

Appendix A

Sample Patient Experience Survey: Base Survey

Thank you for taking this survey about your health care visit with [“Exceptional Family Planning Services”]. It will take about 10 minutes to finish the survey. Please think about your most recent visit when answering these questions.

This survey is anonymous.

About Your Visit

1. Visits with a health care provider can be in person, by phone, or by video. Was your most recent visit with this provider **in person, by phone, or by video**?
 - In person **If Yes, go to #6**
 - By phone **If Yes, go to #5**
 - By video
2. Did you need instructions from this provider’s office about how to use video for this visit?
 - Yes
 - No **If No, go to #4**
3. Did this provider’s office give you all the instructions you needed to use video for this visit?
 - Yes, definitely
 - Yes, somewhat
 - No
4. During your most recent visit, was the video easy to use?
 - Yes, definitely
 - Yes, somewhat
 - No
5. During your most recent visit, were you and this provider able to hear each other clearly?
 - Yes, definitely
 - Yes, somewhat
 - No
6. Was your most recent visit for an illness, injury, or condition that **needed care right away**?
 - Yes
 - No **If No, go to #8**
7. Was that recent visit as soon as you needed?
 - Yes, definitely
 - Yes, somewhat
 - No
8. Did your most recent visit start on time?
 - Yes, definitely
 - Yes, somewhat
 - No
9. During your most recent visit, did this provider explain things in a way that was easy to understand?
 - Yes, definitely
 - Yes, somewhat
 - No
10. During your most recent visit, did this provider listen carefully to you?
 - Yes, definitely
 - Yes, somewhat
 - No
11. During your most recent visit, did this provider show respect for what you had to say?
 - Yes, definitely
 - Yes, somewhat
 - No

12. During your most recent visit, did this provider spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

13. Staff at a provider’s office may talk with you about your visit, help set it up, and remind you about your appointment. Thinking about your most recent visit, did you talk to staff from this provider’s office?

- Yes
- No ***If No, go to #16***

14. Thinking about your most recent visit, was the staff from this provider’s office as helpful as you thought they should be?

- Yes, definitely
- Yes, somewhat
- No

15. Thinking about your most recent visit, did the staff from this provider’s office treat you with courtesy and respect?

- Yes, definitely
- Yes, somewhat
- No

Overall Experience

16. Using any number from 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to rate **your most recent visit**?

- 0 Worst visit possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best visit possible

17. Using any number from 0 to 10, where 0 is not at all likely and 10 is very likely, how **likely are you to recommend** us to a friend?

- 0 Not at all likely to recommend
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very likely to recommend

18. Please write any **comments about your most recent visit** (good or bad experience):

About You

The last questions are about you. **As a reminder, this survey is anonymous.**

19. What is your age?
- Under 18
 - 18 to 24
 - 25 to 34
 - 35 to 44
 - 45 or above
20. What sex were you assigned at birth, on your original birth certificate?
- Male
 - Female
21. How do you **currently** describe yourself?
- Male
 - Female
 - Transgender
 - None of these
22. Which of the following best represents how you think of yourself?
- Gay or lesbian
 - Straight, that is, not gay or lesbian
 - Bisexual
 - Something else
 - I am not sure yet
 - I choose not to answer this question
 - I don't know what this question means
23. Are you of Hispanic or Latino origin or descent?
- Yes, Hispanic or Latino
 - No, not Hispanic or Latino
24. What is your race? Mark one or more.
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other
25. What language are you most comfortable speaking?
- English
 - Language other than English (please write):

 - I choose not to answer this question
26. What is your main health insurance?
- None/uninsured
 - Medicaid
 - Medicare
 - Other Public Insurance
 - Private Insurance
 - I choose not to answer this question

Thank you for taking this survey! Your answers will help us to improve our services.

[Provide instructions for returning the survey. For example, "Please return the completed survey in the postage-paid envelope." or "Please click the submit button below to complete this survey."]

Appendix B

Sample Patient Experience Survey: Base Survey plus PCCC items

Thank you for taking this survey about your health care visit with [“Exceptional Family Planning Services”]. It will take about 10 minutes to finish the survey. Please think about your most recent visit when answering these questions.

This survey is anonymous.

About Your Visit

1. Visits with a health care provider can be in person, by phone, or by video. Was your most recent visit with this provider **in person, by phone, or by video**?
 - In person ***If Yes, go to #6***
 - By phone ***If Yes, go to #5***
 - By video
2. Did you need instructions from this provider’s office about how to use video for this visit?
 - Yes
 - No ***If No, go to #4***
3. Did this provider’s office give you all the instructions you needed to use video for this visit?
 - Yes, definitely
 - Yes, somewhat
 - No
4. During your most recent visit, was the video easy to use?
 - Yes, definitely
 - Yes, somewhat
 - No
5. During your most recent visit, were you and this provider able to hear each other clearly?
 - Yes, definitely
 - Yes, somewhat
 - No
6. Was your most recent visit for an illness, injury, or condition that **needed care right away**?
 - Yes
 - No ***If No, go to #8***
7. Was that recent visit as soon as you needed?
 - Yes, definitely
 - Yes, somewhat
 - No
8. Did your most recent visit start on time?
 - Yes, definitely
 - Yes, somewhat
 - No
9. During your most recent visit, did this provider explain things in a way that was easy to understand?
 - Yes, definitely
 - Yes, somewhat
 - No
10. During your most recent visit, did this provider listen carefully to you?
 - Yes, definitely
 - Yes, somewhat
 - No
11. During your most recent visit, did this provider show respect for what you had to say?
 - Yes, definitely
 - Yes, somewhat
 - No

12. During your most recent visit, did this provider spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

13. Staff at a provider's office may talk with you about your visit, help set it up, and remind you about your appointment. Thinking about your most recent visit, did you talk to staff from this provider's office?

- Yes
- No ***If No, go to #16***

14. Thinking about your most recent visit, was the staff from this provider's office as helpful as you thought they should be?

- Yes, definitely
- Yes, somewhat
- No

15. Thinking about your most recent visit, did the staff from this provider's office treat you with courtesy and respect?

- Yes, definitely
- Yes, somewhat
- No

Overall Experience

16. Using any number from 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to rate **your most recent visit?**

- 0 Worst visit possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best visit possible

17. Using any number from 0 to 10, where 0 is not at all likely and 10 is very likely, how **likely are you to recommend** us to a friend?

- 0 Not at all likely to recommend
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very likely to recommend

18. Please write any **comments about your most recent visit** (good or bad experience):

About You

The last questions are about you. **As a reminder, this survey is anonymous.**

19. What is your age?

- Under 18
 18 to 24
 25 to 34
 35 to 44
 45 or above

20. What sex were you assigned at birth, on your original birth certificate?

- Male
 Female

21. How do you **currently** describe yourself?

- Male
 Female
 Transgender
 None of these

22. Which of the following best represents how you think of yourself?

- Gay or lesbian
 Straight, that is, not gay or lesbian
 Bisexual
 Something else
 I am not sure yet
 I choose not to answer this question
 I Don't Know what this question means

23. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
 No, not Hispanic or Latino

24. What is your race? Mark one or more.

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other

25. What language are you most comfortable speaking?

- English
 Language other than English (please write):

 I choose not to answer this question

26. What is your main health insurance?

- None/uninsured
 Medicaid
 Medicare
 Other Public Insurance
 Private Insurance
 I choose not to answer this question

27. Did you talk with staff about **birth control options** at your most recent visit?

- Yes *If yes, continue*
 No *If No, go to the next page*

28. Think about your visit. **How do you think the staff did?** Please rate them on each of the following by choosing a number.

- a) Respecting me as a person
 1 – Poor
 2 – Fair
 3 – Good
 4 – Very good
 5 – Excellent
- b) Letting me say what mattered to me about my birth control method
 1 – Poor
 2 – Fair
 3 – Good
 4 – Very good
 5 – Excellent
- c) Taking my preferences about my birth control seriously
 1 – Poor
 2 – Fair
 3 – Good
 4 – Very good
 5 – Excellent

d) Giving me enough information to make the best decision about my birth control method

- 1 – Poor
- 2 – Fair
- 3 – Good
- 4 – Very good
- 5 – Excellent

Thank you for taking this survey! Your answers will help us to improve our services.

[Provide instructions for returning the survey. For example, “Please return the completed survey in the postage-paid envelope.” or “Please click the submit button below to complete this survey.”]

Appendix C

Sample Patient Experience Survey: Base Survey plus PCCC and SDOH items

Thank you for taking this survey about your health care visit with [“Exceptional Family Planning Services”]. It will take about 15 minutes to finish the survey. Please think about your most recent visit when answering these questions.

This survey is anonymous.

About Your Visit

1. Visits with a health care provider can be in person, by phone, or by video. Was your most recent visit with this provider **in person, by phone, or by video**?
 - In person ***If Yes, go to #6***
 - By phone ***If Yes, go to #5***
 - By video
2. Did you need instructions from this provider’s office about how to use video for this visit?
 - Yes
 - No ***If No, go to #4***
3. Did this provider’s office give you all the instructions you needed to use video for this visit?
 - Yes, definitely
 - Yes, somewhat
 - No
4. During your most recent visit, was the video easy to use?
 - Yes, definitely
 - Yes, somewhat
 - No
5. During your most recent visit, were you and this provider able to hear each other clearly?
 - Yes, definitely
 - Yes, somewhat
 - No
6. Was your most recent visit for an illness, injury, or condition that **needed care right away**?
 - Yes
 - No ***If No, go to #8***
7. Was that recent visit as soon as you needed?
 - Yes, definitely
 - Yes, somewhat
 - No
8. Did your most recent visit start on time?
 - Yes, definitely
 - Yes, somewhat
 - No
9. During your most recent visit, did this provider explain things in a way that was easy to understand?
 - Yes, definitely
 - Yes, somewhat
 - No
10. During your most recent visit, did this provider listen carefully to you?
 - Yes, definitely
 - Yes, somewhat
 - No
11. During your most recent visit, did this provider show respect for what you had to say?
 - Yes, definitely
 - Yes, somewhat
 - No

12. During your most recent visit, did this provider spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

13. Staff at a provider's office may talk with you about your visit, help set it up, and remind you about your appointment.

Thinking about your most recent visit, did you talk to staff from this provider's office?

- Yes
- No ***If No, go to #16***

14. Thinking about your most recent visit, was the staff from this provider's office as helpful as you thought they should be?

- Yes, definitely
- Yes, somewhat
- No

15. Thinking about your most recent visit, did the staff from this provider's office treat you with courtesy and respect?

- Yes, definitely
- Yes, somewhat
- No

Overall Experience

16. Using any number from 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to rate **your most recent visit?**

- 0 Worst visit possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best visit possible

17. Using any number from 0 to 10, where 0 is not at all likely and 10 is very likely, how **likely are you to recommend us to a friend?**

- 0 Not at all likely to recommend
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very likely to recommend

18. Please write any comments **about your most recent visit** (good or bad experience):

19. During your most recent visit, did you talk with staff about birth control options?

- Yes ***If Yes, go to #20 on the next page***
- No ***If No, go to #21 on the next page***

The next question is for patients who talked with staff about birth control at their most recent visit. If you *did not* talk with staff about birth control, go to Question #21.

20. Think about your visit. **How do you think the staff did?**
Please rate them on each of the following by choosing a number.

a) Respecting me as a person

- 1 – Poor
- 2 – Fair
- 3 – Good
- 4 – Very good
- 5 – Excellent

b) Letting me say what mattered to me about my birth control method

- 1 – Poor
- 2 – Fair
- 3 – Good
- 4 – Very good
- 5 – Excellent

c) Taking my preferences about my birth control seriously

- 1 – Poor
- 2 – Fair
- 3 – Good
- 4 – Very good
- 5 – Excellent

d) Giving me enough information to make the best decision about my birth control method

- 1 – Poor
- 2 – Fair
- 3 – Good
- 4 – Very good
- 5 – Excellent

About You

The next questions are about you. **As a reminder, this survey is anonymous.**

21. What is your age?

- ¹ Under 18
- ² 18 to 24
- ³ 25 to 34
- ⁴ 35 to 44
- ⁵ 45 or above

22. What sex were you assigned at birth, on your original birth certificate?

- ¹ Male
- ² Female

23. How do you **currently** describe yourself?

- ¹ Male
- ² Female
- ³ Transgender
- ⁴ None of these

24. Which of the following best represents how you think of yourself?

- ¹ Gay or lesbian
- ² Straight, that is, not gay or lesbian
- ³ Bisexual
- ⁴ Something else
- ⁵ I am not sure yet
- ⁶ I choose not to answer this question
- ⁷ I Don't Know what this question means

25. Are you of Hispanic or Latino origin or descent?

- ¹ Yes, Hispanic or Latino
- ² No, not Hispanic or Latino

26. What is your race? Mark one or more.

- ¹ American Indian or Alaska Native
- ² Asian
- ³ Black or African American
- ⁴ Native Hawaiian or Other Pacific Islander
- ⁵ White
- ⁶ Other

27. What language are you most comfortable speaking?

- English
- Language other than English (please write):

- I choose not to answer this question

28. What is your main health insurance?

- None/uninsured
- Medicaid
- Medicare
- Other Public Insurance
- Private Insurance
- I choose not to answer this question

The last questions are to help us understand some of the needs our patients' might have.

29. What is your current housing situation?

- I have housing
- I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, or in a park)
- I choose not to answer this question

30. Are you worried about losing your housing?

- Yes
- No
- I choose not to answer this question

31. What is your current work situation?

- Unemployed and seeking work
- Part time work
- Full time work
- Otherwise unemployed but not seeking work (examples: student, retired, disabled, unpaid primary caregiver)
- I choose not to answer this question

32. What is the highest level of school that you have finished?

- Less than high school degree
- High school degree or GED
- More than high school degree
- I choose not to answer this question

33. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- Yes, it has kept me from medical appointments or from getting my medications
- Yes, it has kept me from non-medical meetings, appointments, work, or getting things needed for daily living
- No
- I choose not to answer this question

34. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

- Less than once a week
- 1 or 2 times a week
- 3 to 5 times a week
- More than 5 times a week
- I choose not to answer this question

35. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
- I choose not to answer this question

36. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.

- ¹ Food
- ² Clothing
- ³ Utilities
- ⁴ Childcare
- ⁵ Medicine or any health care (medical, dental, mental health, vision)
- ⁶ Phone
- ⁷ Other please write: _____
- ⁸ I choose not to answer this question

Thank you for taking this survey!

Your answers will help us to improve our services.

[Provide specific instructions for returning the survey. For example, "Please return the completed survey in the postage-paid envelope." or "Please click the submit button below to complete this online survey."]

[This space, or a survey end page if administering online, is an important opportunity to provide your contact or follow-

up information, or to provide information and/or resources for mental health services or non-medical needs such as food or housing assistance. See below for an example. For paper surveys, there should be explicit instructions to tear off this last page, e.g., "Please tear off this last page before returning your survey."]

[EXAMPLES – TO BE ADAPTED OR TAILORED TO LOCAL RESOURCES AS APPROPRIATE]

BELOW ARE SOME RESOURCES THAT MAY BE HELPFUL FOR YOU OR SOMEONE YOU KNOW. PLEASE **TEAR OFF THIS LAST PAGE** BEFORE RETURNING YOUR SURVEY.

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

1-800-950-NAMI (6264) or email info@nami.org
<https://www.nami.org/home>

USDA NATIONAL HUNGER HOTLINE

Call 1-866-3-HUNGRY to find food resources such as meal sites, food banks, and other social services available near your location.

<https://www.fns.usda.gov/partnerships/national-hunger-clearinghouse>

NATIONAL DOMESTIC VIOLENCE HOTLINE

Call 1-800-799-SAFE (7223) or Text "START" to 88788 to chat

<https://www.thehotline.org/>

HOUSING HELP (USA.GOV)

<https://www.usa.gov/housing-help-audiences>

Substance Abuse and Mental Health Services Administration (SAMHSA)

Call 1-800-662-HELP (4357) for 24-hour free and confidential referrals and information about mental and/or substance use disorders, prevention, treatment, and recovery.

<https://www.samhsa.gov>

Appendix D

Sample Patient Experience Survey: Question Sources and Notes

The following table lists each of the individual questions included in the sample survey(s), their source(s), and any pertinent notes or comments.

QUESTION	RESPONSE OPTIONS	SOURCE(S)	NOTES/ADAPTATIONS
1. Visits with a health care provider can be in person, by phone, or by video. Was your most recent visit with this provider in person, by phone, or by video?	<ul style="list-style-type: none"> In person– <i>If Yes, go to #6</i> By phone– <i>If Yes, go to #5</i> By video 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> Removed provider-specific prompt (i.e., name) from survey Collapsed into 1 from 3 separate questions re: mode Not relevant for asynchronous telehealth care Question not tested for < 18 years
2. Did you need instructions from this provider's office about how to use video for this visit?	<ul style="list-style-type: none"> Yes No – <i>If No, go to #4</i> 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> Removed provider-specific prompt (i.e., name) from survey Not relevant for asynchronous telehealth care Question not tested for < 18 years
3. Did this provider's office give you all the instructions you needed to use video for this visit?	<ul style="list-style-type: none"> Yes, definitely Yes, somewhat No 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> Removed provider-specific prompt (i.e., name) from survey Not relevant for asynchronous telehealth care Question not tested for < 18 years
4. During your most recent visit, was the video easy to use?	<ul style="list-style-type: none"> Yes, definitely Yes, somewhat No 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> Removed provider-specific prompt (i.e., name) from survey Not relevant for asynchronous telehealth care Question not tested for < 18 years
5. During your most recent visit, were you and this provider able to hear each other clearly?	<ul style="list-style-type: none"> Yes, definitely Yes, somewhat No 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> Removed provider-specific prompt (i.e., name) from survey Not relevant for asynchronous telehealth care Question not tested for < 18 years
IF PROVIDER OFFERS NO TELEHEALTH SERVICES AT ALL, THE ABOVE QUESTIONS (1–5) COULD BE ELIMINATED			
6. Was your most recent visit for an illness, injury, or condition that needed care right away ?	<ul style="list-style-type: none"> Yes No– <i>If No, go to #8</i> 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> Removed provider-specific prompt (i.e., name) from survey Question not tested for < 18 years
7. Was that recent visit as soon as you needed?	<ul style="list-style-type: none"> Yes, definitely Yes, somewhat No 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> Removed provider-specific prompt (i.e., name) from survey Question not tested for < 18 years Proxy for time-to-appointment

APPENDICES: Assessing Patient Experience of Care

QUESTION	RESPONSE OPTIONS	SOURCE(S)	NOTES/ADAPTATIONS
8. Did your most recent visit start on time?	<ul style="list-style-type: none"> • Yes, definitely • Yes, somewhat • No 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> • Removed provider-specific prompt (i.e., name) from survey • Question not tested for < 18 years • Proxy for wait time
9. During your most recent visit, did this provider explain things in a way that was easy to understand?	<ul style="list-style-type: none"> • Yes, definitely • Yes, somewhat • No 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> • Removed provider-specific prompt (i.e., name) from survey • Question not tested for < 18 years
10. During your most recent visit, did this provider listen carefully to you?	<ul style="list-style-type: none"> • Yes, definitely • Yes, somewhat • No 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> • Removed provider-specific prompt (i.e., name) from survey • Question not tested for < 18 years
11. During your most recent visit, did this provider show respect for what you had to say?	<ul style="list-style-type: none"> • Yes, definitely • Yes, somewhat • No 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> • Removed provider-specific prompt (i.e., name) from survey • Question not tested for < 18 years
12. During your most recent visit, did this provider spend enough time with you?	<ul style="list-style-type: none"> • Yes, definitely • Yes, somewhat • No 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> • Removed provider-specific prompt (i.e., name) from survey • Question not tested for < 18 years
13. Staff at a provider's office may talk with you about your visit, help set it up, and remind you about your appointment. Thinking about your most recent visit, did you talk to staff from this provider's office?	<ul style="list-style-type: none"> • Yes • No – <i>If No, go to #16</i> 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> • Question not tested for < 18 years
14. Thinking about your most recent visit, was the staff from this provider's office as helpful as you thought they should be?	<ul style="list-style-type: none"> • Yes, definitely • Yes, somewhat • No 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> • Removed provider-specific prompt (i.e., name) from survey • Question not tested for < 18 years
15. Thinking about your most recent visit, did the staff from this provider's office treat you with courtesy and respect?			
IF PROVIDER HAS NO OFFICE/SUPPORT STAFF AT ALL THE ABOVE QUESTIONS (13–15) COULD BE ELIMINATED			
16. Using any number from 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to rate your most recent visit ?	Scale from 0 to 10 with labels	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	<ul style="list-style-type: none"> • Removed provider-specific prompt (i.e., name) from survey • Question not tested for < 18 years • Vertical scale used and tested; if needed, horizontal could be substituted for space concerns
17. Using any number from 0 to 10, where 0 is not at all likely and 10 is very likely, how likely are you to recommend us to a friend?	Scale from 0 to 10 with labels	Adapted question from several patient experience surveys used successfully in sexual and reproductive health (SRH) settings	<ul style="list-style-type: none"> • May be substituted by another preferred question • Suggested scale of 0 to 10 for consistency and for range for statistical analysis purposes

APPENDICES: Assessing Patient Experience of Care

QUESTION	RESPONSE OPTIONS	SOURCE(S)	NOTES/ADAPTATIONS
18. Please write any comments about your most recent visit (good or bad experience):	Open-ended text field	Adapted question from several patient experience surveys used successfully in SRH settings	May be substituted by another preferred open-ended question
19. What is your age?	<ul style="list-style-type: none"> • Under 18 years • 18 to 24 years • 25 to 34 years • 35 to 44 years • 45 years or above 	Adapted from CAHPS survey to include < 18 category and collapsed age categories 45 and over for simplicity given typical family planning patient ages	May be substituted with different age categories if providers do not serve patients < 18 years or serve many patients over the age of 45
20. What sex were you assigned at birth, on your original birth certificate?	<ul style="list-style-type: none"> • Male • Female 	Williams Institute (UCLA) Available here	Recommended two-step gender question with Q21
21. How do you currently describe yourself?	<ul style="list-style-type: none"> • Male • Female • Transgender • None of these 	Williams Institute (UCLA) Available here	Recommended two-step gender question with Q20
22. Which of the following best represents how you think of yourself?	<ul style="list-style-type: none"> • Gay or lesbian • Straight, that is, not gay or lesbian • Bisexual • Something else • I am not sure yet • I choose not to answer this question • I Don't Know what this question means 	Williams Institute (UCLA) Available here Adapted "Refused" option to read "I choose not to answer this question" to align with other questions	Could also be placed before gender questions
23. Are you of Hispanic or Latino origin or descent?	<ul style="list-style-type: none"> • Yes, Hispanic or Latino • No, not Hispanic or Latino 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta)	Aligns with Office of Management and Budget (OMB) and Title X Family Planning Annual Report (FPAR) categories
24. What is your race? Mark one or more.	<ul style="list-style-type: none"> • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • Other 	CAHPS Clinician & Group Survey (CG-CAHPS) – Adult Visit Survey 4.0 (beta) Adapted to alphabetize response options for equity reasons	Aligns with OMB and FPAR categories

APPENDICES: Assessing Patient Experience of Care

QUESTION	RESPONSE OPTIONS	SOURCE(S)	NOTES/ADAPTATIONS
25. What language are you most comfortable speaking?	<ul style="list-style-type: none"> English Language other than English (please write): _____ I choose not to answer this question 	<u>PRAPARE</u>	May be substituted for another tested question for alignment with FPAR
26. What is your main health insurance?	<ul style="list-style-type: none"> None/uninsured Medicaid Medicare Other Public Insurance Private Insurance I choose not to answer this question 	<u>PRAPARE</u>	May be substituted for another tested question for alignment with FPAR
END OF BASE SURVEY (APPENDIX A)			
PERSON-CENTERED CONTRACEPTIVE COUNSELING (PCCC) QUESTIONS			
27. Did you talk with staff about birth control options at your most recent visit?	<ul style="list-style-type: none"> Yes <i>If yes, continue</i> No <i>If No, go to the next page</i> 	Original introductory question to identify patients eligible for PCCC	Only include if you plan to use PCCC. Suggest placing after previous questions to avoid bias.
28. Think about your visit. How do you think the staff did? <i>Please rate them on each of the following by choosing a number.</i> a. Respecting me as a person b. Letting me say what mattered to me about my birth control method c. Taking my preferences about my birth control seriously d. Giving me enough information to make the best decision about my birth control method	Scale of 1 to 5 1 – Poor 2 – Fair 3 – Good 4 – Very good 5 – Excellent	<u>UCSF Person-Centered Contraceptive Counseling (PCCC) Measure</u>	<ul style="list-style-type: none"> May be replaced with Matrix Style Question. See example here. If survey is not administered on paper, be sure to replace original text “by circling” with “by choosing” or “by selecting.” The simplest language that matches the survey format/modality is best.
END OF BASE SURVEY plus PCCC (APPENDIX B)			
29. What is your current housing situation?	<ul style="list-style-type: none"> I have housing I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, or in a park) I choose not to answer this question 	<u>PRAPARE</u>	Note that the “I choose not to answer this question” option, while not included in most other questions, is to maintain fidelity to the tested PRAPARE instrument.

APPENDICES: Assessing Patient Experience of Care

QUESTION	RESPONSE OPTIONS	SOURCE(S)	NOTES/ADAPTATIONS
30. Are you worried about losing your housing?	<ul style="list-style-type: none"> • Yes • No • I choose not to answer this question 	<u>PRAPARE</u>	Note that the “I choose not to answer this question” option, while not included in most other questions, is to maintain fidelity to the tested PRAPARE instrument.
31. What is your current work situation?	<ul style="list-style-type: none"> • Unemployed and seeking work • Part time work • Full time work • Otherwise unemployed but not seeking work (examples: student, retired, disabled, unpaid primary caregiver) • I choose not to answer this question 	<u>PRAPARE</u>	Note that the “I choose not to answer this question” option, while not included in most other questions, is to maintain fidelity to the tested PRAPARE instrument.
32. What is the highest level of school that you have finished?	<ul style="list-style-type: none"> • Less than high school degree • High school degree or GED • More than high school degree • I choose not to answer this question 	<u>PRAPARE</u>	Note that the “I choose not to answer this question” option, while not included in most other questions, is to maintain fidelity to the tested PRAPARE instrument.
33. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	<ul style="list-style-type: none"> • Yes, it has kept me from medical appointments or from getting my medications • Yes, it has kept me from non-medical meetings, appointments, work, or getting things needed for daily living • No • I choose not to answer this question 	<u>PRAPARE</u>	Note that the “I choose not to answer this question” option, while not included in most other questions, is to maintain fidelity to the tested PRAPARE instrument.

APPENDICES: Assessing Patient Experience of Care

QUESTION	RESPONSE OPTIONS	SOURCE(S)	NOTES/ADAPTATIONS
<p>34. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)</p>	<ul style="list-style-type: none"> • Less than once a week • 1 or 2 times a week • 3 to 5 times a week • More than 5 times a week • I choose not to answer this question 	<p><u>PRAPARE</u></p>	<p>Note that the “I choose not to answer this question” option, while not included in most other questions, is to maintain fidelity to the tested PRAPARE instrument.</p>
<p>35. Stress is when someone feels tense, nervous, anxious, or can’t sleep at night because their mind is troubled. How stressed are you?</p>	<ul style="list-style-type: none"> • Not at all • A little bit • Somewhat • Quite a bit • Very much • I choose not to answer this question 	<p><u>PRAPARE</u></p>	<p>Note that the “I choose not to answer this question” option, while not included in most other questions, is to maintain fidelity to the tested PRAPARE instrument.</p>
<p>36. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.</p>	<ul style="list-style-type: none"> • Food • Clothing • Utilities • Childcare • Medicine or any health care (medical, dental, mental health, vision) • Phone • Other please write: _____ • I choose not to answer this question 	<p><u>PRAPARE</u></p> <p>This question is adapted from PRAPARE where respondents are asked about each need and choose “Yes” or “No” for each. We have streamlined this question so that respondents can check off the needs they have had more simply.</p>	<p>Note that the “I choose not to answer this question” option, while not included in most other questions, is to maintain fidelity to the tested PRAPARE instrument.</p>

END OF BASE SURVEY plus PCCC and SDOH (APPENDIX C)