

## Contents of the Final National Implementation Survey

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### Your Provider

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1. Our records show that you visited the provider named below in the last 6 months.

Name of provider label goes here

Is that right?

Yes

No → **If No, go to #44 on page 5**

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?

Yes

No

3. How long have you been going to this provider?

Less than 6 months

At least 6 months but less than 1 year

At least 1 year but less than 3 years

At least 3 years but less than 5 years

5 years or more

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## Your Care From This Provider in the Last 6 months

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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 saw a dentist.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

None → **If None, go to #44 on page 5**

1 time

2

3

4

5 to 9

10 or more times

5. In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that **needed care right away**?

Yes

No → **If No, go to #7**

6. In the last 6 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?

Never

Sometimes

Usually

Always

7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?

Yes

No → **If No, go to #9**

8. In the last 6 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?

Never

Sometimes

Usually

Always

9. In the last 6 months, did you phone this provider's office with a medical question during regular office hours?

Yes

No → **If No, go to #11**

10. In the last 6 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?

Never

Sometimes

Usually

Always

11. In the last 6 months, did you phone this provider's office with a medical question **after** regular office hours?

Yes

No → **If No, go to #13**

12. In the last 6 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?

Never

Sometimes

Usually

Always

13. Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any **reminders** from this provider's office between visits?

Yes

No → **If No, go to #15**

14. In the last 6 months, did this provider's office contact you to remind you to **make an appointment** for tests or treatment?

Yes

No

**15.** Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider **within 15 minutes** of your appointment time?

Never  
Sometimes  
Usually  
Always

**16.** In the last 6 months, how often did this provider explain things in a way that was easy to understand?

Never  
Sometimes  
Usually  
Always

**17.** In the last 6 months, how often did this provider listen carefully to you?

Never  
Sometimes  
Usually  
Always

**18.** In the last 6 months, did you talk with this provider about any health questions or concerns?

Yes  
No → **If No, go to #20**

**19.** In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

Never  
Sometimes  
Usually  
Always

**20.** In the last 6 months, how often did this provider seem to know the important information about your medical history?

Never  
Sometimes  
Usually  
Always

**21.** When you visited this provider in the last 6 months, how often did he or she have your medical records?

Never  
Sometimes  
Usually  
Always

**22.** In the last 6 months, how often did this provider show respect for what you had to say?

Never  
Sometimes  
Usually  
Always

**23.** In the last 6 months, how often did this provider spend enough time with you?

Never  
Sometimes  
Usually  
Always

**24.** In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

Yes  
No → **If No, go to #26**

**25.** In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

Never  
Sometimes  
Usually  
Always

26. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?
- Yes  
No → **If No, go to #35**
27. Did you and this provider talk about the reasons you might want to take a medicine?
- Yes  
No
28. Did you and this provider talk about the reasons you might **not** want to take a medicine?
- Yes  
No
29. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?
- Yes  
No
30. After you and this provider talked about starting or stopping a prescription medicine, did you **start** a prescription medicine?
- Yes  
No → **If No, go to #35**
31. In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?
- Never  
Sometimes  
Usually  
Always
32. In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines?
- Yes  
No → **If No, go to #34**

33. Was the written information this provider gave you easy to understand?
- Yes  
No
34. In the last 6 months, did this provider suggest ways to help you remember to take your medicines?
- Yes  
No
35. In the last 6 months, did you and this provider talk about having surgery or any type of procedure?
- Yes  
No → **If No, go to #39**
36. Did you and this provider talk about the reasons you might want to have the surgery or procedure?
- Yes  
No
37. Did you and this provider talk about the reasons you might **not** want to have the surgery or procedure?
- Yes  
No
38. When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?
- Yes  
No
39. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?
- Yes  
No

40. In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?

Yes

No

41. 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?

0 Worst provider possible

1

2

3

4

5

6

7

8

9

10 Best provider possible

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### **Clerks and Receptionists at This Provider's Office**

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42. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

Never

Sometimes

Usually

Always

43. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

Never

Sometimes

Usually

Always

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### **Your Care From Specialists in the Last 6 months**

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44. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?

Yes→ **If Yes, go to #48**

No

45. In the last 6 months, did you try to make any appointments with specialists?

Yes

No → **If No, go to #49**

46. In the last 6 months, how often was it easy to get appointments with specialists?

Never

Sometimes

Usually

Always

47. In the last 6 months, how often did the **specialist you saw most** seem to know the important information about your medical history?

Never

Sometimes

Usually

Always

48. How many specialists have you seen in the last 6 months?

None

1 specialist

2

3

4

5 or more specialists

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## All Your Care in the Last 6 Months

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These questions ask about **all your** health care. Include all the providers you saw for health care in the last 6 months. Do **not** include the times you saw a dentist.

49. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?

Yes

No

50. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?

Yes

No

51. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?

Yes

No

52. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?

Yes

No

53. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed?

Never

Sometimes

Usually

Always

54. In the last 6 months, did you **take any** prescription medicine?

Yes

No → **If No, go to #57**

55. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?

Never  
Sometimes  
Usually  
Always

56. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

Yes  
No

57. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?

Yes  
No

58. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?

Yes  
No

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## About You

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

Excellent  
Very good  
Good  
Fair  
Poor

60. In general, how would you rate your overall **mental or emotional** health?

Excellent  
Very good  
Good  
Fair  
Poor

**61.** In the **last 12 months**, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

Yes

No → **If No, go to #63**

**62.** Is this a condition or problem that has lasted for at least 3 months?

Yes

No

**63.** Do you now need or take medicine prescribed by a doctor?

Yes

No → **If No, go to #65**

**64.** Is this medicine to treat a condition that has lasted for at least 3 months?

Yes

No

**65.** During the last 4 weeks, how much did your physical health interfere with your normal social activities with family, friends, neighbors or groups?

Not at all

Slightly

Moderately

Quite a bit

Extremely

**66.** During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

67. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 69
- 70 to 74
- 75 to 79
- 80 to 84
- 85 or older

68. Are you male or female?

- Male
- Female

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

- 8<sup>th</sup> grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

70. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

71. Do you speak a language other than English at home?

- Yes
- No → **If No, go to #73**

72. What is the language you speak at home?

Spanish

Chinese

Some other language

*Please print:*

73. Are you deaf or do you have serious difficulty hearing?

Yes

No

74. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Yes

No

75. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Yes

No

76. Do you have serious difficulty walking or climbing stairs?

Yes

No

77. Do you have difficulty dressing or bathing?

Yes

No

78. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes

No

79. Are you of Hispanic, Latino, or Spanish origin?

Yes, Hispanic, Latino, or Spanish

No, not Hispanic, Latino, or Spanish → **If No, go to #81**

**80.** Which group best describes you?

Mexican, Mexican American, Chicano → **Go to #81**

Puerto Rican → **Go to #81**

Cuban → **Go to #81**

Another Hispanic, Latino, or Spanish origin → **Go to #81**

**81.** What is your race? Mark one or more.

White

Black or African American

American Indian or Alaska Native

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

**82.** Did someone help you complete this survey?

Yes

No → **Thank you.**

**Please return the completed survey in the postage-paid envelope.**

**83.** How did that person help you? Mark one or more.

Read the questions to me

Wrote down the answers I gave

Answered the questions for me

Translated the questions into my language

Helped in some other way

*Please print:*

**Thank you**

**Please return the completed survey in the postage-paid envelope.**

[VENDOR NAME AND ADDRESS HERE]