

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

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>