



Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. The Harvard School of Public Health will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

If you want to know more about this study, please call 1-866-343-4070.

Survey Instructions

Answer each question by marking 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 with a note that tells you what question to answer next, like this:

- ₁ Yes → *If Yes, Go to #1*
- ₂ No

If you are answering the questions for another person, please answer according to your understanding of that person's experiences with medical providers.

Your Provider

1. Our records show that you got care from the provider named below in the last 6 months.

1a. Is that right?

- ₁ Yes
- ₂ No

1b. Is this the provider you usually see if you want advice about a health problem or get sick?

- ₁ Yes
- ₂ No → *If No, who is the provider you usually see? (Please print):*

Some questions in this survey will refer to your answer to Question 1 as "this provider." Please think of this person as you answer this survey.

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

- ₁ Less than 6 months
- ₂ At least 6 months but less than 1 year
- ₃ At least 1 year but less than 3 years
- ₄ At least 3 years but less than 5 years
- ₅ 5 years or more

3. Our records indicate that you saw this provider at the office or clinic named below.

Is that right?

- ₁ Yes
- ₂ No → *If No, where did you see this provider? (Please print):*

Some questions in this survey will refer to your answer to Question 3 as "this provider's office." Please think of this office or clinic as you answer this survey.

Care from This Provider and This Provider's Office

4. These questions ask about the care you received from the provider named in Question 1. Some offices remind patients about appointments. **Before your most recent visit** with this provider, did you get a reminder from this provider's office about the appointment?

- ₁ Yes
- ₂ No

5. **Before your most recent visit** with this provider, did you get instructions telling you what to expect or how to prepare for the visit?
- ₁ Yes
₂ No
6. In the last 6 months, how often did this provider cancel or change the date of an appointment?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
7. People have busy lives and miss appointments for many reasons. In the last 6 months, how often did you miss an appointment with this provider?
- ₁ Never → **If Never, go to #9**
₂ Sometimes
₃ Usually
₄ Always
8. In the last 6 months, when you missed an appointment with this provider, how often did someone from his or her office contact you to make a new appointment?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
9. In the last 6 months, how often did you have to repeat information that you had already provided during the same visit?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
10. In the last 6 months, how often did this provider seem to know the important information about your medical history?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
11. In the last 6 months, how often did this provider ask about things in your work or life at home that affect your health?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
12. In the last 6 months, how often did this provider explain things in a way that was easy to understand?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
13. In the last 6 months, how often did this provider listen carefully to you?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
14. In the last 6 months, how often did this provider show respect for what you had to say?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
15. In the last 6 months, how often did this provider spend enough time with you?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
16. In the last 6 months, how often did this provider ask whether **you** had ideas about how to improve your health?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
17. How would you rate this provider's knowledge of your values and beliefs that are important to your health care?
- ₁ Poor
₂ Fair
₃ Good
₄ Excellent
18. In the last 6 months, did this provider talk with you about setting goals for your health?
- ₁ Yes, definitely
₂ Yes, somewhat
₃ No → **If No, go to #20 on page 3**

19. In the last 6 months, did the care you received from this provider help you meet your goals?

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No

Care from Other Staff at This Provider's Office

20. People often get instructions about their health from more than one person in the same office, such as other doctors, nurses, nutritionists, and social workers. In the last 6 months, did you get any instructions about your health from any other staff in the office of the provider named in Question 1?

- ₁ Yes
- ₂ No → **If No, go to #24**

21. In the last 6 months, how often did these other staff seem up-to-date about the care you were receiving from this provider?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

22. In the last 6 months, how often did these other staff talk with you about the care you were receiving from this provider?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

23. In the last 6 months, how often did these other staff seem to know the important information about your medical history?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

Care from Someone in This Provider's Office

24. These questions ask about the care you received from the provider named in Question 1 or someone in his or her office. In the last 6 months, did this provider or someone in his or her office order a blood test, x-ray, or other test for you?

- ₁ Yes
- ₂ No → **If No, go to #28**

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

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

26. In the last 6 months, how often did you have to request your test results before you got them?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

27. In the last 6 months, how often were your test results presented in a way that was easy to understand?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

28. In the last 6 months, were there things that made it hard for you to take care of your health?

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No → **If No, go to #31 on page 4**

29. In the last 6 months, did this provider or someone in his or her office ask you about these things that make it hard for you to take care of your health?

- ₁ Yes
- ₂ No

30. In the last 6 months, did you and this provider or someone in his or her office come up with a plan to help you deal with the things that make it hard for you to take care of your health?

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No

31. In the last 6 months, how often did this provider or someone in his or her office help you identify the most important things for you to do for your health?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
32. In the last 6 months, did you need services at home to help you take care of your health?
- ₁ Yes
 - ₂ No → **If No, go to #34**
33. In the last 6 months, how often did this provider or someone in his or her office **help you get these** services at home to take care of your health?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
34. In the last 6 months, did this provider or someone in his or her office give you instructions about how to take care of your health?
- ₁ Yes
 - ₂ No → **If No, go to #37**
35. In the last 6 months, how often were you able to follow these instructions about taking care of your health?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
36. In the last 6 months, how often did the instructions you received help you take care of your health?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
37. In the last 6 months, if you had any trouble taking care of your health at home, would you know who to ask for help?
- ₁ Yes, definitely
 - ₂ Yes, somewhat
 - ₃ No
38. In the last 6 months, did you take any prescription medicine?
- ₁ Yes
 - ₂ No → **If No, go to #42**
39. In the last 6 months, how often did this provider or someone in his or her office talk with you about **how** you were supposed to take your medicine?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
40. There are many reasons why people may not always be able to take their medicines as prescribed. In the last 6 months, how often were you able to take your medicine as prescribed?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
41. In the last 6 months, how often did this provider or someone in his or her office talk with you about what to do if you have a bad reaction to your medicine?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
42. In the last 6 months, how often did this provider or someone in his or her office contact you between visits to see how you were doing?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
43. In the last 6 months, did you try to contact this provider's office with a medical question **after** regular office hours?
- ₁ Yes
 - ₂ No → **If No, go to #45 on page 5**
44. In the last 6 months, when you tried to contact this provider's office **after** regular office hours, how often did you get an answer to your medical question in a timely manner?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always

Care from Specialists Outside This Provider's Office

45. Specialists are doctors like surgeons, heart doctors, psychiatrists, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you receive care from any specialists **outside** the office of the provider named in Question 1?
- ₁ Yes
₂ No → **If No, go to #53**
46. In general, how often does the provider named in Question 1 seem informed and up-to-date about the care you get from specialists?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
47. In general, how often do you have to remind the provider named in Question 1 about care you receive from specialists?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
48. In the last 6 months, did any specialists **outside** the office of the provider named in Question 1 prescribe medicine for you?
- ₁ Yes
₂ No → **If No, go to #50**
49. In general, how often does the provider named in Question 1 talk with you about the medicines prescribed by these specialists?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

The Specialist You Saw Most Often in the Last 6 Months

50. These questions ask about care you received from the specialist you saw most often in the last 6 months **outside** the office of the provider named in Question 1. When you see this specialist, does he or she seem to know enough information about your medical history?
- ₁ Yes, definitely
₂ Yes, somewhat
₃ No
51. When you see this specialist, how often do you have to repeat information that you have already given to the provider named in Question 1?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
52. When you see this specialist, how often does this specialist seem to know your important test results from other providers?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

Your Most Recent Hospital Stay

53. In the last 6 months, were you admitted to a hospital overnight or longer?
- ₁ Yes
₂ No → **If No, go to #60 on page 6**
54. After your most recent hospital stay, did the provider named in Question 1 or someone in his or her office contact you to see how you were doing?
- ₁ Yes
₂ No
55. After your most recent hospital stay, were you prescribed any medicines?
- ₁ Yes
₂ No → **If No, go to #57 on page 6**

56. After your most recent hospital stay, did the provider named in Question 1 or someone in his or her office contact you to check if you were able to follow instructions about any medicines you were prescribed?

- ₁ Yes
- ₂ No

57. After your most recent hospital stay, were you given instructions about caring for yourself at home?

- ₁ Yes
- ₂ No → **If No, go to #59**

58. After your most recent hospital stay, were the instructions you were given easy to understand?

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No

59. After your most recent hospital stay, did the provider named in Question 1 seem to know the important information about this hospital stay?

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No

Your Overall Experience

60. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate **all** your health care in the last 6 months?

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

61. People sometimes need to manage their medical care by making appointments with multiple providers, following their instructions, and taking medicines as prescribed. Using any number from 0 to 10, where 0 is hard and 10 is easy, what number would you use to rate how easy it was for you to manage your medical care in the last 6 months?

- 0 Hard to manage
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Easy to manage

62. In the last 6 months, was there one provider who knew about all your medical care needs?

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No

63. In the last 6 months, was there one provider who knew about all the medicines you were taking?

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No

64. In the last 6 months, was there one provider who knew you well as a person?

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No

About You

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

- ₁ Excellent
- ₂ Very good
- ₃ Good
- ₄ Fair
- ₅ Poor

66. In the **next** 6 months, what do you think will happen to your overall health?

- ₁ It will get much better
- ₂ It will get somewhat better
- ₃ It will not change
- ₄ It will get somewhat worse
- ₅ It will get much worse

67. In the last 6 months, how much of a problem were each of these for you?

a. Lack of information about your medical conditions.

- ₁ Not a problem at all
- ₂ A small problem
- ₃ A moderate problem
- ₄ A big problem
- ₅ A very big problem

b. Lack of information about treatment options.

- ₁ Not a problem at all
- ₂ A small problem
- ₃ A moderate problem
- ₄ A big problem
- ₅ A very big problem

c. Bringing up concerns about your health or health care with your providers.

- ₁ Not a problem at all
- ₂ A small problem
- ₃ A moderate problem
- ₄ A big problem
- ₅ A very big problem

68. In the last 6 months, did you ever need assistance with the following?

a. Taking medicines

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No

b. Making medical-related appointments

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No

c. Getting to or from a medical appointment

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No

d. Understanding information from a health care provider

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No

69. In the last 6 months, did one or more friends or relatives help you with any of the tasks in Question 68?

- ₁ Yes
- ₂ No

Other Questions About You

70. Please indicate how much you agree or disagree with each of the following statements. Please be as honest and accurate as you can. Try not to let your response to one statement influence your responses to other statements. There are no “correct” or “incorrect” answers. Answer according to your own feelings, rather than how you think “most people” would answer.

a. In uncertain times, I usually expect the best.

- ₁ I agree a lot
- ₂ I agree a little
- ₃ I neither agree nor disagree
- ₄ I disagree a little
- ₅ I disagree a lot

b. It is easy for me to relax.

- ₁ I agree a lot
- ₂ I agree a little
- ₃ I neither agree nor disagree
- ₄ I disagree a little
- ₅ I disagree a lot

c. If something can go **wrong** for me, it will.

- ₁ I agree a lot
- ₂ I agree a little
- ₃ I neither agree nor disagree
- ₄ I disagree a little
- ₅ I disagree a lot

d. I am always optimistic about my future.

- ₁ I agree a lot
- ₂ I agree a little
- ₃ I neither agree nor disagree
- ₄ I disagree a little
- ₅ I disagree a lot

e. I **hardly** ever expect things to go my way.

- ₁ I agree a lot
- ₂ I agree a little
- ₃ I neither agree nor disagree
- ₄ I disagree a little
- ₅ I disagree a lot

f. I **rarely** count on good things happening to me.

- ₁ I agree a lot
- ₂ I agree a little
- ₃ I neither agree nor disagree
- ₄ I disagree a little
- ₅ I disagree a lot

g. Overall, I expect more good things to happen to me than bad.

- ₁ I agree a lot
- ₂ I agree a little
- ₃ I neither agree nor disagree
- ₄ I disagree a little
- ₅ I disagree a lot

71. What is your age?

- ₁ 18 to 24
- ₂ 25 to 34
- ₃ 35 to 44
- ₄ 45 to 54
- ₅ 55 to 64
- ₆ 65 to 74
- ₇ 75 or older

72. Are you male or female?

- ₁ Male
- ₂ Female

73. 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

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

- ₁ Yes, Hispanic or Latino / Latina
- ₂ No, not Hispanic or Latino / Latina

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

- ₁ White
- ₂ Black or African-American
- ₃ Asian
- ₄ Native Hawaiian or Other Pacific Islander
- ₅ American Indian or Alaska Native
- ₆ Other

76. Are you married or living with a significant other?

- ₁ Yes
- ₂ No

77. We are interested in how Medicare beneficiaries are getting along financially these days. Income can come from a number of sources: a job, pension, Social Security, SSI, welfare, dividends, interest, and any other source. What was your total household income in 2013 **before taxes**?

- ₁ Less than \$10,000
- ₂ \$10,000 to \$14,999
- ₃ \$15,000 to \$19,999
- ₄ \$20,000 to \$29,999
- ₅ \$30,000 to \$39,999
- ₆ \$40,000 to \$49,999
- ₇ \$50,000 to \$74,999
- ₈ \$75,000 to \$99,999
- ₉ \$100,000 or more

78. How many people age 15 or older lived in your household in 2013, including you?

- ₁ 1 (I lived alone)
- ₂ 2
- ₃ 3
- ₄ 4
- ₅ 5 or more

79. Did someone help you complete this survey?

- ₁ Yes
- ₂ No → **Thank you. Please return the completed survey in the postage-paid envelope**

80. How did that person help you? Please mark one or more.

- ₁ Read the questions to me
- ₂ Wrote down the answers I gave
- ₃ Answered the questions for me
- ₄ Translated the questions into my language
- ₅ Helped in some other way

How did they help? (Please print):

Thank You

Please return the completed survey in the postage-paid envelope to:

Center for the Study of Services
PO Box 10820
Herndon, VA 20172-9904

Please do not include any other correspondence.