

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

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."]