

**Attachment A:
Promoting Patient Engagement in Clinical
Preventive Services: Evaluating the Use of
healthfinder – Patient Survey**

OMB Control Number: 0990-0281

Research Instrument

February 2, 2018

Submitted to:

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Office of the Chief Information Officer
U.S. Department of Health and Human Services

Submitted by:

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Patient Survey

Overview: Total time — 5 minutes

We are asking for your participation in a research study. The purpose of the study is to understand your interactions with your clinician. The results of this study may help clarify whether providing community data will influence the delivery of primary care; however, there may not be any direct benefit to you.

If you decide to participate, please complete the accompanying survey. The survey takes five to eight minutes to complete. Researchers at Virginia Commonwealth University will then review it.

The primary risk of participation is breach of confidentiality; however, your individual responses will not be shared with others outside of the research team and your clinician. In publications and presentations, we will not use your name and will only report on aggregate results.

Participation in this study is voluntary. Your responses and your decision not to participate will not affect your access to care. After reading this consent form, you will have 30 minutes to make a decision regarding participation.

Your refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled. The alternative to participation is to not participate.

Your clinician will review your responses. Some of these questions are sensitive in nature; therefore, please feel free to skip any questions you are uncomfortable answering. When you are done with the survey, please hand it back to the nursing staff.

If you are willing to participate, please complete this assessment. Thank you.

*[Note: The 1st set of questions – on pages 2 to 4 – are for **female** patients; the 2nd set of questions – on pages 5 to 7 – are for **male** patients.]*

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 0990-0281. The time required to complete this information collection is estimated to average **8 minutes** per response, including the time to review instructions, search existing data resources, gather the 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., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Understanding Wellness Care

1. Did you use myhealthfinder?

- Yes
- No

2. If yes, did myhealthfinder help you find out what preventive care you need to stay healthy?

- Yes
- No

How confident are you in managing your preventive care?

3. Before you saw your doctor, how confident did you feel that you were prepared to help decide what preventive care you need to stay healthy (screening tests, immunizations, and health behaviors)?

- Completely confident
- Very confident
- Somewhat confident
- A little confident
- Not confident at all

4. How confident are you that you understand the care you need to stay healthy (screening tests, immunizations, and health behaviors)?

- Completely confident
- Very confident
- Somewhat confident
- A little confident
- Not confident at all

What do you know about preventive care?

5. It is recommended that adults get flu shots:

- Once a year
- Twice a year
- Every three years
- Only adults with risk factors need a flu shot

6. Controlling high blood pressure can reduce our risk of:

- Heart disease
- Stroke
- Kidney disease
- All of the above

7. To prevent cervical cancer, it is recommended that women ages 21 to 65 years get a pap smear every year:

- True
- False

8. Moderate alcohol consumption for women is:

- No more than 1 drink per day
- No more than 2 drinks per day
- No more than 3 drinks per day

9. If you are feeling sad, down, or hopeless talk with your doctor about how you feel.

- True
- False

10. To prevent breast cancer, it is recommended that women ages 50 to 74 years get a mammogram every two years.

- True
- False

11. Which of the following are true or false about medical tests or exams such as stool tests and mammograms that check for early signs of cancer?

a. These tests can definitely tell that a person has cancer.

- True
- False
- Don't know

b. When a test finds something abnormal, more tests are needed to know if it is cancer.

- True
- False
- Don't know

c. The harms of these tests and exams sometimes outweigh the benefits.

- True
- False
- Don't know

Do you plan to get all the preventive care you need this year?

12. How certain are you that you will get all the preventive care that you need this year?

- Completely certain
- Very certain
- Somewhat certain
- A little certain
- Not certain at all

About your doctor's visit?

13. During your visit, how often did your doctor explain things in a way that was easy to understand?

- Always
- Usually
- Sometimes
- Never

14. During your visit, how often did your doctor listen carefully to you?

- Always
- Usually
- Sometimes
- Never

15. During your visit, how often did your doctor show respect for what you had to say?

- Always
- Usually
- Sometimes
- Never

16. During your visit, how often did your doctor spend enough time with you?

- Always
- Usually
- Sometimes
- Never

17. During your visit, how much interest did your doctor show in your questions or concerns about how to stay healthy?

- Always
- Usually
- Sometimes
- Never

18. During your visit, did your doctor help you understand the decisions you needed to make about preventive care you needed?

- Always
- Usually
- Sometimes
- Never

Can you tell us a little more about yourself?

19. What is the highest grade or level of school you completed?

- 8th grade or lower
- Some high school (but no diploma or GED)
- High school graduate (high school diploma or GED)
- Some college but no degree
- College degree or higher completed

THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS.

Understanding Wellness Care

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5. It is recommended that adults get flu shots:

- Once a year
- Twice a year
- Every three years
- Only adults with risk factors need a flu shot

6. Controlling high blood pressure can reduce our risk of:

- Heart disease
- Stroke
- Kidney disease
- All of the above

7. To prevent prostate cancer, it is recommended that men ages 55 to 69 years should get a prostate specific antigen (PSA) blood test every year:

- True
- False

8. Moderate alcohol consumption for men is:

- No more than 1 drink per day
- No more than 2 drinks per day
- No more than 3 drinks per day

9. If you are feeling sad, down, or hopeless talk with your doctor about how you feel.

- True
- False

10. As far as you know, which of the following statements are true or false about medical tests or exams such as stool tests and prostate specific antigen (PSA) tests that check for early signs of cancer?

a. These tests can definitely tell that a person has cancer.

- True False Don't know

b. When a test finds something abnormal, more tests are needed to know if it is cancer.

- True False Don't know

c. The harms of these tests and exams sometimes outweigh the benefits.

- True False Don't know

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