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

#### **APPENDICES: Assessing Patient Experience of Care**

- 12. During your most recent visit, did this provider spend enough time with you?
  - <sup>1</sup>□ Yes, definitely
  - <sup>2</sup> 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?
  - <sup>1</sup> Yes
    <sup>2</sup> 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?
  - <sup>1</sup> Yes, definitely
  - <sup>2</sup> 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?
  - <sup>1</sup> Yes, definitely
  - <sup>2</sup>□ Yes, somewhat
  - ³□ 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
  - Ω 2
  - Δ 3
  - □ 4
  - $\square$  5  $\square$  6
  - $\square$  7

  - □ 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
  - Ω 2
  - □ 3
  - $\square$  4  $\square$  5
  - $\Box$  6
  - $\Box$  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?
  - <sup>1</sup> Under 18
  - <sup>2</sup>□ 18 to 24
  - <sup>3</sup>□ 25 to 34
  - <sup>4</sup>□ 35 to 44
  - <sup>₅</sup>□ 45 or above
- 20. What sex were you assigned at birth, on your original birth certificate?
  - ¹□ Male
  - <sup>2</sup> Female
- 21. How do you currently describe yourself?
  - <sup>1</sup>□ Male
  - <sup>2</sup>D Female
  - <sup>3</sup>□ Transgender
  - <sup>4</sup>□ None of these
- 22. Which of the following best represents how you think of yourself?
  - <sup>1</sup> Gay or lesbian
  - <sup>2</sup> Straight, that is, not gay or lesbian
  - <sup>3</sup>□ Bisexual
  - <sup>4</sup> Something else
  - <sup>5</sup>□ I am not sure yet
  - <sup>6</sup> $\Box$  I choose not to answer this question
  - <sup>7</sup>□ I Don't Know what this question means
- 23. Are you of Hispanic or Latino origin or descent?
  - <sup>1</sup> Yes, Hispanic or Latino
  - <sup>2</sup> No, not Hispanic or Latino
- 24. What is your race? Mark one or more.
  - <sup>1</sup> American Indian or Alaska Native
  - ²□ Asian
  - <sup>3</sup> Black or African American
  - <sup>4</sup> Native Hawaiian or Other Pacific Islander
  - ⁵□ White
  - <sup>6</sup>□ Other

- 25. What language are you most comfortable speaking?
  - ¹□ English
  - <sup>2</sup> Language other than English (please write):
  - <sup>3</sup> I choose not to answer this question
- 26. What is your main health insurance?
  - <sup>1</sup> None/uninsured
  - <sup>2</sup> Medicaid
  - <sup>3</sup>□ Medicare
  - <sup>4</sup>□ Other Public Insurance
  - <sup>5</sup>□ Private Insurance
  - $^{6}\Box$  I choose not to answer this question
- 27. Did you talk with staff about **birth control options** at your most recent visit?
  - <sup>1</sup> Yes If yes, continue
  - <sup>2</sup> $\square$  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
    - $\Box$  4 Very good
    - □ 5 Excellent
  - b) Letting me say what mattered to me about my birth control method
    - □ 1 Poor
    - 🗆 2 Fair
    - □ 3 Good
    - $\Box$  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."]