

Survey on your experience with: Dr. Samuel R. Sample

Please answer the following questions about your own health care by filling in the circle to the left of your answer. Do not include care you got when you stayed overnight in a hospital.

1. Health plan records show that you got care from the doctor named above in the last 12 months. Is that right?
☐ Yes ☐ No → If No, Go to Question 23
2. 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?
☐ Yes ☐ No → If No, Go to Question 4
3. 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?
☐ Never
☐ Almost never
☐ Sometimes
☐ Usually
☐ Almost always
☐ Always
4. In the last 12 months, did you make any appointments for a check-up or routine care with this doctor?
☐ Yes ☐ No → If No, Go to Question 6
5. 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?
☐ Never
☐ Almost never
☐ Sometimes
☐ Usually
☐ Almost always
☐ Always
6. In the last 12 months, did you phone this doctor's office with a medical question during regular office hours?
☐ Yes ☐ No → If No, Go to Question 8
7. 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?
☐ Never
☐ Almost never
☐ Sometimes
☐ Usually
☐ Almost always
☐ Always
8. In the last 12 months, did you phone this doctor's office with a medical question after regular office hours?
☐ Yes ☐ No → If No, Go to Question 10
9. 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?
☐ Never
☐ Almost never
☐ Sometimes
☐ Usually
☐ Almost always
☐ Always
10. 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?
☐ Never
☐ Almost never
☐ Sometimes
☐ Usually
☐ Almost always
☐ Always
11. In the last 12 months, how often did this doctor explain things in a way that was easy to understand?
☐ Never
☐ Almost never
☐ Sometimes
☐ Usually
☐ Almost always
☐ Always
12. In the last 12 months, how often did this doctor listen carefully to you?
☐ Never
☐ Almost never
☐ Sometimes
☐ Usually
☐ Almost always
☐ Always
13. In the last 12 months, did you talk with this doctor about any health problems or concerns?
☐ Yes ☐ No → If No, Go to Question 15
14. In the last 12 months, how often did the doctor give you easy to understand instructions about taking care of these health problems or concerns?
☐ Never
☐ Almost never
☐ Sometimes
☐ Usually
☐ Almost always
☐ Always



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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Usually
- ☐ Almost always
- ☐ Always

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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Usually
- ☐ Almost always
- ☐ Always

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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Usually
- ☐ Almost always
- ☐ Always

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

- ☐ Yes ☐ No ➔ **If No, Go to Question 20**

19. 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?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Usually
- ☐ Almost always
- ☐ Always

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

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Worst
possible
doctor

Best
possible
doctor

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

- ☐ Definitely yes
- ☐ Somewhat yes
- ☐ Somewhat no
- ☐ Definitely no

22. In the last 12 months, how often were clerks and receptionists at this doctor's office as helpful as you thought they should be?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Usually
- ☐ Almost always
- ☐ Always

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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Usually
- ☐ Almost always
- ☐ Always

24. Are you male or female?

- ☐ Male ☐ Female

25. What is your age?

- ☐ 18 to 24 ☐ 55 to 64
☐ 25 to 34 ☐ 65 to 74
☐ 35 to 44 ☐ 75 or older
☐ 45 to 54

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

28. What is your race? Please mark one or more.

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Other

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

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or two-year degree
- ☐ Four-year college graduate
- ☐ More than four-year college degree

Thank you. Please return the completed survey in the postage-paid envelope.