation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent nausea, gas, or indigestion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic heartburn or GERD?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal allergies or hay fever?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic bronchitis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emphysema?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Obstructive Pulmonary Disease (COPD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Obstructive Airways Disease (COAD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Obstructive Lung Disease (COLD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alpha one antitrypsin deficiency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urinary or bladder problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic sleeping problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic fatigue or low energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple Sclerosis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other kind of cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other emotional problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance problems (drugs or alcohol)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>