

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

APPENDICES: Assessing Patient Experience of Care

 12. During your most recent visit, did this provider spend enough time with you? 1 Yes, definitely 2 Yes, somewhat 3 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? 1 Yes 	 14. Thinking about your most recent visit, was the staff from this provider's office as helpful as you thought they should be? 1 Yes, definitely 2 Yes, somewhat 3 No 15. Thinking about your most recent visit, did the staff from this provider's office treat you with courtesy and respect? 1 Yes, definitely
² □ No <i>If No, go to #16</i> Overall E	²□ Yes, somewhat ³□ No 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?	18. Please write any comments about your most recent visit (good or bad experience):
 □ 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	

About You

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

19. What is your age?	23. Are you of Hispanic or Latino origin or descent?
¹☐ Under 18 ²☐ 18 to 24 ³☐ 25 to 34 ⁴☐ 35 to 44 ⁵☐ 45 or above	 ¹□ Yes, Hispanic or Latino ²□ No, not Hispanic or Latino 24. What is your race? Mark one or more. ¹□ American Indian or Alaska Native
20. What sex were you assigned at birth, on your original birth certificate?	² ☐ Asian ³ ☐ Black or African American ⁴ ☐ Native Hawaiian or Other Pacific Islander
¹□ Male ²□ Female	5□ White 6□ Other
21. How do you currently describe yourself?	25. What language are you most comfortable speaking?
 ¹□ Male ²□ Female ³□ Transgender ⁴□ None of these 	¹ □ English ² □ Language other than English (please write): ———————————————————————————————————
22. Which of the following best represents how you think of yourself?	26. What is your main health insurance? ¹□ None/uninsured
 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 	² ☐ Medicaid ³ ☐ Medicare ⁴ ☐ Other Public Insurance ⁵ ☐ Private Insurance ⁶ ☐ 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."]