Patient Survey

This survey is part of a program to help doctors improve the care they give patients. The American Board of Internal Medicine (ABIM) sponsors the program.

You can help our office give you the best possible care by completing this survey about your own medical care. The survey is easy to do. It will take less than 15 minutes. You can do it by using the telephone or the Internet, and no one in your doctor's office will know how you answered the questions. If you choose not to answer, that's okay.

Your doctor's office may offer to collect your written responses and enter them over the Internet for you. This is okay. If you give your completed survey to someone in your doctor's office, they may know how you answered the questions. To help keep your answers private, please do not write your name on the survey.

**Important:** If you have not had an appointment with this doctor in the last 12 months, these questions will not apply to you. Thank you for your willingness to participate, but this survey is intended for patients who recently visited the doctor's office. If you are scheduled to see this doctor soon, you may wish to complete this survey after your visit.

**USE A TOUCH-TONE PHONE (For U.S. Residents Only)**
You may want to read the questions and pick your answers before you call.

- Call the toll-free telephone number: **1-888-**

- Enter the identification number for

- Answer the questions using the telephone key pad. You can have someone help you.

**USE THE INTERNET (For U.S. and International Residents)**

- Go to **http://survey.abim.org**
- Select "English"
- Enter the identification number for

- Click on the "Begin Survey" button
- Read the questions and select your answers
- When you finish, click on the “Submit” button

Thank you very much.
1. How long have you been going to this doctor? (You must have been going to this doctor for at least 1 year.)
   1 At least 1 year, but less than 3 years
   2 At least 3 years, but less than 5 years
   3 5 years or more

2. In the last 12 months, how many times did you visit this doctor to get care for yourself? (You must have had at least 1 visit.)

3. In the last 12 months, did you phone this doctor’s office to get an appointment for an illness, injury, or condition that needed care right away?
   1 Yes
   2 No (skip to question #5)
   3 Skip this question

4. In the last 12 months, when you phoned this doctor’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed?
   1 Never
   2 Almost never
   3 Sometimes
   4 Usually

5. In the last 12 months, did you phone this doctor’s office within regular office hours?
   1 Yes
   2 No (skip to question #7)
   3 Skip this question

6. In the last 12 months, when you phoned this doctor’s office during regular office hours, how often did you get an answer to your medical question that same day?
   1 Never
   2 Almost never
   3 Sometimes
   4 Usually

7. In the last 12 months, did you phone this doctor’s office with a medical question after regular office hours?
   1 Yes
   2 No (skip to question #9)
   3 Skip this question

8. In the last 12 months, when you phoned this doctor’s office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
   1 Never
   2 Almost never
   3 Sometimes
   4 Usually

9. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this doctor within 15 minutes of your appointment time?
   1 Never
   2 Almost never
   3 Sometimes
   4 Usually

10. In the last 12 months, how often did this doctor explain things in a way that was easy-to-understand?
    1 Never
    2 Almost never
    3 Sometimes
    4 Usually

11. In the last 12 months, how often did this doctor check to be sure you understood everything?
    1 Never
    2 Almost never
    3 Sometimes
    4 Usually

12. In the last 12 months, did you see this doctor for a specific illness or for any health condition?
    1 Yes
    2 No (skip to question #14)
    3 Skip this question

13. Sometimes doctors give instructions that are hard to follow. In the last 12 months, how often did this doctor ask you whether you would have any problems doing what you need to do to take care of this illness or health condition?
    1 Never
    2 Almost never
    3 Sometimes
    4 Usually

14. In the last 12 months, how often did this doctor encourage you to talk about all your health problems or concerns?
    1 Never
    2 Almost never
    3 Sometimes
    4 Usually

15. In the last 12 months, how often did this doctor listen carefully to you?
    1 Never
    2 Almost never
    3 Sometimes
    4 Usually

16. In the last 12 months, how often did this doctor interrupt you when you were talking?
    1 Never
    2 Almost never
    3 Sometimes
    4 Usually

17. In the last 12 months, did you talk with this doctor about any health problems or concerns?
    1 Yes
    2 No (skip to question #19)
    3 Skip this question

18. In the last 12 months, how often did this doctor give you easy-to-understand instructions about taking care of these health problems or concerns?
    1 Never
    2 Almost never
    3 Sometimes
    4 Usually
19. In the last 12 months, how often did this doctor seem to know the important information about your medical history?
   1. Never
   2. Almost never
   3. Sometimes
   4. Usually
   5. Almost always

20. In the last 12 months, how often did this doctor show respect for what you had to say?
   1. Never
   2. Almost never
   3. Sometimes
   4. Usually
   5. Almost always

21. In the last 12 months, how often did this doctor spend enough time with you?
   1. Never
   2. Almost never
   3. Sometimes
   4. Usually
   5. Almost always
   6. Always
   7. Skip this question

22. In the last 12 months, how often did you feel this doctor really cared about you as a person?
   1. Never
   2. Almost never
   3. Sometimes
   4. Usually
   5. Almost always
   6. Always
   7. Skip this question

23. Choices for treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did this doctor tell you there was more than one choice for your treatment or health care?
   1. Yes
   2. No (skip to question #26)
   3. Skip this question

24. In the last 12 months, did this doctor talk with you about the pros and cons of each choice for your treatment or health care?
   1. Yes
   2. No
   3. Skip this question

25. In the last 12 months, when there was more than one choice for your treatment or health care, did this doctor ask which choice you thought was best for you?
   1. Yes
   2. No
   3. Skip this question

26. In the last 12 months, did you take any prescription medicine?
   1. Yes
   2. No (skip to question #29)
   3. Skip this question

27. In the last 12 months, were you ever worried or concerned about the cost of your prescription medicine?
   1. Yes
   2. No (skip to question #29)
   3. Skip this question
   4. Definitely yes
   5. Somewhat yes
   6. Always
   7. Skip this question
   8. Definitely no
   9. Somewhat no

28. In the last 12 months, did you and this doctor talk about the cost of your prescription medicine?
   1. Definitely yes
   2. Somewhat yes
   3. Definitely no
   4. Somewhat no
   5. Skip this question

29. In the last 12 months, did this doctor order a blood test, x-ray, or other test for you?
   1. Yes
   2. No (skip to question #31)
   3. Skip this question

30. In the last 12 months, when this doctor ordered a blood test, x-ray, or other test for you, how often did someone from this doctor’s office follow up to give you those results?
   1. Never
   2. Almost never
   3. Sometimes
   4. Usually
   5. Almost always

31. In the last 12 months, did this doctor perform surgery or procedure on you?
   1. Yes
   2. No (skip to question #37)
   3. Skip this question

32. In the last 12 months, did this doctor give you enough information on the surgery or procedure before it was done?
   1. Definitely yes
   2. Somewhat yes
   3. Definitely no
   4. Somewhat no
   5. Skip this question

33. In the last 12 months, did this doctor make sure you had enough pain relief during the surgery or procedure?
   1. Definitely yes
   2. Somewhat yes
   3. Definitely no
   4. Somewhat no
   5. Skip this question

34. In the last 12 months, did this doctor give you medications to relieve your pain after the surgery or procedure?
   1. Yes
   2. No
   3. Skip this question

35. In the last 12 months, did you phone this doctor’s office for help or advice after the surgery or procedure?
   1. Yes
   2. No (skip to question #37)
   3. Skip this question

36. In the last 12 months, when you phoned this doctor’s office for help or medical advice after the surgery or procedure, did you get the medical help or advice you needed?
   1. Definitely yes
   2. Somewhat yes
   3. Definitely no
   4. Somewhat no
   5. Skip this question
37. Using any number from 0-10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?

38. In the last 12 months, how often were clerks and receptionists at this doctor's office as helpful as you thought they should be?
1. Never
2. Almost never
3. Sometimes
4. Usually
5. Almost always
6. Always
7. Skip this question

39. In the last 12 months, how often did clerks and receptionists at this doctor's office treat you with courtesy and respect?
1. Never
2. Almost never
3. Sometimes
4. Usually
5. Almost always
6. Always
7. Skip this question

40. In general, how would you rate your overall health?
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Skip this question

41. In general, how would you rate your overall mental or emotional health?
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Skip this question

42. What is your age?

43. Are you male or female?
1. Male
2. Female
3. Skip this question

44. What is the highest grade or level of school that you have completed?
1. 8th grade or less
2. Some high school, but did not graduate
3. High school graduate or GED
4. Some college or 2-year degree
5. 4-year college graduate
6. More than 4-year college degree
7. Skip this question

45. Are you of Hispanic or Latino origin or descent?
1. Yes, Hispanic or Latino
2. No, Not Hispanic or Latino
3. Skip this question

46. What is your race?
1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other
7. Multiple races
8. Skip this question

47. Did someone help you complete this survey?
1. Yes
2. No (skip question #48)
3. This survey is being submitted by the practice on the patient's behalf
4. Skip this question

48. How did that person help you?
1. Read or explained the questions to me so I could answer them
2. Translated the questions into my language so I could answer them
3. Phoned in or entered my answers on the computer
4. Answered the questions for me
5. Helped in some other way
6. Skip this question