

# NOT FOR DISTRIBUTION FOR REVIEW PURPOSES ONLY

## Patient Survey of Primary Care

This survey is part of a program to help doctors improve the care they give patients. The American Board of Internal Medicine (ABIM) sponsors the program.

You can help our office give you the best possible care by completing this survey about your own medical care. The survey is easy to do. It will take less than 15 minutes. You can do it by using the telephone or the Internet, and no one in your doctor's office will know how you answered the questions. If you choose not to answer, that's okay.

Your doctor's office may offer to collect your written responses and enter them over the Internet for you. This is okay. If you give your completed survey to someone in your doctor's office, they may know how you answered the questions. To help keep your answers private, please do not write your name on the survey.

**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



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

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

doctor soon, you may wish to complete this survey after your visit.

- 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 <http://survey.abim.org>
- Select "English"
- 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" button

Thank you very much.

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1. **How long have you been going to this doctor? (You must have been going to this doctor for at least 1 year.)**
  - 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
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 (skip to question #5)
  - 3 Skip this question
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	5 Almost always
2 Almost Never	6 Always
3 Sometimes	7 Skip this question
4 Usually	
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 (skip to question #7)
  - 3 Skip this question
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	5 Almost always
2 Almost Never	6 Always
3 Sometimes	7 Skip this question
4 Usually	
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 (skip to question #9)
  - 3 Skip this question
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	5 Almost always
2 Almost Never	6 Always
3 Sometimes	7 Skip this question
4 Usually	
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 (skip to question #11)
  - 3 Skip this question
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	5 Almost always
2 Almost Never	6 Always
3 Sometimes	7 Skip this question
4 Usually	
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	5 Almost always
2 Almost Never	6 Always
3 Sometimes	7 Skip this question
4 Usually	
12. **In the last 12 months, how often did this doctor explain things in a way that was easy to understand?**

1 Never	5 Almost always
2 Almost Never	6 Always
3 Sometimes	7 Skip this question
4 Usually	
13. **In the last 12 months, how often did this doctor check to be sure you understood everything?**

1 Never	5 Almost always
2 Almost Never	6 Always
3 Sometimes	7 Skip this question
4 Usually	
14. **In the last 12 months, how often did this doctor encourage you to ask questions?**

1 Never	5 Almost always
2 Almost Never	6 Always
3 Sometimes	7 Skip this question
4 Usually	
15. **In the last 12 months, how often did this doctor listen carefully to you?**

1 Never	5 Almost always
2 Almost Never	6 Always
3 Sometimes	7 Skip this question
4 Usually	
16. **In the last 12 months, how often did this doctor let you talk without interruptions?**

1 Never	5 Almost always
2 Almost Never	6 Always
3 Sometimes	7 Skip this question
4 Usually	

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17. **In the last 12 months, did you talk with this doctor about any health problems or concerns?**  
1 Yes  
2 No (skip to question #19)  
3 Skip this question
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                      5 Almost always  
2 Almost Never            6 Always  
3 Sometimes                7 Skip this question  
4 Usually
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  
3 Skip this question
20. **In the last 12 months, how often did this doctor seem to know the important information about your medical history?**  
1 Never                      5 Almost always  
2 Almost Never            6 Always  
3 Sometimes                7 Skip this question  
4 Usually
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                5 Very good  
2 Poor                        6 Excellent  
3 Fair                         7 Skip this question  
4 Good
22. **In the last 12 months, how often did this doctor show respect for what you had to say?**  
1 Never                      5 Almost always  
2 Almost Never            6 Always  
3 Sometimes                7 Skip this question  
4 Usually
23. **In the last 12 months, how often did this doctor spend enough time with you?**  
1 Never                      5 Almost always  
2 Almost Never            6 Always  
3 Sometimes                7 Skip this question  
4 Usually
24. **In the last 12 months, how often was this doctor as thorough as you thought you needed?**  
1 Never                      5 Almost always  
2 Almost Never            6 Always  
3 Sometimes                7 Skip this question  
4 Usually
25. **In the last 12 months, how often did this doctor keep you as comfortable as possible?**  
1 Never                      5 Almost always  
2 Almost Never            6 Always  
3 Sometimes                7 Skip this question  
4 Usually
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 (skip to question #29)  
3 Skip this question
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            4 Definitely no  
2 Somewhat yes            5 Skip this question  
3 Somewhat 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            4 Definitely no  
2 Somewhat yes            5 Skip this question  
3 Somewhat no
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 (skip to question #31)  
3 Skip this question
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                      5 Almost always  
2 Almost Never            6 Always  
3 Sometimes                7 Skip this question  
4 Usually
31. **In the last 12 months, did you take any prescription medicine?**  
1 Yes  
2 No (skip to question #35)  
3 Skip this question
32. **In the last 12 months, did this doctor talk with you about all the prescription medicines you were taking?**  
1 Yes  
2 No  
3 Skip this question

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- 33. In the last 12 months, were you ever worried or concerned about the cost of your prescription medicine?**  
1 Yes  
2 No (skip to question #35)  
3 Skip this question
- 34. In the last 12 months, did you and this doctor talk about the cost of your prescription medicine?**  
1 Definitely yes      4 Definitely no  
2 Somewhat yes      5 Skip this question  
3 Somewhat no
- 35. In the last 12 months, did this doctor order a blood test, x-ray, or other test for you?**  
1 Yes  
2 No (skip to question #37)  
3 Skip this question
- 36. 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      5 Almost always  
2 Almost Never      6 Always  
3 Sometimes      7 Skip this question  
4 Usually
- 37. 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?**
- 38. 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      5 Almost always  
2 Almost Never      6 Always  
3 Sometimes      7 Skip this question  
4 Usually
- 39. In the last 12 months, how often did clerks and receptionists at this doctor's office treat you with courtesy and respect?**  
1 Never      5 Almost always  
2 Almost Never      6 Always  
3 Sometimes      7 Skip this question  
4 Usually
- 40. In general, how would you rate your overall health?**  
1 Poor      4 Very good  
2 Fair      5 Excellent  
3 Good      6 Skip this question
- 41. What is your age?**
- 42. Are you male or female?**  
1 Male  
2 Female  
3 Skip this question
- 43. 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  
7 Skip this question
- 44. Are you of Hispanic or Latino origin or descent?**  
1 Yes, Hispanic or Latino  
2 No, Not Hispanic or Latino  
3 Skip this question
- 45. What is your race?**  
1 White  
2 Black or African American  
3 Asian  
4 Native Hawaiian or Other Pacific Islander  
5 American Indian or Alaska Native  
6 Other  
7 Multiple races  
8 Skip this question
- 46. Did someone help you complete this survey?**  
1 Yes  
2 No  
3 This survey is being submitted by the practice on the patient's behalf  
4 Skip this question