

► YOUR PERSONAL DOCTOR

1. A personal doctor is the doctor that you usually call if you need a check-up, if you get sick or hurt, or if you want advice about a health problem.

Our records indicate that the doctor named below is your personal doctor:

Is that correct?

- ₁ Yes
₂ No, my personal doctor is:

_____ (please write the correct name of your doctor)

- ₃ No, I do not have a personal doctor → **If no personal doctor, go to Question 44**

2. How **long** has this person been your personal doctor?

- ₁ Less than 6 months
₂ At least 6 months but less than 1 year
₃ At least 1 year but less than 3 years
₄ At least 3 years but less than 5 years
₅ 5 years or more

3. In the last 12 months, how many visits have you had with your personal doctor?

- ₁ No visits → **If no, go to Question 37**
₂ 1 visit
₃ 2 or more visits

► SCHEDULING APPOINTMENTS AND CONTACTING YOUR PERSONAL DOCTOR

4. In the last 12 months, did you call your personal doctor's office to get an appointment for an illness, injury or condition that needed care right away?

- ₁ Yes
₀ No → **If no, go to Question 6**

5. In the last 12 months, when you called your personal doctor's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed it?

- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

6. In the last 12 months, have you scheduled any appointments for a check-up or routine care at your personal doctor's office?

- ₁ Yes
₀ No → **If no, go to Question 8**

7. In the last 12 months, when you scheduled an appointment for a check-up or routine care at your personal doctor's office, how often did you get an appointment as soon as you needed it?

- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

8. In the last 12 months, did you call your personal doctor's office with a medical question during regular office hours?

- ₁ Yes
₀ No → **If no, go to Question 10**

9. In the last 12 months, when you called your personal doctor's office with a medical question during regular office hours, how often did you get an answer to your question that same day?

- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

10. In the last 12 months, did you call your personal doctor's office for help or advice after regular office hours?

- ₁ Yes
₀ No → **If no, go to Question 12**

11. In the last 12 months, when you called your personal doctor's office after regular office hours, how often did you get the help or advice you needed?

- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

12. In the last 12 months, when you had an appointment at your personal doctor's office, how often were you taken to the exam room within 15 minutes of your appointment time?

- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

13. In the last 12 months, once you were in the exam room, how often did the person you were scheduled to see come in within 15 minutes?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

14. In the last 12 months, when you had an appointment at your personal doctor's office, how often did you see your personal doctor (not a nurse or other provider from the doctor's office)?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

► MANAGING YOUR CARE

15. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

16. In the last 12 months, how often did your personal doctor listen carefully to you?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

17. In the last 12 months, did you talk with your personal doctor about any health problems or symptoms that were bothering you?

- ₁ Yes
- ₀ No → **If no, go to Question 20**

18. In the last 12 months, how often did your personal doctor give you clear instructions about what to do to take care of the health problems or symptoms that were bothering you?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

19. In the last 12 months, how often did your personal doctor give you clear instructions about what to do if your symptoms got worse or came back?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

20. In the last 12 months, did your personal doctor ever ask you about whether your health makes it hard to do the things you need to do each day (such as at work or home)?

- ₁ Yes
- ₀ No

21. In the last 12 months, did your personal doctor talk with you about specific things you could do to improve your health or prevent illness?

- ₁ Yes
- ₀ No

22. In the last 12 months, did you want your personal doctor's help in making changes in your habits or lifestyle that would improve your health or prevent illness?

- ₁ Yes
- ₀ No → **If no, go to Question 24**

23. In the last 12 months, did your personal doctor give you the help you needed to make changes in your habits or lifestyle that would improve your health or prevent illness?

- ₁ Yes
- ₀ No

24. In the last 12 months, did your personal doctor's office remind you to get preventive care that you were due to receive (for example, flu shot, cancer screening, mammogram, eye exam)?

- ₁ Yes
- ₀ No

25. In the last 12 months, how often did your personal doctor seem to know all the important information about your medical history?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

26. In the last 12 months, how often did your personal doctor show respect for what you had to say?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

27. In the last 12 months, how often did your personal doctor spend enough time with you?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

28. How would you rate your personal doctor's knowledge of you as a person, including values and beliefs that are important to you?

- ₁ Very poor
- ₂ Poor
- ₃ Fair
- ₄ Good
- ₅ Very good
- ₆ Excellent

► COORDINATING YOUR CARE

29. In the last 12 months, did your personal doctor recommend that you see a different doctor, like a specialist, for a particular health problem?

- ₁ Yes
- ₀ No → **If no, go to Question 31**

30. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you received from specialist doctors?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

31. Do you take any prescription medicines?

- ₁ Yes
- ₀ No → **If no, go to Question 33**

32. In the last 12 months, did your personal doctor talk with you about all of the different prescription medicines you are using, including medicines prescribed by other doctors?

- ₁ Yes
- ₀ No

33. In the last 12 months, did your personal doctor send you for a blood test, x-ray or other test?

- ₁ Yes
- ₀ No → **If no, go to Question 35**

34. In the last 12 months, when your personal doctor sent you for a blood test, x-ray or other test, how often did someone from your doctor's office follow up to give you the test results?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

► OVERALL RATING

35. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 Worst personal doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor possible

36. Would you **recommend** your personal doctor to your family and friends?

- ₁ Definitely yes
- ₂ Probably yes
- ₃ Not sure
- ₄ Probably not
- ₅ Definitely not

► OTHER MEMBERS OF THE PRIMARY CARE TEAM

37. Sometimes when you go to your personal doctor's office, you might receive care from another provider – for example, a nurse, nurse practitioner, physician assistant or other doctor in the practice. We want to know about your experiences with these other providers at your personal doctor's office.

Are there other doctors or nurses in your personal doctor's office who you have seen for some of your visits in the last 12 months?

- ₁ Yes
- ₀ No → **If no, go to Question 42**

38. In the last 12 months, how often did these other doctors and nurses at your personal doctor's office explain things in a way that was easy to understand?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

39. In the last 12 months, how often did you feel that these other doctors and nurses at your personal doctor's office had all the information they needed to correctly diagnose and treat your health problems?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

40. In the last 12 months, how often did these other doctors and nurses at your personal doctor's office spend enough time with you?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always

41. Overall, how would you rate the care you got in the last 12 months from these other doctors and nurses at your personal doctor's office?
- ₁ Very poor
 - ₂ Poor
 - ₃ Fair
 - ₄ Good
 - ₅ Very good
 - ₆ Excellent

► OFFICE STAFF

42. In the last 12 months, how often were office staff at your personal doctor's office as helpful as you thought they should be?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always

43. In the last 12 months, how often did office staff at your personal doctor's office treat you with courtesy and respect?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always

► ABOUT YOU

44. In general, how would you rate your overall health?
- ₁ Excellent
 - ₂ Very good
 - ₃ Good
 - ₄ Fair
 - ₅ Poor

45. What is your age?
- ₁ 18 to 24
 - ₂ 25 to 34
 - ₃ 35 to 44
 - ₄ 45 to 54
 - ₅ 55 to 64
 - ₆ 65 to 74
 - ₇ 75 or older

46. Are you male or female?
- ₁ Male
 - ₂ Female

47. What is the highest grade or level of school that you have completed?
- 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

48. Are you of Hispanic or Latino origin or descent?
- ₁ Yes, Hispanic or Latino
 - ₀ No, not Hispanic or Latino

49. What is your race? Please mark one or more.
- ₁ White
 - ₂ Black or African American
 - ₃ Asian
 - ₄ Native Hawaiian or Other Pacific Islander
 - ₅ American Indian or Alaskan Native
 - ₆ Other

50. Has a doctor ever told you that you had:

	Yes ₁	No ₀
a. Hypertension or high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
b. Angina or coronary artery disease	<input type="checkbox"/>	<input type="checkbox"/>
c. Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>
d. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
e. Asthma, emphysema, or COPD (Chronic Obstructive Pulmonary Disease)	<input type="checkbox"/>	<input type="checkbox"/>
f. Rheumatoid Arthritis, Osteoarthritis, or DJD	<input type="checkbox"/>	<input type="checkbox"/>
g. Any cancer (other than skin)	<input type="checkbox"/>	<input type="checkbox"/>
h. Depression	<input type="checkbox"/>	<input type="checkbox"/>
i. Acid reflux or stomach ulcers	<input type="checkbox"/>	<input type="checkbox"/>
j. Migraine headaches	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU

Please return the completed survey in the postage-paid envelope to:
Center for the Study of Services, PO Box 10820, Herndon, VA 20172-9940
 If you have any questions please call the toll-free number 1-800-874-5561.
 Please do not include any other correspondence.