

# Medicare Provider Experience Survey

**Si prefiere este cuestionario en español, por favor envíenos un correo electrónico a [INSERT VENDOR EMAIL] o llame al [INSERT VENDOR PHONE].**

## SURVEY INSTRUCTIONS

This survey asks about you and the health care you received in the last 6 months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [VENDOR NAME].

Answer all the questions by putting an “X” in the box to the left of your answer, like this:

 Yes

Be sure to read all the answer choices given before marking your answer.

You are sometimes told not to answer some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

 **If No, go to 3.** See the example below:

### EXAMPLE

1. Do you wear a hearing aid now?

 Yes

 No  **If No, go to 3**

1. How long have you been wearing a hearing aid?

 Less than one year

 1 to 3 years

 More than 3 years

 I don’t wear a hearing aid

1. In the last 6 months, did you have any headaches?

 Yes

 No

#### Your Provider

1. Our records show that you visited the provider named below in the last 6 months.

PRFNAME\_VIS PRLNAME\_VIS PRTITLE\_VIS

Is that right?

 Yes

 No  **If No, go to 26**

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

1. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

 Yes

 No

1. How long have you been going to this provider?

 Less than 6 months

 At least 6 months but less than 1 year

 At least 1 year but less than 3 years

 At least 3 years but less than 5 years

 5 years or more

**Your Care from This Provider
in the Last 6 Months**

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

1. In the last 6 months, how many times did you visit this provider to get care for yourself?

 None  **If None, go to 26**

 1 time

 2

 3

 4

 5 to 9

 10 or more times

1. In the last 6 months, did you contact this provider’s office to get an appointment for an illness, injury or condition that **needed care right away**?

 Yes

 No  **If No, go to 7**

1. In the last 6 months, when you contacted this provider’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

 Never

 Sometimes

 Usually

 Always

1. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?

 Yes

 No  **If No, go to 9**

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

 Never

 Sometimes

 Usually

 Always

1. In the last 6 months, did you contact this provider’s office with a medical question during regular office hours?

 Yes

 No  **If No, go to 11**

1. In the last 6 months, when you contacted this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?

 Never

 Sometimes

 Usually

 Always

1. In the last 6 months, did you contact this provider’s office with a medical question after regular office hours?

 Yes

 No  **If No, go to 13**

1. In the last 6 months, when you contacted this provider’s office after regular hours, how often did you get an answer to your medical question as soon as you needed?

 Never

 Sometimes

 Usually

 Always

1. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

 Never

 Sometimes

 Usually

 Always

1. In the last 6 months, how often did this provider listen carefully to you?

 Never

 Sometimes

 Usually

 Always

1. In the last 6 months, how often did this provider seem to know the important information about your medical history?

 Never

 Sometimes

 Usually

 Always

1. In the last 6 months, how often did this provider show respect for what you had to say?

 Never

 Sometimes

 Usually

 Always

1. In the last 6 months, how often did this provider spend enough time with you?

 Never

 Sometimes

 Usually

 Always

1. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

 Yes

 No  **If No, go to 20**

1. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider’s office follow up to give you those results?

 Never

 Sometimes

 Usually

 Always

1. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

 Yes

 No  **If No, go to 22**

1. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?

 Yes

 No

1. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?

 Yes

 No

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

 0 Worst provider possible

 1

 2

 3

 4

 5

 6

 7

 8

 9

 10 Best provider possible

**Clerks and Receptionists at
This Provider’s Office**

1. In the last 6 months, how often were clerks and receptionists at this provider’s office as helpful as you thought they should be?

 Never

 Sometimes

 Usually

 Always

1. In the last 6 months, how often did clerks and receptionists at this provider’s office treat you with courtesy and respect?

 Never

 Sometimes

 Usually

 Always

**Your Care from Specialists
in the Last 6 Months**

1. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?

 Yes  **If Yes, please include this provider as you answer these questions about specialists**

 No

1. In the last 6 months, did you try to make any appointments with specialists?

 Yes

 No  **If No, go to 29**

1. In the last 6 months, how often was it easy to get appointments with specialists?

 Never

 Sometimes

 Usually

 Always

**All Your Care in the Last 6 Months**

These questions ask about **all your** health care. Include all the providers you saw for health care in the last 6 months. Do **not** include the times you went for dental care visits.

1. Your health care team includes all the doctors, nurses, and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?

 Yes

 No

1. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?

 Yes

 No

1. In the last 6 months, did you take any prescription medicine?

 Yes

 No  **If No, go to 34**

1. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?

 Never

 Sometimes

 Usually

 Always

1. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

 Yes

 No

1. In the last 6 months, did you have family or friends involved in your care?

 Yes

 No  **If No, go to 37**

1. In the last 6 months, did this provider involve your family or friends in discussions about your health care as much as you wanted?

 Yes

 No

1. In the last 6 months, did your family members or friends get as much emotional support as they wanted from this provider?

 Yes

 No

1. In the last 3 months, did you have any feelings of anxiety or sadness?

 Yes

 No  **If No, go to 39**

1. In the last 3 months, did you get as much help as you wanted for your feelings of anxiety or sadness?

 Yes, definitely

 Yes, somewhat

 No

1. In the last 3 months, did you have any pain?

 Yes

 No  **If No, go to 41**

1. In the last 6 months, did this provider give you as much help as you wanted for your pain?

 Yes

 No

1. Did someone from this provider’s office ever talk with you about what you should do during a health emergency?

 Yes

 No

**About You**

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

 Excellent

 Very good

 Good

 Fair

 Poor

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

 Excellent

 Very good

 Good

 Fair

 Poor

1. In the **last 12 months**, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

 Yes

 No  **If No, go to 46**

1. Is this a condition or problem that has lasted for at least 3 months?

 Yes

 No

1. Do you now need or take medicine prescribed by a doctor?

 Yes

 No  **If No, go to 48**

1. Is this medicine to treat a condition that has lasted for at least 3 months?

 Yes

 No

1. What is your age?

 18 to 24

 25 to 34

 35 to 44

 45 to 54

 55 to 64

 65 to 69

 70 to 74

 75 to 79

 80 to 84

 85 or older

1. Are you male or female?

 Male

 Female

1. 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 2-year degree

 4-year college graduate

 More than 4-year college degree

1. How well do you speak English?

 Very well

 Well

 Not well

 Not at all

1. Do you speak a language other than English at home?

 Yes

 No  **If No, go to 54**

1. What is the language you speak at home?

 Spanish

 Chinese

 Korean

 Russian

 Vietnamese

 Some other language

1. Because of a health or physical problem, are you unable to do or have any difficulty doing the following activities? *(Please mark one response for each activity.)*

| Activity | I am unable to do this activity | Yes,I have difficulty | No,I do not have difficulty |
| --- | --- | --- | --- |
| 1. Bathing
 | check box | check box | check box |
| 1. Dressing
 | check box | check box | check box |
| 1. Eating
 | check box | check box | check box |
| 1. Getting in or out of chairs
 | check box | check box | check box |
| 1. Walking
 | check box | check box | check box |
| 1. Using the toilet
 | check box | check box | check box |

1. Do you ever use the internet at home?

 Yes

 No

1. Are you of Hispanic, Latino, or Spanish origin?

 Yes, Hispanic, Latino, or Spanish

 No, not Hispanic, Latino, or Spanish  **If No, go to 58**

Which group best describes you?

 Mexican, Mexican American, Chicano

 Puerto Rican

 Cuban

 Another Hispanic, Latino, or Spanish origin

1. What is your race? Mark one or more.

 American Indian or Alaska Native

 Asian – Please Specify 

 Asian Indian

 Chinese

 Filipino

 Japanese

 Korean

 Vietnamese

 Other Asian

 Black or African American

 Native Hawaiian or Pacific Islander – Please Specify 

 Guamanian or Chamorro

 Native Hawaiian

 Samoan

 Other Pacific Islander

 White

1. Did someone help you complete this survey?

 Yes

 No  **Thank you. Please return the completed survey in the postage-paid envelope.**

1. How did that person help you? Mark one or more.

 Read the questions to me

 Wrote down the answers I gave

 Answered the questions for me

 Translated the questions into my language

 Helped in some other way

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

*If you no longer have the envelope, you can mail your survey to:*

Medicare Provider Experience Survey
[INSERT VENDOR ADDRESS]