NURSE/ASSISTANT/TECHNICIAN/NON-MD STAFF

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Friendliness/courtesy of the nurse/assistant	O	O	O	O	O
2. Concern the nurse/assistant showed for your problem	O	O	O	O	O

Comments (describe good or bad experience): _____

CARE PROVIDER

DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.

	very poor	poor	fair	good	very good
1. Friendliness/courtesy of the care provider	O	O	O	O	O
2. Explanations the care provider gave you about your problem or condition	O	O	O	O	O
3. Concern the care provider showed for your questions or worries	O	O	O	O	O
4. Care provider's efforts to include you in decisions about your treatment	O	O	O	O	O
5. Information the care provider gave you about medications (if any)	O	O	O	O	O
6. Instructions the care provider gave you about follow-up care (if any)	O	O	O	O	O
7. Degree to which care provider talked with you using words you could understand	O	O	O	O	O
8. Amount of time the care provider spent with you	O	O	O	O	O
9. Your confidence in this care provider	O	O	O	O	O
10. Likelihood of your recommending this care provider to others	O	O	O	O	O

Comments (describe good or bad experience): _____

PERSONAL ISSUES

	very poor	poor	fair	good	very good
1. How well staff protected your safety (by washing hands, wearing gloves, etc.)	O	O	O	O	O
2. Our sensitivity to your needs	O	O	O	O	O
3. Our concern for your privacy	O	O	O	O	O
4. Cleanliness of our practice	O	O	O	O	O

Comments (describe good or bad experience): _____

OVERALL ASSESSMENT

	very poor	poor	fair	good	very good
1. How well the staff worked together to care for you	O	O	O	O	O
2. Likelihood of your recommending our practice to others	O	O	O	O	O

Comments (describe good or bad experience): _____

Patient's Name: _____ *(optional)* Telephone Number: _____ *(optional)*

Thank you! Please return the completed survey in the postage-paid envelope.
Return to: Survey Processing, 710 Rush Street, South Bend, IN 46601

North Shore LIJ Medical Group

Formed Approved
OMB No. 0920-0953
Exp. Date 07/31/2018

CLINICIAN & GROUP CAHPS® SURVEY

SURVEY INSTRUCTIONS: Answer each question by completely filling in the circle 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: ● Yes → **If Yes, go to #1** ○ No

Please use black or blue ink to fill in the circle completely. Example: ●

Please rate your visit on:

YOUR PROVIDER

1. Our records show that you got care from the provider named below.

   Is that right?
   - O Yes
   - O No → **If No, go to #29**

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?
   - O Yes
   - O No

3. How long have you been going to this provider?
   - O Less than 6 months
   - O At least 6 months but less than 1 year
   - O At least 1 year but less than 3 years
   - O At least 3 years but less than 5 years
   - O 5 years or more

YOUR CARE FROM THIS PROVIDER IN THE LAST 12 MONTHS

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 went for dental care visits.

4. In the last 12 months, how many times did you visit this provider to get care for yourself?
   - O None → **If None, go to #29**
   - O 1 time
   - O 2
   - O 3
   - O 4
   - O 5 to 9
   - O 10 or more times

5. In the last 12 months, did you phone this provider's office to get an appointment for an illness, injury, or condition that **needed care right away**?
   - O Yes
   - O No → **If No, go to #7**

6. In the last 12 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?
   - O Never
   - O Sometimes
   - O Usually
   - O Always

7. In the last 12 months, did you make any appointments for a **check-up or routine care** with this provider?
   - O Yes
   - O No → **If No, go to #9**

8. In the last 12 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?
   - O Never
   - O Sometimes
   - O Usually
   - O Always

9. In the last 12 months, did you phone this provider's office with a medical question during regular office hours?
   - O Yes
   - O No → **If No, go to #11**

10. In the last 12 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?
    - O Never
    - O Sometimes
    - O Usually
    - O Always

11. In the last 12 months, did you phone this provider's office with a medical question **after** regular office hours?
    - O Yes
    - O No → **If No, go to #13**

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12. In the last 12 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?
- O Never
- O Sometimes
- O Usually
- O Always

13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider **within 15 minutes** of your appointment time?
- O Never
- O Sometimes
- O Usually
- O Always

YOUR CARE FROM THIS PROVIDER DURING YOUR MOST RECENT VISIT

These questions ask about your most recent visit with this provider. Please answer only for your own health care.

14. How long has it been since your most recent visit with this provider?
- O Less than 1 month
- O At least 1 month but less than 3 months
- O At least 3 months but less than 6 months
- O At least 6 months but less than 12 months
- O 12 months or more

15. Wait time includes time spent in the waiting room and exam room. During your most recent visit, did you see this provider **within 15 minutes** of your appointment time?
- O Yes
- O No

16. During your most recent visit, did this provider explain things in a way that was easy to understand?
- O Yes, definitely
- O Yes, somewhat
- O No

17. During your most recent visit, did this provider listen carefully to you?
- O Yes, definitely
- O Yes, somewhat
- O No

18. During your most recent visit, did you talk with this provider about any health questions or concerns?
- O Yes
- O No → **If No, go to #20**

19. During your most recent visit, did this provider give you easy to understand information about these health questions or concerns?
- O Yes, definitely
- O Yes, somewhat
- O No

20. During your most recent visit, did this provider seem to know the important information about your medical history?
- O Yes, definitely
- O Yes, somewhat
- O No

21. During your most recent visit, did this provider show respect for what you had to say?
- O Yes, definitely
- O Yes, somewhat
- O No

22. During your most recent visit, did this provider spend enough time with you?
- O Yes, definitely
- O Yes, somewhat
- O No

23. During your most recent visit, did this provider order a blood test, x-ray, or other test for you?
- O Yes
- O No → **If No, go to #25**

24. Did someone from this provider's office follow up to give you those results?
- O Yes
- O No

25. 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?
- O 0 Worst provider possible
- O 1
- O 2
- O 3
- O 4
- O 5
- O 6
- O 7
- O 8
- O 9
- O 10 Best provider possible

26. Would you recommend this provider's office to your family and friends?
- O Yes, definitely
- O Yes, somewhat
- O No

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

27. During your most recent visit, were clerks and receptionists at this provider's office as helpful as you thought they should be?
- O Yes, definitely
- O Yes, somewhat
- O No

28. During your most recent visit, did clerks and receptionists at this provider's office treat you with courtesy and respect?
- O Yes, definitely
- O Yes, somewhat
- O No

ABOUT YOU

29. In general, how would you rate your overall health?
- O Excellent
- O Very good
- O Good
- O Fair
- O Poor

30. In general, how would you rate your overall **mental or emotional** health?
- O Excellent
- O Very good
- O Good
- O Fair
- O Poor

31. What is the highest grade or level of school that you have completed?
- O 8th grade or less
- O Some high school, but did not graduate
- O High school graduate or GED
- O Some college or 2-year degree
- O 4-year college graduate
- O More than 4-year college degree

32. Are you of Hispanic or Latino origin or descent?
- O Yes, Hispanic or Latino
- O No, not Hispanic or Latino

33. What is your race? Mark one or more.
- O White
- O Black or African American
- O Asian
- O Native Hawaiian or Other Pacific Islander
- O American Indian or Alaska Native
- O Other

34. Did someone help you complete this survey?
- O Yes
- O No → **If No, go to ADDITIONAL QUESTIONS ABOUT YOUR VISIT.**

35. How did that person help you? Mark one or more.
- O Read the questions to me
- O Wrote down the answers I gave
- O Answered the questions for me
- O Translated the questions into my language
- O Helped in some other way

Please print: _____

ADDITIONAL QUESTIONS ABOUT YOUR VISIT

Now that we have asked you to tell us about *what happened* during your visit, we ask you to rate the services you received.

INSTRUCTIONS: Mark the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on your experiences.

ACCESS

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Ease of getting through to the practice on the phone	O	O	O	O	O
2. Convenience of our office hours	O	O	O	O	O
3. Ease of scheduling your appointment	O	O	O	O	O
4. Courtesy of staff in the registration area	O	O	O	O	O

Comments (describe good or bad experience): _____

MOVING THROUGH YOUR VISIT

	very poor	poor	fair	good	very good
1. If you experienced delays, degree to which you were informed about these delays	O	O	O	O	O
2. Wait time at practice (from scheduled appointment time to leaving)	O	O	O	O	O

Comments (describe good or bad experience): _____

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