

# NOT FOR DISTRIBUTION FOR REVIEW PURPOSES ONLY

## PRIMARY CARE PATIENT SURVEY

You can help our office give you the best possible care by completing this survey about your own medical care. No one here will know how you answered the questions. The survey is easy to do. It will take less than fifteen minutes. You can do it by using the phone or over the Internet. And if you choose to not answer, that's okay.

**IMPORTANT:** If you have not had an appointment with this doctor in the last 12 months, these questions will not apply to you. Thank you for your willingness to participate, but this survey is intended for patients who recently visited the doctor's office. If you are scheduled to see this doctor soon, you may wish to complete this survey after your visit.



### USE A TOUCH-TONE PHONE

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

- Call the toll-free telephone number: **1-800-841-6024**
- 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

- Go to [www.abim.org/survey](http://www.abim.org/survey)
- 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 long have you been going to this doctor?

- 1 At least 1 year, but less than 3 years
- 2 At least 3 years, but less than 5 years
- 3 5 years or more

**Scheduling Appointments/Contacting This Doctor**

2. In the last 12 months, how many times did you visit this doctor to get care for yourself?

You must have had at least 1 visit.

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

- 1 Yes
- 2 No

If you answer NO, skip to question 5.

4. In the last 12 months, when you phoned this doctor's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed?

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

5. In the last 12 months, did you make any appointments for a check-up or routine care with this doctor?

- 1 Yes
- 2 No

If you answer NO, skip to question 7.

6. In the last 12 months, when you made an appointment for a check-up or routine care with this doctor, how often did you get an appointment as soon as you thought you needed?

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

7. In the last 12 months, did you phone this doctor's office with a medical question during regular office hours?

- 1 Yes
- 2 No

If you answer NO, skip to question 9.

8. In the last 12 months, when you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?

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

9. In the last 12 months, did you phone this doctor's office with a medical question after regular office hours?

- 1 Yes
- 2 No

If you answer NO, skip to question 11.

10. In the last 12 months, when you phoned this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

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

11. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this doctor within 15 minutes of your appointment time?

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

**Care You Got From This Doctor**

12. 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

13. In the last 12 months, how often did this doctor check to be sure you understood everything?

- 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 listen carefully to you?**

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

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

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

**17. In the last 12 months, did you talk with this doctor about any health problems or concerns?**

- |       |      |
|-------|------|
| 1 Yes | 2 No |
|-------|------|

**If you answer NO, skip to question 19.**

**18. In the last 12 months, how often did this doctor give you easy to understand instructions about taking care of these health problems or concerns?**

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

**19. In the last 12 months, did you and this doctor talk about specific things you could do to prevent illness?**

- |       |      |
|-------|------|
| 1 Yes | 2 No |
|-------|------|

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

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

**21. How would you rate this doctor's knowledge of you as a person, including values and beliefs that are important to you?**

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

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

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

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

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

**24. In the last 12 months, how often was this doctor as thorough as you thought you needed?**

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

**25. In the last 12 months, how often did this doctor keep you as comfortable as possible?**

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

**26. Choices for treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did this doctor tell you there was more than one choice for your treatment or health care?**

- |       |      |
|-------|------|
| 1 Yes | 2 No |
|-------|------|

**If you answer NO, skip to question 29.**

**27. In the last 12 months, did this doctor talk with you about the pros and cons of each choice for your treatment or health care?**

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

**28. In the last 12 months, when there was more than one choice for your treatment or health care, did this doctor ask which choice you thought was best for you?**

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

### **Coordinating Your Care**

**29. Specialists are doctors like surgeons, heart doctors, allergy doctors skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did this doctor suggest you see a specialist for a particular health problem?**

- |       |      |
|-------|------|
| 1 Yes | 2 No |
|-------|------|

**If you answer NO, skip to question 31.**

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

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

**31. In the last 12 months, did you take any prescription medicine?**

- |       |      |
|-------|------|
| 1 Yes | 2 No |
|-------|------|

**If you answer NO, skip to question 33.**

**32. In the last 12 months, did this doctor talk with you about all of the prescription medicines you were taking?**

- |       |      |
|-------|------|
| 1 Yes | 2 No |
|-------|------|

**33. In the last 12 months, did this doctor order a blood test, x-ray, or other test for you?**

- |       |      |
|-------|------|
| 1 Yes | 2 No |
|-------|------|

**If you answer NO, skip to question 35.**

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

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

**Overall Rating of Your Personal Doctor**

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

**Office Staff at Your Personal Doctor's Office**

**36. 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        | 4 Usually       |
| 2 Almost never | 5 Almost always |
| 3 Sometimes    | 6 Always        |

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

- |                |                 |
|----------------|-----------------|
| 1 Never        | 4 Usually       |
| 2 Almost never | 5 Almost always |

- |             |          |
|-------------|----------|
| 3 Sometimes | 6 Always |
|-------------|----------|

**About You**

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

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

**39. What is your age?**

**40. Are you male or female?**

- |        |          |
|--------|----------|
| 1 Male | 2 Female |
|--------|----------|

**41. 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

**42. Are you of Hispanic or Latino origin or descent?**

- 1 Yes, Hispanic or Latino
- 2 No, Not Hispanic or Latino

**43. 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 Alaska Native
- 6 Other

SAMPLE