

SAMPLE



PRIMARY CARE ASSOCIATES of Appleton, LTD
3916 N. Ingersoll Ct., Appleton, WI 54913 920-966-1000 www.primarycareofappleton.com

NURSE/ASSISTANT

- 1. Friendliness/courtesy of the nurse/assistant
2. Concern the nurse/assistant showed for your problem

Comments (describe good or bad experience):

CARE PROVIDER

DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.

- 1. Friendliness/courtesy of the care provider
2. Explanations the care provider gave you about your problem or condition
3. Concern the care provider showed for your questions or worries
4. Care provider's efforts to include you in decisions about your treatment
5. Information the care provider gave you about medications (if any)
6. Instructions the care provider gave you about follow-up care (if any)
7. Degree to which care provider talked with you using words you could understand
8. Amount of time the care provider spent with you
9. Your confidence in this care provider
10. Likelihood of your recommending this care provider to others

Comments (describe good or bad experience):

PERSONAL ISSUES

- 1. How well staff protected your safety (by washing hands, wearing gloves, etc.)
2. Our sensitivity to your needs
3. Our concern for your privacy
4. Cleanliness of our practice

Comments (describe good or bad experience):

LAB TESTS

- 1. Waiting time before having testing done
2. Courtesy of lab technician

Comments (describe good or bad experience):

RADIOLOGY (X-RAY) TESTS

- 1. Waiting time before having X-ray testing done
2. Courtesy of radiology technologist

Comments (describe good or bad experience):

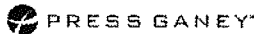
OVERALL ASSESSMENT

- 1. How well the staff worked together to care for you
2. Likelihood of your recommending our practice to others

Comments (describe good or bad experience):

Patient's Name: Telephone Number:

Thank you! Please return the completed survey in the postage-paid envelope. Return to: Survey Processing, 710 Rush Street, South Bend, IN 46601



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SAMPLE

Please rate your visit on: Precode 4

CLINICIAN & GROUP CAHPS® SURVEY

SURVEY INSTRUCTIONS: Answer each question by completely filling in the circle 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: Yes -> If Yes, go to #1 No

Please use black or blue ink to fill in the circle completely. Example: [filled circle]

YOUR PROVIDER

- 1. Our records show that you got care from the provider named below. Precode 3. Is that right? Yes No -> If No, go to #29

The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

- 2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt? Yes No
3. How long have you been going to this provider? Less than 6 months, At least 6 months but less than 1 year, At least 1 year but less than 3 years, At least 3 years but less than 5 years, 5 years or more

YOUR CARE FROM THIS PROVIDER IN THE LAST 12 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

- 4. In the last 12 months, how many times did you visit this provider to get care for yourself? None -> If None, go to #29, 1 time, 2, 3, 4, 5 to 9, 10 or more times
5. In the last 12 months, did you phone this provider's office to get an appointment for an illness, injury, or condition that needed care right away? Yes No -> If No, go to #7

- 6. In the last 12 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed? Never, Sometimes, Usually, Always
7. In the last 12 months, did you make any appointments for a check-up or routine care with this provider? Yes No -> If No, go to #9
8. In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? Never, Sometimes, Usually, Always
9. In the last 12 months, did you phone this provider's office with a medical question during regular office hours? Yes No -> If No, go to #11
10. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day? Never, Sometimes, Usually, Always
11. In the last 12 months, did you phone this provider's office with a medical question after regular office hours? Yes No -> If No, go to #13

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SAMPLE

12. In the last 12 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?
- Never
 Sometimes
 Usually
 Always
13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider **within 15 minutes** of your appointment time?
- Never
 Sometimes
 Usually
 Always

YOUR CARE FROM THIS PROVIDER DURING YOUR MOST RECENT VISIT

These questions ask about your most recent visit with this provider. Please answer only for your own health care.

14. How long has it been since your most recent visit with this provider?
- Less than 1 month
 At least 1 month but less than 3 months
 At least 3 months but less than 6 months
 At least 6 months but less than 12 months
 12 months or more
15. Wait time includes time spent in the waiting room and exam room. During your most recent visit, did you see this provider **within 15 minutes** of your appointment time?
- Yes
 No
16. During your most recent visit, did this provider explain things in a way that was easy to understand?
- Yes, definitely
 Yes, somewhat
 No
17. During your most recent visit, did this provider listen carefully to you?
- Yes, definitely
 Yes, somewhat
 No
18. During your most recent visit, did you talk with this provider about any health questions or concerns?
- Yes
 No → **If No, go to #20**

19. During your most recent visit, did this provider give you easy to understand information about these health questions or concerns?
- Yes, definitely
 Yes, somewhat
 No
20. During your most recent visit, did this provider seem to know the important information about your medical history?
- Yes, definitely
 Yes, somewhat
 No
21. During your most recent visit, did this provider show respect for what you had to say?
- Yes, definitely
 Yes, somewhat
 No
22. During your most recent visit, did this provider spend enough time with you?
- Yes, definitely
 Yes, somewhat
 No
23. During your most recent visit, did this provider order a blood test, x-ray, or other test for you?
- Yes
 No → **If No, go to #25**
24. Did someone from this provider's office follow up to give you those results?
- Yes
 No
25. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?
- 0 Worst provider possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best provider possible
26. Would you recommend this provider's office to your family and friends?
- Yes, definitely
 Yes, somewhat
 No

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

27. During your most recent visit, were clerks and receptionists at this provider's office as helpful as you thought they should be?
- Yes, definitely
 Yes, somewhat
 No
28. During your most recent visit, did clerks and receptionists at this provider's office treat you with courtesy and respect?
- Yes, definitely
 Yes, somewhat
 No

ABOUT YOU

29. In general, how would you rate your overall health?
- Excellent
 Very good
 Good
 Fair
 Poor
30. In general, how would you rate your overall **mental or emotional** health?
- Excellent
 Very good
 Good
 Fair
 Poor

ADDITIONAL QUESTIONS ABOUT YOUR VISIT

Now that we have asked you to tell us about **what happened** during your visit, we ask you to rate the services you received.

INSTRUCTIONS: Mark the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on your experiences.

	very poor	poor	fair	good	very good
	1	2	3	4	5
ACCESS					
1. Ease of getting through to the clinic on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Convenience of our office hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Ease of scheduling your appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Courtesy of staff in the registration area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience):

MOVING THROUGH YOUR VISIT

	very poor	poor	fair	good	very good
1. Degree to which you were informed about any delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Wait time at clinic (from arriving to leaving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience):

31. 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
32. Are you of Hispanic or Latino origin or descent?
- Yes, Hispanic or Latino
 No, not Hispanic or Latino
33. What is your race? Mark one or more.
- White
 Black or African American
 Asian
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native
 Other
34. Did someone help you complete this survey?
- Yes
 No → **If No, go to ADDITIONAL QUESTIONS ABOUT YOUR VISIT.**
35. How did that person help you? Mark one or more.
- Read the questions to me
 Wrote down the answers I gave
 Answered the questions for me
 Translated the questions into my language
 Helped in some other way

Please print:

