

Primary Care Information Project (PCIP) Evaluation: Patient Survey

New York City Department of Health and Mental Hygiene, New York NY

This is a questionnaire designed to be completed by patients in an ambulatory setting. The tool includes questions to assess user's perceptions of electronic health records.

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The New York City Department of Health and Mental Hygiene (DOHMH) is conducting a survey about patient experiences at doctors' offices.

All the information that would identify you will be kept private. You do not need to put your name on the survey, and nobody at your doctor's office will look at it. Taking part in the survey is up to you. Your decision to participate or not participate will not affect your health care or the benefits that you get from your doctor in any way. If you do participate, you will receive a \$4 MetroCard from the DOHMH to thank you for your time.

Please put your completed survey in the provided envelope and hand it back in. If you have questions about this survey, please email pcip@health.nyc.gov or call (212) 788-3926.

Instructions

Answer all the questions by checking the box 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 or a note that tells you what question to answer next, like this:

- Yes
- No → ***Skip to Question 3***

If no special instructions are given, please continue with the next question.

SCHEDULING THIS APPOINTMENT AND SEEING THE DOCTOR

1. Were you able to get an appointment for this visit as soon as you needed it?

- Yes, definitely
- Yes, somewhat
- No, definitely not
- I did not have an appointment for today's visit

2. During this visit, were office staff at your doctor's office as helpful as you thought they should be?

- Yes, definitely
- Yes, somewhat
- No, definitely not

3. During this visit, how long did you wait past your appointment time to see your doctor?

- Less than 15 minutes
- 15-30 minutes
- 31-45 minutes
- More than 45 minutes
- I did not have an appointment for today's visit

MANAGING YOUR CARE

4. During this visit, did the doctor explain things in a way that was easy to understand?

- Yes, definitely
- Yes, somewhat
- No, definitely not

5. During this visit, did the doctor listen to you?

- Yes, definitely
- Yes, somewhat
- No, definitely not

6. During this visit, did the doctor give you clear instructions about what to do to take care of the health problems or symptoms that were bothering you?

- Yes, definitely
- Yes, somewhat
- No, definitely not
- I did not have any health problem or symptoms

7. During this visit, did the doctor seem to know the important information about your medical history?

- Yes, definitely
- Yes, somewhat
- No, definitely not

8. During this visit, did your doctor seem informed and up-to-date about the care you may have received from another doctor for a specific problem such as back pain or diabetes (also referred to as “specialty care”)?

- Yes, definitely
- Yes, somewhat
- No, definitely not
- I did not receive any specialty care in the last 6 months

9. During this visit, did the doctor give you the help you need to make changes in your habits or lifestyle that would improve your health or prevent illness?

- Yes, definitely
- Yes, somewhat
- No, definitely not
- I did not need help with this

10. During this visit, did your doctor spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No, definitely not

11. During this visit, did you feel you could tell your doctor anything, even things that you might not tell anyone else?

- Yes, definitely
- Yes, somewhat
- No, definitely not

YOUR USUAL SOURCE OF CARE

12. Including this visit, how many times have you received care from any doctor in the last 6 months?

of Times (Write In)

13. Including this visit, how many times have you received care from a doctor at this doctor's office in the last 6 months?

of Times (Write In)

14. Where do you usually go if you need a check-up, want advice about a health problem, or get sick?

- This doctor's office
- Another doctor's office → **Skip to Question 23 on page 5**
- I don't have a regular place where I go for medical care → **Skip to Question 23 on page 5**

COMMUNICATING WITH THE DOCTOR'S OFFICE

15. In the last 6 months, when you needed care for an illness or injury, how often did this doctor's office provide care as soon as you needed it?

- Never
- Almost never
- Sometimes
- Usually
- Almost always
- Always
- I did not need care for an illness or injury in the last 6 months

16. In the last 6 months, when you needed a check-up or routine care, how often did this doctor's office provide care as soon as you needed it?

- Never
- Almost never
- Sometimes
- Usually
- Almost always
- Always
- I did not need a check-up or routine care in the last 6 months

17. In the last 6 months, when you called your doctor's office with a medical question during regular office hours, how often did you get an answer that same day?

- Never
- Almost never
- Sometimes
- Usually
- Almost Always
- Always
- I did not call my doctor's office with a medical question during regular office hours in the last 6 months

18. In the last 6 months, when you called your doctor's office after regular office hours, how often did you get the help or advice you needed?

- Never
- Almost never
- Sometimes
- Usually
- Almost Always
- Always
- I did not call my doctor's office after regular office hours in the last 6 months

19. In the last 6 months, when your doctor sent you for a blood test, x-ray or other test, did someone from your doctor's office follow-up to give you the test results?

- Yes, always
- Yes, sometimes
- No, never
- My doctor did not send me for any medical tests in the last 6 months

20. In the last 6 months, did your doctor's office remind you to schedule preventive care that you were due to receive (for example: flu shot, cancer screening, mammogram, eye exam)?

- Yes
- No
- I was not due to receive any preventive care in the last 6 months

21. Does your doctor's office allow you to communicate with a medical person by e-mail to ask questions about your health?

- Yes → *Skip to Question 23*
- No

22. Would you like to communicate with a medical person by e-mail to ask questions about your health?

- Yes
- No

OVERALL RATING

23. 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 the doctor who saw you today?

- 0 Worst doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best doctor possible

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

- Definitely yes
- Probably yes
- Not sure
- Probably not
- Definitely not

25. Would you recommend this doctor's office to your family and friends?

- Definitely yes
- Probably yes
- Not sure
- Probably not
- Definitely not

OTHER DOCTORS

26. Are there other doctors in this doctor's office who you have seen for any of your visits in the last 6 months?

- Yes
- No → *Skip to Question 28*

27. In the last 6 months, how often did you feel that these other doctors had all the information they needed to provide your care?

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

SECURITY AND ACCURACY OF YOUR RECORDS

28. Do you think your medical records in the office are secure (could only be seen by people who need to see them)?

- Yes, definitely
- Yes, somewhat
- No, definitely not

29. Do you think the information in your medical records is accurate (correct and free from errors)?

- Yes, definitely
- Yes, somewhat
- No, definitely not

ELECTRONIC HEALTH RECORDS

The following questions are about electronic health records. In the past, medical records have always been stored on paper. Some doctors' offices are beginning to store medical records electronically and view records on computers instead of on paper. These are called electronic health records.

30. Before starting this survey, did you know what electronic health records were?

- Yes
- No

31. In your opinion, what are likely benefits of your doctor using electronic health records? (Check all that apply)

- During my visit, my doctor would have better access to all my medical information
- I would receive better care from my doctor
- My doctor would be less likely to make mistakes (for example: prescribing the wrong medication or making the wrong diagnosis)
- I would have better access to my medical information
- I would provide my medical information once and not have to answer the same questions again
- No benefits
- Other (please specify):

Don't know

32. In your opinion, what are likely problems with your doctor using electronic health records? (Check all that apply)

- My doctor would spend less time with me during my visit
- My medical information could be accessed by others who are not part of my health care team
- My medical information would be more difficult for me to access
- My medical information would be more difficult for my doctor to access
- No problems
- Other (please specify):

Don't know

33. If you were choosing a doctor's office, how would their use of electronic health records affect your decision?

- I would be more likely to choose that doctor's office
- I would be less likely to choose that doctor's office
- It would not make a difference
- Don't know

ABOUT YOU

34. In what year were you born?

Year (Write In)

35. Are you male or female?

- Male
- Female

36. 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

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

- Hispanic or Latino
- Not Hispanic or Latino

38. Which of the following best describes your race? (Mark one or more)

- White or Caucasian
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other (please specify):

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

- Poor
- Fair
- Good
- Very good
- Excellent

40. Do you have a chronic illness (for example: high blood pressure, diabetes, asthma)?

- Yes, I have one chronic illness
- Yes, I have two chronic illnesses
- Yes, I have three or more chronic illnesses
- No
- Don't know

41. How confident are you that you can control and manage most of your health problems?

- Not confident
- Confident
- Very confident
- I do not have any health problems

Thank you!

A number of items in this survey have been adapted from the following previously validated survey instrument: Ambulatory Care Experiences Survey © 2005 New England Medical Center Hospitals, Inc./Massachusetts Health Quality Partners.