

PRIMARY CARE ASSESSMENT TOOL – EXPANDED VERSION
(Facility survey)

Primary Care Policy Center
Johns Hopkins University
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Developed by

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Instructions

When answering provider-related questions, please respond with regard to most of the clinicians in your facility.

Please make every attempt to answer in a way that reflects reality; if you feel you cannot do this for particular questions, please answer “Not sure/don’t know.”

ADMINISTRATIVE INFORMATION

Date survey completed:
M M D D Y Y

Name and title of person completing the questionnaire:

Organization/office address:

Facility code:

Phone number:

GENERAL

1. Type of facility (Check one.)

- Solo facility
- Single specialty group facility
- Multi-specialty group facility
- Public health clinic
- Community health clinic or neighborhood health center
- Hospital clinic
- Rural health clinic
- Other (Please specify.) _____

2. Practice focus of the facility (Check one.)

- General practice/family practice
- General pediatrics
- General internal medicine
- Combination of general practice/family practice and general internal medicine/pediatrics (primary care)
- Combination of primary care and subspecialists (Specify types of specialists.) _____
- Subspecialty only (Specify type or types.) _____
- Nurse practitioner only
- Other (Please specify.) _____

3. Of patients served by your facility, what is the approximate percent in the following types of plans? (If none, place a 0.)

	<u>Percent</u>
Private	
Fee-for-service unrestricted	_____
Fee-for-service PPO	_____
HMO – capitated physicians	_____
Medicaid	
Fee-for-service unrestricted	_____
PCCM – fee-for-service primary care case management	_____
PCCM – capitated primary care case management	_____
HMO – capitated physicians	_____
Direct payment from uninsured patients	_____
Un-reimbursed (charity care)	_____
Other (Please specify.) _____	_____
Don't know/not sure	_____
Total	100%

4. Of those served by your facility, what is the approximate percent for whom you receive:

	<u>Percent</u>
Usual fee-for-service	_____
Discounted fee-for-service	_____
Salary	_____
Capitation	_____
Capitation with performance incentives	_____
Capitation with withholds	_____
Direct payment from patients	_____
Other	_____
Total	100%

Please check the one best answer.							Not sure/ don=t know
	0- 20%	21- 40%	41- 60%	61- 80%	81- 100%		
5. About what percent of your facility’s patients are in insurance plans <i>where physicians’ income is affected by the number of referrals or costs they generate?</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
6. What percent of your facility’s patients have health coverage that <i>limits referrals, limits to whom you can refer, or requires approval for referrals?</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
7. About what percent of your facility’s patients have health coverage that <i>requires pre-approval for non-emergency hospitalizations?</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
8. About what percent of your facility’s patients must pay a fee or copayment at each visit?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
9. What percent of your facility’s patients have long-term medical or behavioral problems or disabilities?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
10. On average, about <i>how long</i> do patients stay with your facility? (Check one.)							_____
1 <input type="checkbox"/> Less than 6 months							
2 <input type="checkbox"/> 6 months to 1 year							
3 <input type="checkbox"/> 1 – 2 years							
4 <input type="checkbox"/> 3 – 4 years							
5 <input type="checkbox"/> 5 or more years							
6 <input type="checkbox"/> Too variable to specify							
9 <input type="checkbox"/> Don’t know							
11. Does your facility have a geographically defined population that it is intended to serve? (Check one.)							_____
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not sure/don’t know							

Please check the one best answer.							Not sure/ don=t know
	0- 20%	21- 40%	41- 60%	61- 80%	81- 100%		
12. What percent of your facility’s patients are “enrolled,” or are assigned to receive all their non-referred care at your facility?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
13. About what percent of your facility’s patients are on a list or computerized roster that identifies them as your patients?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
14. What percent of your facility’s patients do you think use your facility for <i>all</i> their well and sick health care needs (with the exception of true emergencies and referred care)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	_____

C. FIRST CONTACT – ACCESS

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don= t know	
C1. Is your facility open on Saturday or Sunday?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	
C2. Is your facility open on at least some weekday evenings until 8 PM?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	
C3. When your facility is open and patients get sick, would someone from your facility see them that day?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	
C4. When your facility is open, can patients get advice quickly over the phone when they need it?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	
C5. When your facility is closed, do you have a phone number patients can call when they get sick?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	
C6. When your facility is closed on Saturday or Sunday and patients get sick, would someone from your facility be able to see them that day?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	
C7. When your facility is closed during the night and patients get sick, would someone from your facility be able to see them that night?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	
C8. Can a patient easily get an appointment for routine checkups at your facility?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	
C9. On average, do patients have to wait more than 30 minutes after arriving before they are examined by the doctor or nurse?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	

D. ONGOING CARE

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don= t know
D1. At your facility, do patients see the same clinician each time they make a visit?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D2. Can your clinicians understand the questions their patients ask?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D3. Do you think the patients in your facility understand what the clinicians ask them or say to them?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D4. If patients have a question, can they call and talk to the doctor or nurse who knows them best?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D5. Do you think the clinicians give patients enough time to talk about their worries or problems?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D6. Do you think patients feel comfortable telling the clinicians about their worries or problems?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D7. Do the clinicians know the patients who use your facility "very well"?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D8. Do the clinicians know who lives with each patient?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D9. Do the clinicians understand what problems are most important to the patients they see?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D10. Do you think the clinicians know each patient's complete medical history?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D11. Do you think the clinicians know each patient's work or employment?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D12. Would the clinicians know if patients had trouble getting or paying for a prescribed medication?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D13. Do the clinicians know <i>all</i> the medications their patients are taking?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

E. COORDINATION

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
E1. Does your facility phone or send patients the results of all lab tests?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E7. Do you think the clinicians know about all the visits their patients make to specialists or special services?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E8. When patients need a referral, do the clinicians discuss different places they might go to get help with their problem?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E9. Does someone at your facility help the patient make the appointment for the referral visit?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E10. When patients are referred, do the clinicians give them any written information to take to the specialist?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E11. Do the clinicians receive useful information about their referred patients back from the specialists or special services?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E12. After the visit, do the clinicians talk with patients about the results of visit(s) with the specialist or special service?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

F. COORDINATION (INFORMATION SYSTEMS)

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
F1. Are patients expected to bring their medical records, such as immunizations or medical care they received in the past?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
F2. Would your facility allow patients to look at their medical records if they wanted to?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
F3. Are patient records available when the clinicians see patients?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

Does your facility use the following methods to assure that indicated services are provided?

F4. Flow sheets in patients' charts for lab results	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
F5. Printed guidelines in patients' records	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
F6. Periodic medical record audits	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
F7. Problem lists in patients' records	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
F8. Medication lists in patients' records	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
F9. Other (Please specify.) _____					

G. COMPREHENSIVENESS (SERVICES AVAILABLE)

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don= t know
If patients need any of the following services, would they be able to get them <i>on-site</i> at your facility?					
G1. Nutrition counseling by a nutrition specialist	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G2. Immunizations	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G3. Eligibility screening for social service programs or benefits	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G4. Dental checkups	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G5. Dental treatments	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G6. Family planning or birth control services	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G7. Substance or drug abuse counseling or treatment	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G8. Counseling for behavior or mental health problems	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G9. Tests for lead poisoning	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G10. Suturing for a minor laceration	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G11. Counseling and testing for HIV/AIDS	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G12. Tympanocentesis	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G13. Vision screening	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G14. Allergy shots	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G15. Splinting for a sprained ankle	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G16. Wart removal	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G17. Pap smears	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G18. Rectal exam or sigmoidoscopy	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G19. Smoking counseling	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G20. Prenatal care	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G21. Removal of an ingrown toenail	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G22. Advice on advance directives	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G23. Advice on preparing for changes consequent to aging	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G24. Suggestions on nursing home care	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G25. WIC services (supplemental milk and food program)	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

H. COMPREHENSIVENESS (SERVICES PROVIDED)

If your facility serves all ages, please answer all questions in this section (H1 – H18).

If your facility serves *only children*, do not answer questions H3 – H13.

If your facility serves *only adults*, do not answer questions H14 – H18.

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
Are the following subjects discussed with patients?					
H1. Nutritional/non-nutritional foods or getting enough sleep	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H2. Home safety, like using smoke detectors and storing medicines safely	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

Questions H3 – H13 apply to *adults only (ages 18 and older)*.

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
Are the following subjects discussed with patients?					
H3. Seat belt use	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H4. Handling family conflicts	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H5. Advice about appropriate exercise	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H6. Cholesterol levels	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H7. Medications being taken	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H8. Exposure to harmful substances at home, work, or in their neighborhood	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H9. Gun availability, storage, safety	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H10. Prevention of hot water burns	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H11. Prevention of falls	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H12. Prevention of osteoporosis or fragile bones in females	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H13. Care for common menstrual or menopausal problems	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

Questions H14 – H18 apply to children only (under age 18).

 Please check the **one** best answer.

		Definitely	Probably	Probably not	Definitely not	Not sure/don= t know
Are the following subjects discussed with the child and parent/guardian?						
H14.	Ways to handle problems with child's behavior	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H15.	Changes in growth and behavior that parents can expect at certain ages	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H16.	Safety issues for children under 6: teaching them to cross the street safely, and using child safety seats in cars	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H17.	Safety issues for children between 6 and 12: staying away from guns, and using seatbelts and bicycle helmets	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H18.	Safety issues for children over 12: safe sex, saying no to drugs, not drinking and driving	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

I. FAMILY-CENTEREDNESS

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
I1. Do the doctors and nurses at your facility ask patients about <i>their</i> ideas and opinions when planning treatment and care for the patient or family member?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I2. Do the doctors and nurses at your facility ask about illnesses or problems that might run in the patients' families?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I3. Are the clinicians at your facility willing and able to meet with family members to discuss a health or family problem?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

Are the following included as a routine part of health assessment?

I4. Use of familiograms, family APGAR	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I5. Discussion of family health risk factors, e.g., genetics	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I6. Discussion of family economic resources	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I7. Discussion of social risk factors, e.g., loss of employment	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I8. Discussion of living conditions, e.g., working refrigerator, heat	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I9. Discussion of health status of other family members	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I10. Discussion of parenting	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I11. Assessment of signs of child abuse	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I12. Assessment of indications of family in crisis	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I13. Assessment of impact of patient's health on family functioning	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I14. Assessment of development level	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

J. COMMUNITY ORIENTATION

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
J1. Do clinicians at your facility make home visits?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J2. Do you think the clinicians at your facility have adequate knowledge about the health problems of the communities you serve?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J3. Do the clinicians at your facility get opinions and ideas from people that might help to provide better health care?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J4. Is your facility able to change health care services or programs in response to specific health problems in the communities?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

Does your facility use the following types of data to determine what programs/services are needed by the communities you serve?

J5. Mortality data (data on deaths)	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J6. Public health communicable disease data (e.g., STDs, TB)	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J7. Community immunization rates	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J8. Public health data on health or occupational hazards	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J9. Clinical data from your facility	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J10. Other (Please specify.) _____					

Does your facility use the following methods to monitor and/or evaluate the effectiveness of services/programs?

J11. Surveys of your patients	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J12. Community surveys	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J13. Feedback from community organizations or community advisory boards	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J14. Feedback from practice staff	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J15. Analysis of local data or vital statistics	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J16. Systematic evaluations of your facility's programs and services	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J17. Community health workers	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J18. Have a consumer on the board of directors or advisory committee	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J19. Other (Please specify.) _____					

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
Does your facility use any of the following activities to reach out to populations in the communities you serve?					
J20. Networking with state and local agencies involved with culturally diverse groups	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J21. Linkages with religious organizations/services	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J22. Involvement with neighborhood groups/community leaders	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J23. Outreach workers	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J24. Other (Please specify.) _____					

K. CULTURALLY COMPETENT

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
K2. Can your facility communicate with people who do not speak English well?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K3. If needed, does your facility take into account a family's special beliefs about health care or use of folk medicine, such as herbs/homemade medicines?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K4. If needed, does your facility take into account a family's request to use alternative treatment, such as homeopathy or acupuncture?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

Does your facility use any of the following methods to address the cultural diversity in your patient population?

K5. Training of staff by outside instructors	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K6. In-service programs presented by staff	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K7. Use of culturally-sensitive (language, visual images, religious customs) materials/pamphlets	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K8. Staff reflecting the cultural diversity of the population served	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K9. Translators/interpreters	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K10. Planning of services that reflect cultural diversity	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K11. Other (Please specify.) _____					

OTHER

1. Does your facility offer “sliding scale” or long-term payment plans for patients with financial difficulties? _____
 1 Yes 2 No 9 Don’t know

2. What percent of the clinicians in your facility are paid through _____

	Percent
Salary only	_____
Capitation only	_____
Fee-for-service only	_____
Capitation and fee-for-service	_____
Salary and fee-for-service	_____
Salary, capitation, and fee-for-service	_____
Share of facility earnings	_____
Other (Please specify.) _____	_____
	100%

3. Are the clinicians eligible for bonuses or subject to withholds depending on their utilization experience? _____
 1 Yes 2 No 9 Don’t know

4. Are the clinicians eligible for bonuses if they achieve certain guidelines or outcomes? _____
 1 Yes 2 No 9 Don’t know

5. At your facility, what are the current number of *visits* per day? (Please estimate.) _____ visits

6. At your facility, what are the current number of *visits* per week? (Please estimate.) _____ visits

7. What is the approximate percentage of *visits* by age? _____

	Percent
Ages 0-4	_____
Ages 5-10	_____
Ages 11-14	_____
Ages 15-19	_____
Ages 20 and over	_____
	Total 100%

8. Is your facility currently accepting new patients? _____
 1 Yes
 2 Yes, but only non-Medicaid
 3 No new patients
 4 Other (Please specify.) _____

9. Is your facility able to determine how many *patients* (not *visits*) you have seen in a year? _____
 1 Yes 2 No 9 Don’t know

10. We are aware that funding streams and staff shortages are the main resources that need to be addressed. Other than money and staff, are there other resources your facility needs to ensure appropriate primary care services to the communities you serve?

Please check to make sure you have not skipped any pages. Thank you.

Please indicate by checking the box below if you would like to receive a copy of the final report of this study.

Yes No

Thank you for taking the time to complete this survey. The information will be very valuable in planning to meet the health care needs in the communities you serve.