

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

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.”]