

**NOT FOR DISTRIBUTION
FOR REVIEW PURPOSES ONLY**

PREVENTIVE CARDIOLOGY PATIENT SURVEY

This survey is part of a program to help doctors prevent heart disease. You can help our office give you the best possible care by completing this survey about your own medical care.

We hope you will answer the questions. No one here will know how you answered the questions. And if you choose to not answer, that's okay.

The survey is easy to do. It will take less than ten minutes. You can do it by using the phone or over the Internet.



USE A TOUCH-TONE PHONE (For U.S. Residents Only)

You may want to read the questions and pick your answers before you call.

- Call the toll-free telephone number: **1-888-591-3528**
- Enter the identification number for *Physician's Name Here*
Physician's ID Number Here
- Answer the questions using the telephone key pad. You can have someone help you.



USE THE INTERNET (For U.S. and International Residents)

- Go to www.abim.org/survey
- Select English or Spanish
- Enter the identification number for *Physician's Name Here*
Physician's ID Number Here
- Click on the "Begin Survey" button
- Read the questions and select your answers
- When you finish, click on the "Submit Survey" button

Thank you very much.

1. **How would you rate your overall health?**
 - 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
2. **How would you describe your current level of fitness?**
 - 1 Really in shape
 - 2 In shape
 - 3 So-so
 - 4 Out of shape
 - 5 Really out of shape
3. **Please enter the number of fruits and vegetables you eat in a typical day?**
4. **How often do you (or whoever buys your groceries) read the Nutrition Facts label on food items to decide whether or not to buy them?**
 - 1 Most of the time
 - 2 Some of the time
 - 3 Almost never
 - 4 I'm not sure
5. **During a typical week, how many days do you get a total of at least 30 minutes of physical activity that raises your heart rate?**
6. **Do you smoke cigarettes?**
 - 1 Yes
 - 2 No
7. **If you smoke, has your doctor advised you to stop?**
 - 1 Yes, more than once
 - 2 Yes, once
 - 3 No
 - 4 I'm not sure
 - 5 Not applicable
8. **Has your doctor or someone in the doctor's office taken your blood pressure within the past year?**
 - 1 Yes, and it was fine
 - 2 Yes, and it was too high
 - 3 Yes, but I don't know what it was
 - 4 No, it hasn't been taken within the past year
 - 5 I'm not sure
9. **Has your cholesterol been tested within the past five years?**
 - 1 Yes, and it was fine
 - 2 Yes, and it needed improvement
 - 3 Yes, but I don't know what it was
 - 4 No, it hasn't been tested
 - 5 I'm not sure
10. **How is this practice at encouraging you to ask questions and answering them clearly?**
 - 1 Excellent
 - 2 Very Good
 - 3 Good
 - 4 Fair
 - 5 Poor
11. **Overall, how would you rate this practice at providing preventive cardiology care—that is, care designed to prevent you from having future heart disease?**
 - 1 Excellent
 - 2 Very Good
 - 3 Good
 - 4 Fair
 - 5 Poor
12. **How is this practice at giving you information about preventing heart attacks through diet, exercise, or medications?**
 - 1 Excellent
 - 2 Very Good
 - 3 Good
 - 4 Fair
 - 5 Poor

- 13. How is this practice at making sure you have the information you need to take your medications properly?**
- 1 Excellent
 - 2 Very Good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Not applicable
 - 7 Skip this question
- 14. How is this practice at giving you information about side effects of your medications?**
- 1 Excellent
 - 2 Very Good
 - 3 Good
 - 4 Fair
 - 5 Poor
- 15. IN THE PAST 12 MONTHS, how much of a problem has it been to schedule appointments with this practice?**
- 1 Not a problem
 - 2 A small problem
 - 3 A big problem
 - 4 Not applicable
- 16. IN THE PAST 12 MONTHS, how much of a problem has it been to reach this practice when you have a question or concern?**
- 1 Not a problem
 - 2 A small problem
 - 3 A big problem
 - 4 Not applicable
- 17. IN THE PAST 12 MONTHS, how much of a problem has it been to get a prescription refill from this practice?**
- 1 Not a problem
 - 2 A small problem
 - 3 A big problem
 - 4 Not applicable
- 18. IN THE PAST 12 MONTHS, how much of a problem has it been to get a referral from this practice?**
- 1 Not a problem
 - 2 A small problem
 - 3 A big problem
 - 4 Not applicable
- 19. IN THE PAST 12 MONTHS, how much of a problem has it been to get your laboratory test results from this practice?**
- 1 Not a problem
 - 2 A small problem
 - 3 A big problem
 - 4 Not applicable
- 20. Have you ever had a heart attack or stroke?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
- 21. Did either of your parents or any siblings have a heart attack or stroke when they were younger than 65?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
- 22. Have you ever been told by a doctor that you have diabetes?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
- 23. Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?**
- 1 Yes, more than once
 - 2 Yes, but only once
 - 3 No
 - 4 I'm not sure

24. Do you have a leg muscle tightness or fatigue when you walk or climb a flight of stairs?

- 1 Yes
- 2 No
- 3 I'm not sure

25. Do you have leg muscle tightness or fatigue when you walk or climb a flight of stairs?

- 1 Yes
- 2 No
- 3 I'm not sure

26. Please enter the two-digit number that represents your age.

27. Please enter your gender.

- 1 Male
- 2 Female

Thank you for taking the time to complete this survey.

SAMPLE

This survey is part of a program sponsored by the American Board of Internal Medicine.

