

EXPERIENCES WITH YOUR SPECIALIST DOCTOR SURVEY

2E

YOUR SPECIALIST DOCTOR

1. Our records show that you got care from the doctor named below in the past 12 months.

Is that right?

- ₁ Yes → **Go to Question 2**
₂ No → **Go to Question 38**

2. How long have you been going to this 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 times did you visit this doctor to get care for yourself?

- ₁ None → **Go to Question 38**
₂ 1
₃ 2
₄ 3
₅ 4
₆ 5 to 9
₇ 10 or more

SCHEDULING APPOINTMENTS AND SEEING THE DOCTOR

4. In the last 12 months, when you scheduled an appointment with this doctor, 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
₇ I did not schedule any appointments with this doctor in the last 12 months.

5. Wait time includes times spent in the waiting room and exam room. In the last 12 months, how often did your visits at this doctor's office start within 15 minutes of your appointment?

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

6. In the last 12 months, when you called this 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
₇ I did not call this doctor's office during office hours in the last 12 months.

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

- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always
₇ I did not call this doctor's office after regular office hours in the last 12 months.

MANAGING YOUR CARE

8. In the last 12 months, how often did this 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

9. In the last 12 months, how often did this doctor listen carefully to you?

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

10. In the last 12 months, how often did this doctor give you easy-to-understand instructions about what to do to take care of the health problems or concerns that were bothering you?

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

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

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

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

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

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

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

14. In the last 12 months, how often did this doctor encourage you to ask questions?

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

15. In the last 12 months, how often did this doctor let you talk without interruptions?

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

STAYING HEALTHY

16. In the last 12 months, did you and this doctor talk about a healthy diet and healthy eating habits?

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No, definitely not

17. In the last 12 months, did you and this doctor talk about the exercise or physical activity you get?

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No, definitely not

COORDINATING YOUR CARE

18. In the last 12 months, how often did this doctor seem informed and up-to-date about the care you got from other doctors?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always
- ₇ I did not see any other doctors in the last 12 months.

19. In the last 12 months, did this doctor ask you about each of the different medicines you take, including medicines prescribed by other doctors?

- ₁ Yes
- ₂ No
- ₃ I do not remember.
- ₄ I do not take any medicines.

20. In the last 12 months, when this doctor sent you for a blood test, x-ray or other test, how often did someone from the 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
- ₇ This doctor did not send me for any medical tests in the last 12 months.

CARING FOR A CHRONIC CONDITION

21. In the last 12 months, did you have any health problems or conditions for which you took medicine or got care for 3 months or longer?

- ₁ Yes
- ₂ No → *If No, Go to Question 32*

22. For which health condition did you take medicine or get care for 3 months or longer in the last 12 months? (*check all that apply*)

- ₁ Arthritis or joint disease
- ₂ Asthma
- ₃ Back pain
- ₄ Cancer
- ₅ Congestive heart failure (CHF)
- ₆ Coronary artery disease (CAD)
- ₇ Other heart disease
- ₈ Depression
- ₉ Diabetes
- ₁₀ Hypertension or high blood pressure
- ₁₁ Pregnancy or prenatal care
- ₁₂ Other (please describe)

23. In the last 12 months, was this doctor involved in providing your care for this health condition?

- ₁ Yes
- ₂ No

24. In the last 12 months, were any of the following types of other providers involved in providing your care for this health condition?

	Yes ₁	No ₂
a. Another doctor at this doctor's office	<input type="radio"/>	<input type="radio"/>
b. A doctor <u>not</u> at this doctor's office	<input type="radio"/>	<input type="radio"/>
c. A nurse	<input type="radio"/>	<input type="radio"/>
d. A nurse practitioner (NP) or physician assistant (PA)	<input type="radio"/>	<input type="radio"/>
e. A nutritionist	<input type="radio"/>	<input type="radio"/>
f. A physical therapist (PT)	<input type="radio"/>	<input type="radio"/>
g. Other (e.g. a health coach or educator)	<input type="radio"/>	<input type="radio"/>

25. In the last 12 months, how often did this doctor seem informed and up-to-date about care you received for this condition from **other providers**?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always
- ₇ I did not get care for this condition from other providers in the last 12 months.

26. In the last 12 months, did this doctor or any of these other providers give you **clear instructions** about how to manage this health condition?

- ₁ Definitely yes
- ₂ Somewhat yes
- ₃ Somewhat no
- ₄ Definitely no

27. In the last 12 months, did this doctor or any of these other providers ask you to do any of the following to help manage this health condition: (*check all that apply*)

- ₁ Take prescription medicine
 - ₂ Eat or avoid particular foods
 - ₃ Exercise or do specific physical activities
 - ₄ Check your blood pressure regularly
 - ₅ Other (please describe)
-

28. In the past 12 months, did this doctor or any of these other providers work with you to set **personal goals** for managing this health condition?

- ₁ Yes
- ₂ No

29. In the last 12 months, did you find that things in your daily life got in the way of doing the things you need to do to manage this health condition?

- ₁ Definitely yes
- ₂ Somewhat yes
- ₃ Somewhat no
- ₄ Definitely no

30. In the last 12 months, did this doctor or any of these other providers help you figure out ways to overcome the things in your daily life that got in the way of managing this health condition?

- ₁ Definitely yes
- ₂ Somewhat yes
- ₃ Somewhat no
- ₄ Definitely no
- ₅ Does not apply - things in my life don't get in the way of managing my condition.

31. In the last 12 months, did this doctor or any of these other providers ask you whether this health condition makes it hard to do the things you need to do each day (for example at home or at work)?

- ₁ Yes
- ₂ No
- ₃ Does not apply to this type of condition.

OVERALL RATING OF DOCTOR

32. Which of the following best describes this doctor's role in your care?

- ₁ This doctor has an ongoing role in my care
 - ₂ I have only seen this doctor one time (one time consultation or treatment)
 - ₃ Other (please explain)
-

33. Using any number from 0 to 10, where 0 is the worst **specialist doctor** possible and 10 is the best **specialist doctor** possible, what number would you use to rate this doctor?

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

34. Would you recommend this doctor to your family and friends?

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

OFFICE STAFF

35. In the last 12 months, how often were clerks and receptionists at this 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

36. In the last 12 months, how often did clerks and receptionists at this doctor's office treat you with courtesy and respect?

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

OVERALL RATING OF CARE

37. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate all your health care from all doctors and other health providers that you have seen in the last 12 months?

- 0 Worst medical care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best medical care possible

ABOUT YOU

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

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

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

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

40. In what year were you born?

Year (Write in)

41. Are you male or female?

- ₁ Male
- ₂ Female

42. 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

43. Are you of Hispanic or Latino origin or descent?

- ₁ Hispanic or Latino
- ₂ Not Hispanic or Latino

44. Which of the following best describes your race?

- ₁ White or Caucasian
- ₂ Black or African-American
- ₃ Asian
- ₄ Native Hawaiian or other Pacific Islander
- ₅ American Indian or Alaska Native
- ₆ Other

45. What language do you mainly speak at home?

- ₁ English
- ₂ Spanish
- ₃ Some other language (please print)

46. What is your current height (in feet and inches) without shoes on?

feet inches

47. What is your current weight (in pounds) without shoes or clothes on?

pounds

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

	Yes ₁	No ₂
a. Hypertension or high blood pressure	<input type="radio"/>	<input type="radio"/>
b. Angina or coronary artery disease	<input type="radio"/>	<input type="radio"/>
c. Congestive heart failure	<input type="radio"/>	<input type="radio"/>
d. Diabetes	<input type="radio"/>	<input type="radio"/>
e. Asthma, emphysema, or COPD (Chronic Obstructive Pulmonary Disease)	<input type="radio"/>	<input type="radio"/>
f. Rheumatoid Arthritis, Osteoarthritis, or DJD	<input type="radio"/>	<input type="radio"/>
g. Any cancer (other than skin)	<input type="radio"/>	<input type="radio"/>
h. Depression	<input type="radio"/>	<input type="radio"/>
i. Acid reflux or stomach ulcers	<input type="radio"/>	<input type="radio"/>
j. Migraine headaches	<input type="radio"/>	<input type="radio"/>

Thank you.

When you are done, please use the enclosed prepaid envelope to mail the questionnaire to:
Center for the Study of Services, PO Box 10820, Herndon, VA 20172-9940

Several items in this survey have been adapted from the following validated survey instruments: CAHPS® Clinician/Group Survey (Version, Nov. 2006) Agency for Healthcare Research and Policy; Ambulatory Care Experiences Survey © 2002-2003 New England Medical Center Hospitals, Inc./Massachusetts Health Quality Partners; PCAS © 1996-1999 New England Medical Center Hospitals, Inc.

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