Patient Wellness Survey

1. Introduction

The Wind River Service Unit (WRSU) is committed to improving the quality of patient care by being accredited as a Primary Care Medical Home (PCMH). PCMH means working with the bigger health care community to meet your medical needs. This patient care survey is one way to improve services. It allows us to see the bigger picture to your health service needs. Patient care begins with you. Please complete the survey based upon your last or immediate visit. It takes about 5 minutes to finish. Thank you for helping improve patient care.

Form Approved
OMB Form No. 0917-0036
Expiration Date: 5/31/2015

1. What is your age (by years)?

- 18-25
- 26-33
- 34-41
- 42-49
- 50-57
- 58-65
- Over 66

2. What is your gender?

- Female
- Male

3. Rate your satisfaction with the change of hours to "8:00 a.m. to 5:30 p.m. (available at noon hour), Monday-Friday, at WRSU."

- 1-Very Unsatisfied
- 2-Unsatisfied
- 3-Neutral
- 4-Satisfied
- 5-Very Satisfied

4. I receive my health care services from (check all that apply):

- Fort Washakie Health Center
- Arapahoe Health Center
- Care mostly outside IHS

5. Today, I am completing this patient care survey form:

- at Fort Washakie Health Center
- online
- at Arapahoe Health Center
- by mail
- by telephone

6. What services are you receiving today?

- ☐ Behavioral Health
- ☐ Lab/X-Ray
- ☐ Clinic Health Care
- ☐ Optometry
- ☐ Community Health/Public Health Nursing
- ☐ Pharmacy
- ☐ Contract Health Services (CHS)
- ☐ Physical Therapy
- ☐ Dental
- ☐ Other (please list here):

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Note for question #13, page 2: Principles mean regular health maintenance checks, e.g., immunizations, pap smears. Life style changes are healthy practices examples are eating healthy, proper sleep and exercise.

2. Patient Wellness

Patient wellness can be difficult when you are ill or have an ongoing (chronic) condition. Please share your recent health care visit whether with your primary care provider (PCP), the nurse, or anyone who treated your illness and/or provided direct care services.

7. The provider and/or care team listens carefully to me or my personal caregiver.

- 1-Never
- 2-Rarely
- 3-Sometimes
- 4-Often
- 5-Always

8. My provider and/or health care team gave easy to understand instructions about taking care of my health concerns.

- Strongly Disagree
- Disagree
- Neutral (neither agree or disagree)
- Agree
- Strongly Agree

9. The provider and/or care team knows important facts about my health history.

- 1-Never
- 2-Rarely
- 3-Sometimes
- 4-Often
- 5-Always

10. The provider and/or care team did a health risk appraisal and assessment that was discussed with me.

- 1-Never
- 2-Rarely
- 3-Sometimes
- 4-Often
- 5-Always

11. The amount of time spent with the provider is just right.

- Strongly Disagree
- Disagree
- Neutral (neither agree or disagree)
- Agree
- Strongly Agree

12. The provider and/or care team is thorough and responds to my patient needs.

- 1-Strongly Disagree
- 2-Disagree
- 3-Neutral (neither agree or disagree)
- 4-Agree
- 5-Strongly Agree

13. My provider and/or care team talked to me about specific principles and/or making lifestyle changes to help me prevent illness.

- 1-Never
- 2-Rarely
- 3-Sometimes
- 4-Often
- 5-Always

14. The provider and/or care team asks about my concerns, worries and/or stressors.

- 1-Never
- 2-Rarely
- 3-Sometimes
- 4-Often
- 5-Always

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15. The provider and/or care team asks about my mental health status (example, sad, empty or depressed.)

- 1-Never
- 2-Rarely
- 3-Sometimes
- 4-Often
- 5-Always

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

- Poor
- Fair
- Good
- Excellent

17. I can manage and control most of my health problems.

- Strongly Disagree
- Disagree
- Neutral (neither agree or disagree)
- Agree
- Strongly Agree

18. How do you manage your own health care?

19. My thoughts and beliefs can help or hurt my health condition.

- Strongly Disagree
- Disagree
- Neutral (neither agree or diagree)
- Agree

20. I am comfortable talking to my Primary Care Provider and other clinic staff about my health condition(s).

- Strongly Disagree
- Disagree
- Neutral (neither agree or diagree)
- Agree

21. My provider and/or care team talked to me about transition of care to outside providers and/or facilities.

- Never
- Rarely
- Sometimes
- Often
- Always
- Not applicable

22. My provider and/or care team talk to me about end-of-life care.

- Never
- Rarely
- Sometimes
- Often
- Always
- Not applicable

23. There are health education and self-help resources available at the clinic(s).

- Never
- Rarely
- Sometimes
- Often
- Always

24. I was provided with non-IHS referrals to address my health concerns

- Never
- Rarely
- Sometimes
- Often
- Always

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.