SAMPLE

Aurora Health Care
Medical Group

Clinician and Group Experience Survey

SURVEY INSTRUCTIONS: Answer each question by completely filling in the circle to the left of your answer. You are sometimes told to skip over 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:

 tid No → If No, go to #1

YOUR PROVIDER

1. Our records show that you visited the provider named below.
   
   Previous 3 is that right?
   ○ Yes
   ○ No → If No, please stop and return the survey in the envelope provided.
   
   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.

2. 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

Questions that ask about "this visit" are referring to your visit with the provider on Precode 1

APPOINTMENT AND OFFICE CONTACT

3. Was this visit with this provider an appointment for an illness, injury or condition that needed care right away?
   ○ Yes
   ○ No → If No, go to #5

4. When you made this appointment for care you needed right away, did you get this appointment as soon as you thought you needed?
   ○ Yes
   ○ No

5. Was this visit with this provider an appointment for a check-up or routine care?
   ○ Yes
   ○ No → If No, go to #7

6. When you made this appointment for a check-up or routine care, did you get this appointment as soon as you thought you needed?
   ○ Yes
   ○ No

7. In the last 3 months, did you phone this provider's office with a medical question during regular office hours?
   ○ Yes
   ○ No → If No, go to #9

8. In the last 3 months, when you phoned 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

9. In the last 3 months, did you phone this provider's office with a medical question after regular office hours?
   ○ Yes
   ○ No → If No, go to #11

10. In the last 3 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always

11. In the last 3 months, did this provider order a blood test, x-ray, or other test for you?
    ○ Yes
    ○ No → If No, go to #13

12. In the last 3 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 the results?
    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always
SAMPLE

YOUR CARE FROM THIS PROVIDER ON
Precode X

13. Wait time includes time spent in the waiting room and exam room. During this visit, did you see this provider within 15 minutes of your appointment time?
○ Yes
○ No

14. During this visit, did this provider explain things in a way that was easy to understand?
○ Yes, definitely
○ Yes, somewhat
○ No

15. During this visit, did this provider listen carefully to you?
○ Yes, definitely
○ Yes, somewhat
○ No

16. During this visit, did you talk with this provider about any health questions or concerns?
○ Yes
○ No -- If No, go to #18

17. During this visit, did this provider give you easy to understand information about these health questions or concerns?
○ Yes, definitely
○ Yes, somewhat
○ No

18. During this visit, did this provider seem to know the important information about your medical history?
○ Yes, definitely
○ Yes, somewhat
○ No

19. During this visit, did this provider have your medical records?
○ Yes
○ No

20. During this visit, did this provider show respect for what you had to say?
○ Yes, definitely
○ Yes, somewhat
○ No

21. During this visit, did this provider spend enough time with you?
○ Yes, definitely
○ Yes, somewhat
○ No

22. 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

23. Would you recommend this provider's office to your family and friends?
○ Yes, definitely
○ Yes, somewhat
○ No

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

24. During this visit, were clerks and receptionists at this provider's office as helpful as you thought they should be?
○ Yes, definitely
○ Yes, somewhat
○ No

25. During this visit, did clerks and receptionists at this provider's office treat you with courtesy and respect?
○ Yes, definitely
○ Yes, somewhat
○ No

ALL YOUR CARE IN THE LAST 3 MONTHS

These questions ask about all your health care. Include all the providers you saw for health care in the last 3 months. Do not include the times you saw a dentist.

26. In the last 3 months, did you take any prescription medicine?
○ Yes
○ No -- If No, go to #30

27. In the last 3 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

ABOUT YOU

28. In general, how would you rate your overall health?
○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor

29. In general, how would you rate your overall mental or emotional health?
○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor

30. 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

31. Are you of Hispanic, Latino, or Spanish origin?
○ Yes, Hispanic, Latino, or Spanish
○ No, not Hispanic, Latino, or Spanish

32. What is your race? Mark one or more.
○ White
○ Black or African American
○ Asian
○ Native Hawaiian or Other Pacific Islander
○ American Indian or Alaska Native
○ Other

(specify)

33. Did someone help you complete this survey?
○ Yes
○ No -- If No, go to ADDITIONAL QUESTIONS ABOUT THIS VISIT.

34. 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

Please print:

ADDITIONAL QUESTIONS ABOUT THIS VISIT:
The space below is to provide the facility additional feedback about your visit.

1. Friendliness/courtesy of the nurse/assistant .................................................. ○ ○ ○ ○ ○
2. Nurse/assistant promptness in returning your phone calls .................................. ○ ○ ○ ○ ○
3. Instructions the nurse gave you about follow-up care (if any) ............................... ○ ○ ○ ○ ○
4. Nursing staff's concern in assisting with control of pain .................................. ○ ○ ○ ○ ○
5. Extent to which the nurse listened carefully to you ........................................... ○ ○ ○ ○ ○

Please comment on good or bad experiences related to your visit:

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Patients Name (optional) .........................................................................................

Telephone Number (optional) ..................................................................................

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

Return to: Survey Processing, 710 Rush Street, South Bend, IN 46601.

continued...