

**NOTICE** - Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-1015).

**Assurance of Confidentiality** - We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 & 151 note). This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. If information sent through government networks triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf of, the government.

## National Electronic Health Records Survey 2018

The National Electronic Health Records Survey is affiliated with the National Ambulatory Medical Care Survey (NAMCS). The purpose of the survey is to collect information about the adoption of electronic health records (EHRs) in ambulatory care settings. Your participation is greatly appreciated. Your answers are confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call xxx-xxx-xxxx.

|  |  |
|--|--|
| <p><b>1. We have your specialty as:</b></p> <p><b>Is that correct?</b></p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No → What is your specialty?</p> <p>_____</p>   | <p><b>4. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.</b></p> <p><input type="checkbox"/> 1 Private solo or group practice</p> <p><input type="checkbox"/> 2 Freestanding clinic or Urgent Care Center</p> <p><input type="checkbox"/> 3 Community Health Center (e.g., Federally Qualified Health Center [FQHC], federally funded clinics or “look-alike” clinics)</p> <p><input type="checkbox"/> 4 Mental health center</p> <p><input type="checkbox"/> 5 Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)</p> <p><input type="checkbox"/> 6 Family planning clinic (including Planned Parenthood)</p> <p><input type="checkbox"/> 7 Health maintenance organization, health system or other prepaid practice (e.g., Kaiser Permanente)</p> <p><input type="checkbox"/> 8 Faculty practice plan (an organized group of physicians that treats patients referred to an academic medical center)</p> <p><input type="checkbox"/> 9 Hospital emergency or hospital outpatient departments</p> <p><input type="checkbox"/> 10 None of the above</p> |
| <p><i>This survey asks about <b>ambulatory care</b>, that is, care for patients receiving health services without admission to a hospital or other facility.</i></p>   |  |
| <p><b>2. Do you directly care for any ambulatory patients in your work?</b></p> <p><input type="checkbox"/> 1 Yes → Go to Question 3</p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 3 I am no longer in practice</p> | <p><i>If you see patients in <b>any</b> of these settings, go to Question 5</i></p>  |
| <p><i>Please stop here and return the questionnaire in the envelope provided. Thank you for your time.</i></p>   |  |
| <p><i>The next question asks about a <b>normal week</b>. We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.</i></p>  |  |
| <p><b>3. Overall, at how many office locations (excluding hospital emergency or hospital outpatient departments) do you see ambulatory patients in a normal week?</b></p> <p>_____ Locations</p>   | <p><i>If you select <b>only</b> 9 or 10, go to Question 50</i></p>   |

**5. At which of the settings (1-8) in question 4 do you see the most ambulatory patients?**  
**WRITE THE NUMBER LOCATED NEXT TO THE BOX YOU CHECKED.**  
 \_\_\_\_\_ (For the rest of the survey, we will refer to this as the “reporting location.”)

*For the remaining questions, please answer regarding the **reporting location indicated in question 5** even if it is not the location where this survey was sent.*

**6. What are the county, state, zip code, and telephone number of the reporting location?**

Country USA County \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**7. How many physicians, including you, work at this practice (including physicians at the reporting location, and physicians at any other locations of the practice)?**

- 1 1 physician      4 11-50 physicians  
2 2-3 physicians      5 51-100 physicians  
3 4-10 physicians      6 More than 100 physicians

**8. How many physicians, including you, work at the reporting location? \_\_\_\_\_****9. How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with the reporting location?**

\_\_\_\_\_ Mid-level providers

**10. Is the reporting location a single- or multi-specialty (group) practice?**

- 1 Single      2 Multi

**11. At the reporting location, are you currently accepting new patients?**

- 1 Yes      2 No (Skip to 13)      3 Don't know (Skip to 13)

**12. If yes, from those new patients, which of the following types of payment do you accept?**

|                                    | Yes                        | No                         | Don't know                 |
|------------------------------------|----------------------------|----------------------------|----------------------------|
| 1. Private insurance capitated     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 2. Private insurance non-capitated | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 3. Medicare                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 4. Medicaid/CHIP                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 5. Workers' compensation           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 6. Self-pay                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 7. No charge                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

**13. Is this medical organization affiliated with an Independent Practice Association (IPA) or Physician Hospital Organization (PHO)?**

- 1 Yes      2 No      3 Don't know

**14. What percent of your patients are insured by Medicaid? \_\_\_\_\_%****15. Do you treat patients insured by Medicare?**

- 1 Yes      2 No      3 Don't know

**16. Who owns the reporting location? CHECK ONE.**

- 1 Physician or physician group  
2 Insurance company, health plan, or HMO  
3 Community health center  
4 Medical/academic health center  
5 Other hospital  
6 Other health care corporation  
7 Other

**17. Do you or your reporting location currently participate in any one of the following activities or programs? Check all that apply.**

- 1 Patient Centered Medical Home (PCMH)  
2 Accountable Care Organization (ACO) arrangement with public or private insurers  
3 Pay-for-Performance arrangement (P4P)  
4 Medicaid EHR Incentive Program (e.g., Meaningful Use Program)

**18. Do you participate or plan to participate in the following Medicare programs? Check all that apply.**  
*Merit-Based Incentive Payment System will adjust payment based on performance. Advanced Alternative Payment Models are new approaches to paying for medical care that incentivize quality and value.*

- 1 Merit-Based Incentive Payment System  
2 Advanced Alternative Payment Model  
3 Not applicable



**Patient Engagement**

**24. Does your practice use telemedicine technology (e.g. audio/video, web videoconference) for patient visits?**

- 1 Yes      2 No      3 Don't know      4 Not applicable

| <b>25. Does your EHR allow patients to...</b>   | <b>Yes</b>                 | <b>No</b>                  | <b>Don't know</b>          |
|---|----------------------------|----------------------------|----------------------------|
| View their online medical record?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Download their online medical record to their personal files?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Send their online medical record to a third party (e.g. another provider, personal health record)?        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Upload their health information from devices or apps (e.g., blood glucose meter, Fitbit, questionnaires)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

**Prescribing Controlled Substances**

**26. How frequently do you prescribe controlled substances?**

- 1 Often      2 Sometimes      3 Rarely      4 Never (Skip to 29)      4 Don't know (Skip to 29)

**27. How frequently are prescriptions for controlled substances sent electronically to the pharmacy?**

- 1 Always or Often      2 Sometimes      3 Rarely or Never      4 Don't know

**28. How frequently do you or designated staff check your state's prescription drug monitoring program (PDMP) prior to prescribing a controlled substance to a patient for the first time?**

- 1 Always or Often (Go to 28a)      2 Sometimes (Go to 28a)      3 Rarely or Never (Skip to 29)      4 Don't know (Skip to 29)

**28a. How do you or your designated staff check your state's PDMP?**

- 1 Use EHR system      2 Use system outside of EHR (e.g. PDMP portal or secure website)      3 Don't know

**28b. How easy or difficult is it to use your state's PDMP to find your patient's information?**

- 1 Very difficult      2 Somewhat difficult      3 Somewhat easy      4 Very Easy      5 Don't know

**28c. When checking your state's PDMP, do you or designated staff typically request to view PDMP data from other states prior to prescribing a controlled substance for the first time?**

- 1 Yes      2 No      3 Don't know      4 Not applicable

**28d. Have you done any of the following as a result of using the PDMP? Check all that apply.**

- 1 Reduced or eliminated controlled substance prescriptions for a patient
- 2 Changed controlled substance prescriptions to non-controlled substance prescriptions for a patient
- 3 Refer additional treatment (e.g. substance abuse treatment, psychiatric or pain management)
- 4 Confirm patients' misuse of prescriptions (e.g., engage in doctor shopping)
- 5 Confirm appropriateness of treatment
- 6 Consult with other prescribers listed in PDMP report

**Electronic Exchange of Patient Health Information**

**29. Do you ONLY send and receive patient health information through paper-based methods including fax, eFax, or mail?**

1 Yes (Skip to 36)

2 No (Go to 30)

3 Don't know (Go to 30)

**30. Do you electronically send patient health information to other providers outside your medical organization using an EHR (not eFax) or a Web Portal (separate from EHR)?**

1 Yes (Go to 31)

2 No (Skip to 32)

3 Don't know (Skip to 32)

| <b>31. Do you <u>send</u> patient health information to any of the following providers electronically? Electronically does not include scanned or pdf documents, fax, or eFax.</b> | <b>Yes</b>                 | <b>No</b>                  | <b>Don't know</b>          | <b>Not Applicable</b>      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Ambulatory care providers outside your organization  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Hospitals unaffiliated with your organization  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Behavioral Health providers  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Long-term care providers   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**32. Do you electronically receive patient health information from other providers outside your medical organization using an EHR (not eFax) or a Web Portal (separate from EHR)?**

1 Yes (Go to 33)

2 No (Skip to 34)

3 Don't know (Skip to 34)

| <b>33. Do you <u>receive</u> patient health information from the following providers electronically? Electronically does not include scanned or pdf documents, fax, or eFax.</b> | <b>Yes</b>                 | <b>No</b>                  | <b>Don't know</b>          | <b>Not Applicable</b>      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Ambulatory care providers outside your organization  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Hospitals unaffiliated with your organization  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Behavioral Health providers  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Long-term care providers   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**34. Does your reporting location electronically send or receive patient health information with public health agencies? *Public health agencies can include the CDC, state or local public health authorities.***

1 Yes (Go to 34a)

2 No (Skip to 35)

3 Don't Know (Skip to 35)

4 Not applicable (Skip to 35)

**34a. What types of information do you electronically send or receive? Check all that apply.**

1 Syndromic surveillance data

2 Case reporting of reportable conditions

3 Immunization data

4 Public health registry data (e.g., cancer)

| 35. For providers outside of your medical organization, do you regularly electronically <u>send and receive</u> , <u>send only</u> , or <u>receive only</u> the following types of patient health information? | Both Send and Receive Electronically | Send Electronically Only   | Receive Electronically Only | Do not Send or Receive Electronically |
|--|--------------------------------------|----------------------------|-----------------------------|---------------------------------------|
| Progress/Consultation notes  | <input type="checkbox"/> 1           | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4            |
| Clinical registry data   | <input type="checkbox"/> 1           | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4            |
| Emergency Department notifications   | N/A                                  | N/A                        | <input type="checkbox"/> 3  | <input type="checkbox"/> 4            |
| Summary of care records for transitions of care or referrals   | <input type="checkbox"/> 1           | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4            |

36. When seeing a new patient or a patient who has previously seen another provider, do you electronically search or query for your patient's health information from sources outside of your medical organization? *This could include via remote or view only access to other facilities' EHR or health information exchange organization.*

1 Yes (Go to 36a)

2 No (Skip to 37)

3 Don't know (Skip to 37)

| 36a. Do you electronically search for the following patient health information from sources outside your medical organization? | Yes                        | No                         | Don't know                 |
|--|----------------------------|----------------------------|----------------------------|
| Progress/Consultation notes  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Vaccination/Immunization history   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Summary of care record   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

37. Does your EHR integrate any type of patient health information received electronically (not e-fax) without special effort like manual entry or scanning?

1 Yes (Go to 37a)

2 No (Skip to 38)

3 Don't know (Skip to 38)

4 Not applicable (Skip to 38)

37a. Does your EHR integrate summary of care records received electronically (not e-fax) without special effort like manual entry or scanning?

1 Yes

2 No

3 Don't know

4 Not applicable

| 38. Do you reconcile the following types of clinical information electronically received from providers outside of your medical organization? Reconciling involves comparing a patient's information from another provider with your practice's clinical information. | Yes                        | No                         | Don't know                 | Not Applicable             |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Medication lists  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Medication allergy lists  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Problem lists   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**Availability and use of Electronic Health Information**

**39. When treating patients seen by providers outside your medical organization, how often do you or your staff have clinical information from those outside encounters electronically available at the point of care?**

*Electronically available does not include scanned or PDF documents.*

1 Often      2 Sometimes      3 Rarely      4 Never      5 Don't Know

6 I do not see patients outside my medical organization

**40. How frequently do you use patient health information electronically (not eFax) received from providers or sources outside your organization when treating a patient?**

1 Often (Skip to 41)    2 Sometimes (Skip to 41)    3 Rarely (Go to 40a)    4 Never (Go to 40a)    5 Don't know (Skip to 41)

**40a. If rarely or never used, please indicate the reason(s) why. Check all that apply.**

1 Information not always available when needed (e.g. not timely, missing)

2 Do not trust accuracy of information

3 Difficult to integrate information in EHR

4 Information not available to view in EHR as part of clinicians' workflow

5 Information not useful (e.g. redundant or unnecessary information)

6 Difficult to find necessary information

**Benefits and Barriers to Exchange of Electronic Health Information**

**41. Please indicate your level of agreement with each of the following statements.**

| Electronically exchanging clinical information with other providers outside my medical organization _____. | Strongly Agree             | Somewhat agree             | Somewhat disagree          | Strongly disagree          | Not applicable             |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| "...improves my practice's quality of care."   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| "...increases my practice's efficiency."   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| "...prevents medication errors."   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| "...enhances care coordination."   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| "...reduces duplicate test ordering."  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**42. Please indicate whether these issues are barriers to electronic information exchange with providers outside your medical organization.**

*Note: Information exchange refers to electronically sending, receiving, finding or integrating patient health information.*

|   | Yes                        | No                         | Don't know                 | Not applicable             |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Providers in our referral network lack the capability to electronically exchange (e.g. no EHR or HIE connection). | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| We have limited or no IT staff.   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Electronic exchange involves incurring additional costs.  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Electronic exchange involves using multiple systems or portals.   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Electronic exchange with providers using a different EHR vendor is challenging.                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| The information that is electronically exchanged is not useful.   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| It is difficult to locate the electronic address of providers.  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| My practice may lose patients to other providers if we exchange information.                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**Documentation and Burden Associated with EHRs**

43. On average, how many hours per day do you spend outside of normal office hours documenting in your medical record system?

- 1 None     2 Less than 1 hour     3 1 to 2 hours     4 Greater than 2 hours to 4 hours     5 More than 4 hours

44. On average, how many hours per day do you spend outside of normal office hours responding to electronic messages received from patients and clinicians?

- 1 None     2 Less than 1 hour     3 1 to 2 hours     4 Greater than 2 hours to 4 hours     5 More than 4 hours
- 6 Not Applicable

45. Please rate the level of staff support you have to assist you with the following tasks.

|  | Adequate support           | Inadequate support         | No support provided        | Not applicable             |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Documenting in your medical record system                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Responding to electronic messages received from patients and clinicians. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

46. To what extent does your medical record system allow you to document efficiently?

- 1 A great extent     2 Somewhat     3 Very little or not at all     4 Not applicable

47. To what extent does your medical record system allow you to efficiently respond to electronic messages received from patients or clinicians?

- 1 A great extent     2 Somewhat     3 Very little or not at all     4 Not applicable

48. Please indicate the extent to which you agree with the following statements.

|  | Strongly Agree             | Somewhat agree             | Somewhat disagree          | Strongly disagree          | Not applicable             |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| I spend too much time responding to alerts.              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| I can easily locate information in template-based notes. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| I can easily locate information in free-text notes.      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Documentation takes time away from patient care.         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| My EHR disrupts the way I interact with my patients.     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

49. What is a reliable E-mail address for the physician to whom this survey was mailed? \_\_\_\_\_

50. Who completed this survey? (Check all that apply)

- 1 The physician to whom it was addressed     2 Office staff     3 Other

**Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced the envelope, please send the survey to:**

Boxes for Admin Use

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|