

ADULT
PRIMARY CARE ASSESSMENT TOOL – SHORT 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.

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

A9. How long have you been going there? _____

1 Less than 6 months

2 Between 6 months and one year

3 1 – 2 years

4 3 – 4 years

5 5 or more years

6 Too variable to specify

9 Not sure/don't remember

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
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"/>
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"/>

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"/>
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"/>
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"/>
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"/>

E. COORDINATION

E2. Have you ever had a visit to any kind of specialist or special service?

1 Yes

2 No (**Skip to question F1.**)

9 Not sure/don't remember (**Skip to question F1.**)

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
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"/>
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"/>

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.					
G2. Immunizations (shots)	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"/>
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"/>
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"/>

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					
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"/>
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"/>

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"/>

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 <i>any</i> type of health insurance, including Medicaid?	4 <input type="checkbox"/> All year	3 <input type="checkbox"/> Most months	2 <input type="checkbox"/> Only a few months or weeks	1 <input type="checkbox"/> Never	9 <input type="checkbox"/> Not sure/don't remember
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	Yes	No	Not sure/don't remember
During the last 12 months, was any of your health care paid through:			
L2. HMO (health maintenance organization)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
L3. Some other private health insurance company	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
L4. Medicaid or Medical Assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
L5. Some governmental health department clinic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
L6. Personal income (cash, check, credit card)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
L8. Any other way (Specify.) _____			

M. HEALTH ASSESSMENT

Please check the **one** best answer.

M1. Would you say your health is:	1 <input type="checkbox"/> Excellent	2 <input type="checkbox"/> Very good	3 <input type="checkbox"/> Good	4 <input type="checkbox"/> Fair	5 <input type="checkbox"/> Poor
M2. Do you have any physical, mental, or emotional problem that has lasted or is likely to last longer than one year?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> 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? _____

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 _____.