

ADULT
PRIMARY CARE ASSESSMENT TOOL – EXPANDED VERSION
(Consumer-client survey)**

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***Note: First page is for interviewer-administered. Rest are for both interviewer-administered and self-administered.*

ADMINISTRATIVE INFORMATION

Case number: _____

Interviewer's name: _____

Time interview began: |__|_|:|__|_|

Time interview finished: |__|_|:|__|_|

Date survey conducted: |__|_| |__|_| |__|_|
M M D D Y Y

INTRODUCTION/SCREENING QUESTIONS

PURPOSE OF THE SURVEY

Interviewer: Hello, my name is _____. I'm calling from _____.
We're doing a survey in your neighborhood to find out what you think about the health care you get.

4. Is this a convenient time for you to talk with me? _____

1 Yes (**Go to consent.**)2 No (Ask question below.)

When would be a good time for me to call back?

Record response _____ and say:

Thank you for your time; I will call back at that time to speak to you.

SUGGESTED CONTENT FOR CONSENT (if respondent indicates that s/he is interested in the survey):

Interviewer: Let me tell you a little more about the survey. The purpose of this survey is to talk directly with people about their experiences, good or bad, in getting health care. The interviews will help us know what services need to be improved.

You will be interviewed by myself or another trained interviewer over the phone. The interview will take a total of 30 minutes.

There are no direct advantages to you for answering the questions, but the results of this study are very important in helping to improve health care in (location, town, state).

Although there are no risks in this type of study, the interview does require some of your time. Also, some people may think the interview is an invasion of privacy. But, within the law, the answers you give are kept confidential or "private."

The study information will be used only as part of a health care study. Your name and address are *not* part of the interview information, so your answers will *not* be able to be identified. Because the answers people give are private and confidential, only the study team will see the surveys.

Your participation in this survey is completely voluntary. You have the right to skip certain questions or stop the interview at any time. Whatever you decide, it will not change the health care you usually get or your employment.

5. Would you be willing to answer survey questions about getting health care? _____

1 Yes (**Go to question A1.**)2 No (Terminate interview by saying: Thank you for your time. I apologize for any inconvenience. Goodbye.)

A. EXTENT OF AFFILIATION WITH A PLACE/DOCTOR

A1. Is there a doctor or place that you usually go if you are sick or need advice about your health? _____

a No

b Yes (Please give name and address.)

Name of doctor or place: _____

Address: _____

A2. Is there a doctor or place that knows you best as a person? _____

a No

b Yes, same place as above

c Yes, different place (Please give name and address.)

Name of doctor or place: _____

Address: _____

A3. Is there a doctor or place that is most responsible for your health care? _____

a No

b Yes, same as #A1 & #A2 above

c Yes, same as #A1 only

d Yes, same as #A2 only

e Yes, different from #A1 & #A2 (Please give name and address.)

Name of doctor or place: _____

Address: _____

If all three places are the same, please answer all the rest of the questions about this doctor or place. (Go to next page.) →

If any two of the places are the same, please answer all the rest of the questions about that doctor or place. (Go to next page.) →

If all three places are different, answer all the rest of the questions about the doctor or place in question A1. (Go to next page.) →

If you answered NO to two questions, answer all the rest of the questions about the doctor or place in the question you answered YES. (Go to next page.) →

If you answered NO to all three questions, please write in the name of the *last* doctor or place you went to:

Name of doctor or place: _____

Address: _____

We will call this doctor or place your PCP in all the rest of the questions.

A4. Is this PCP:

- A place A particular doctor A particular nurse Not any of these

A5. What kind of office is your PCP?

- A hospital emergency room
 A clinic at a hospital
 A particular doctor's office outside a hospital
 A particular doctor's office inside a hospital
 A group office
 A neighborhood health clinic
 A work or school clinic
 Another type of place (Please specify.) _____
 Not sure/don't remember

A6. Does your PCP take care of:

- Adults only Both children and adults Not sure/don't remember

A7. Does your PCP mainly take care of people with

- Only certain kinds of problems Most kinds of problems Not sure/don't remember

A8. About *how many times total* have you been there? _____ times

A9. How long have you been going there?

- Less than 6 months
 Between 6 months and one year
 1 – 2 years
 3 – 4 years
 5 or more years
 Too variable to specify
 Not sure/don't remember

A10. Did you choose this PCP or were you assigned there?

- You or someone in your family chose it.
 You were assigned to it.
 Other
 Not sure/don't remember

A11. Do you go there mainly because of a special medical problem?

- Yes No Not sure

B. FIRST CONTACT – UTILIZATION

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
B1. When you need a regular general checkup, do you go to your PCP before going somewhere else?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
B2. When you have a new health problem, do you go to your PCP before going somewhere else?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
B3. When you have to see a specialist, does your PCP have to approve or give you a referral?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <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 remember
C1. Is your PCP 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 PCP 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 PCP is <i>open</i> and you get sick, would someone from there see you the same day?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
C4. When your PCP is <i>open</i> , can you get advice quickly over the phone if you 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 PCP is <i>closed</i> , is there a phone number you can call when you 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 PCP is <i>closed</i> on <i>Saturday and Sunday</i> and you get sick, would someone from there see you the same day?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
C7. When your PCP is <i>closed</i> and you get sick <i>during the night</i> , would someone from there see you that night?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
C8. Is it easy to get an appointment for a general checkup there?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
C9. Once you get to your PCP's, do you have to wait more than 30 minutes before you are checked 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"/>
C10. Do you have to wait a long time or talk to too many people to make an appointment at your PCP's?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
C11. Is it difficult for you to get medical care from your PCP when you think it is needed?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
C12. When you have to go to your PCP, do you have to take off from work or school to go?	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 remember
D1. When you go to your PCP's, are you taken care of by the <i>same</i> doctor or nurse each time?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D2. Do you think your PCP <i>understands what you say or ask</i> ?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D3. Are your questions to your PCP <i>answered in ways that you understand</i> ?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D4. If you have a question, can you call and talk to <i>the doctor or nurse who knows you best</i> ?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D5. Does your PCP give you enough time to talk about your 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 feel comfortable telling your PCP about your worries or problems?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D7. Does your PCP know you very well as a <i>person</i> , rather than as someone with a medical problem?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D8. Does your PCP know who lives with you?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D9. Does your PCP know what problems are most important to you?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D10. Does your PCP know your complete medical history?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D11. Does your PCP know about your 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 your PCP know if you had trouble getting or paying for medicines you needed?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D13. Does your PCP know about all the medications you are taking?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D14. Could you change your PCP if you wanted to?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D15. Would you change from your PCP to somewhere else if it was easy to do?	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 remember
E1.	Do you get the results of your lab tests?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E2.	Have you ever had a visit to any kind of specialist or special service?					
	1 <input type="checkbox"/> Yes					
	2 <input type="checkbox"/> No (Skip to question F1.)					
	9 <input type="checkbox"/> Not sure/don't remember (Skip to question F1.)					
E3.	When was the <i>last</i> time you had a visit to a specialist or special service?			Month _____	Year _____	
E4.	Was this visit for a condition that doesn't go away or lasts longer than a year?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
E5.	Had you ever visited that specialist or special service before this last visit?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
		Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
E6.	Did your PCP suggest you go to 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"/>
E7.	Did your PCP know you made these visits to 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"/>
E8.	Did your PCP discuss with you different places you could have gone to get help with that problem?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E9.	Did your PCP or someone working with your PCP help you make the appointment for that visit?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E10.	Did your PCP write down any information for the specialist about the reason for the visit?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E11.	Does your PCP know what the results of the visit were?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E12.	After you went to the specialist or special service, did your PCP talk with you about what happened at the visit?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E13.	Does your PCP seem interested in the quality of care you get from that 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 remember
F1.	When you go to your PCP, do you bring any of your own medical records, such as shot records or reports of medical care you had in the past?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
F2.	Could you look at your medical record if you wanted to?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
F3.	When you go to your PCP, is your medical record always available?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

G. COMPREHENSIVENESS (SERVICES AVAILABLE)

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
Following is a list of services that you or your family might need at some time. For each one, please indicate whether it is available at your PCP's office.					
G1. Answers to questions about nutrition or diet	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G2. Immunizations (shots)	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G3. Checking to see if your family is eligible for any 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 checkup	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G5. Treatment by a dentist	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 methods	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 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. Sewing up a cut that needs stitches	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. Hearing screening	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. Removal of wart	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G17. PAP tests for cervical cancer	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G18. Rectal exams or sigmoidoscopy exams to test for bowel cancer	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. Care for an ingrown toenail	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G22. What to do in case someone in your family is incapacitated and cannot make decisions about his/her care	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G23. Changes in mental or physical abilities that are normal with getting older	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G24. Suggestions for nursing home care for someone in your family	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)

The next questions deal with different types of health care services that you sometimes get. Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
In visits to your PCP, are any of the following subjects discussed with you?					
H1. Advice about healthy foods and unhealthy 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 getting and checking 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"/>
H3. Advice on seat-belt use or child safety seats	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H4. Ways to handle family conflicts that may arise from time to time	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 for you	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H6. Tests for cholesterol levels in your blood	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H7. Checking on and discussing the medications you are taking	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H8. Possible exposures to harmful substances in your home, at work, or in your neighborhood	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H9. Ask if you have a gun, its storage or its security	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H10. How to prevent hot water burns	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H11. How to prevent falls	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H12. For females: how to prevent osteoporosis or fragile bones	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H13. For females: care for common menstrual or menopause problems	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

I. FAMILY-CENTEREDNESS

These next questions are about the relationship of your health care providers with your family. Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
I1. Does your PCP ask you about <i>your</i> ideas and opinions when planning treatment and care for you or a family member?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I2. Has your PCP asked about illnesses or problems that might run in your family?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I3. Would your PCP meet with members of your family if you thought it would be helpful?	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 remember
J1. Does anyone at your PCP's office ever make home visits?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J2. Does your PCP know about the important health problems of your neighborhood?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J3. Does your PCP get opinions and ideas from people that will 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"/>

Does your PCP do any of the following to help determine the effectiveness of his/her services/programs?

J11. Surveys of patients to see if the services are meeting people's needs?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J12. Surveys in the community to find out about health problems s/he should know about?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J18. Ask family members to be 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"/>

K. CULTURALLY COMPETENT

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
K1. Would you recommend your PCP to a friend or relative?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K2. Would you recommend your PCP to someone who does 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. Would you recommend your PCP to someone who uses folk medicine, such as herbs or homemade medicines, or has special beliefs about health care?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

L. INSURANCE QUESTIONS

These are some questions about how you pay for your health care. Please check the **one** best answer.

L1. How much of the past 12 months were you covered by *any* type of health insurance, including Medicaid? _____

4 All year

3 Most months

2 Only a few months or weeks

1 Never

9 Not sure/don't remember

	Yes	No	Not sure/don't remember
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During the last 12 months, was any of your health care paid through:

L2. HMO (health maintenance organization) 1 2 9 _____

L3. Some other private health insurance company 1 2 9 _____

L4. Medicaid or Medical Assistance 1 2 9 _____

L5. Some governmental health department clinic 1 2 9 _____

L6. Personal income (cash, check, credit card) 1 2 9 _____

L8. Any other way (Specify.) _____ _____

L9. In the last year, did you have trouble paying for your health care? 1 Yes 2 No _____

L10. When you make a visit to your PCP, do you have to pay something at the visit? _____

4 Always 3 Usually 2 Sometimes 1 Rarely or never 9 Not sure/don't remember

L11. Do you get most or all of this money back from any health insurance program? _____

4 Always 3 Usually 2 Sometimes 1 Rarely or never 9 Not sure/don't remember

M. HEALTH ASSESSMENT

Please check the **one** best answer.

M1. Would you say your health is: _____

1 Excellent 2 Very good 3 Good 4 Fair 5 Poor

M2. Do you have any physical, mental, or emotional problem that has lasted or is likely to last longer than one year? _____

1 Yes 2 No 9 Not sure/don't remember

N. DEMOGRAPHIC/SOCIOECONOMIC CHARACTERISTICS

These are several questions about you and your family.

N1. Are you: Male Female

N2. What is your age in years? _____

N3. What is your residence zip code? _____

N4. Are you:

African-American

White

Hispanic or Latino

Native African

Native American/American Indian/Alaskan native

Asian, Asian-American, or Pacific Islander

Other (Specify.): _____

N5. In what country were you born? _____

N6. What languages are usually spoken in your home? _____

N7. Are you:

Employed full-time

Employed part-time

Not employed

Retired/in school

Other (Specify.): _____

N8. What is the highest grade in school that you finished?

Did not finish high school

Got a high school diploma or GED

Had some college or vocational school

Finished college or graduate school

N9. This is the last question. Which of the following most closely describes the yearly income level for your household? _____

Under \$5,000

\$5,000 – 9,999

\$10,000 – 14,999

\$15,000 – 24,999

\$25,000 – 34,999

\$35,000 – 49,999

\$50,000 – 64,999

\$65,000 – 79,999

\$80,000 or more

Not sure/don't remember/refuse to answer

Thank you for taking the time to answer these questions. The answers will be very valuable in trying to improve health services in your community.

If you have any suggestions or questions about the study, following is the name and number of someone in the research office:

She (or he) would be pleased to speak with you at any time. Also, if you would like a copy of the study when it is finished, please tell me.

The person in charge of the study is _____.

The number of the Office for Research Subjects is _____.