

PATIENT EXPERIENCE SURVEY

SURVEY INSTRUCTIONS

- This survey should be completed by the patient indicated on the survey cover letter.
- You can ask a family member or friend for help with this survey or ask them to complete the survey for you.
- If you are a family member or friend helping with this survey or completing this survey for the patient indicated on the survey cover letter, please remember that all survey questions ask about the patient's experiences. Unless a question says otherwise, please do not consider your own experiences or information in the answers you provide.
- Use a dark colored pen to fill out the survey.
- Place an X directly inside the square indicating a response, like in the sample below.

Yes

No

- This survey uses the word “provider” throughout. When we say “provider”, we mean a medical provider like a doctor or a nurse.

Please return the completed survey in the provided pre-paid envelope to:

[MAILING ADDRESS HERE]

YOUR PROVIDER AND TEAM

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

[Provider] and team

Is that right?

- Yes
- No → If No, please return the completed survey in the pre-paid envelope.

The questions in this survey will refer to the provider named in Question 1 as “this provider and team.” Please think of this provider and team as you answer the survey.

YOUR OVERALL EXPERIENCE WITH THIS PROVIDER AND TEAM

2. Thinking about your overall experience with this provider and team in the last 6 months, how true are the following statements?

I felt heard and understood by this provider and team.

- Completely true
- Very true
- Somewhat true
- A little bit true
- Not at all true

3. I felt this provider and team put my best interests first when making recommendations about my care.

- Completely true
- Very true
- Somewhat true
- A little bit true
- Not at all true

4. I felt this provider and team saw me as a person, not just someone with a medical problem.

- Completely true
- Very true
- Somewhat true
- A little bit true
- Not at all true

5. I felt this provider and team understood what is important to me in my life.

- Completely true
- Very true
- Somewhat true
- A little bit true
- Not at all true

ABOUT YOU (THE PATIENT)

6. **What is the highest grade or level of school that you have completed?**
- 8th grade or less
 - Some high school but did not graduate
 - High school graduate or GED
 - Some college or 2-year degree
 - 4-year college graduate
 - More than 4-year college degree
7. **Are you of Hispanic or Latino origin or descent?**
- Yes, Hispanic or Latino
 - No, not Hispanic or Latino
8. **What is your race? Please choose one or more**
- White
 - Black or African American
 - Asian
 - Native Hawaiian or other Pacific Islander
 - American Indian or Alaska Native
 - Other

9. **What language do you mainly speak at home?**
- English
 - Spanish
 - Some other language (please print):
-
10. **Did someone help you with this survey?**
- Yes
 - No → **If No, please return the completed survey in the pre-paid envelope.**
11. **How did that person help you complete the survey? Check all that apply.**
- Read the questions to me
 - Wrote down the answers I gave
 - Answered the questions for me
 - Translated the questions into my language

Thank you for completing this survey.

Please return the completed survey in the provided pre-paid envelope.

[MAILING ADDRESS HERE]