

# The Medicare Health Care Opinion Survey

This survey is sponsored by the Centers for Medicare & Medicaid Services (CMS). Mathematica Policy Research is sending you this survey as part of an important national study. By completing this survey, you will help improve the quality of primary care nationwide. The survey should take you only about 15-20 minutes to complete.



**Your Privacy is Protected.** All of your personal information will be kept private and confidential. Mathematica Policy Research will not share your personal information or individual responses with anyone.



**Your Participation is Voluntary.** You may choose to answer this survey or not. Your choice will not affect the health care you get or your insurance coverage.



**What to Do When You're Done.** Once you finish the survey, please put it in the postage-paid envelope that was sent with the survey, seal the envelope, and put the envelope in the mail.



**What to Do If You Have Questions.** If you have any questions, please call us toll-free at 1-833-278-3076 or send an email to [MedicareSurvey@mathematica-mpr.com](mailto:MedicareSurvey@mathematica-mpr.com).

Si prefiere la encuesta en español, por favor póngase en contacto con Mathematica por teléfono (sin cargo) al 1-833-278-3076 o por correo electrónico a [MedicareSurvey@mathematica-mpr.com](mailto:MedicareSurvey@mathematica-mpr.com).

**Primary Care Doctor's Office**

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## Survey Instructions

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- Please use a black or blue ball point pen.
- Answer each question by completely filling in the box to the left of your answer or marking the box with an “X”.

or

- If you want to change an answer, fill in the box for the correct answer completely or mark the box with an “X” and circle the correct answer as well.

or

- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
  - Yes → **If Yes, go to #7 on page 3**
  - No

## This Primary Care Doctor's Office

This is a survey about health care you received from **primary care doctors and their staff**. The person you got care from at this doctor's office might be a physician (MD or DO), a nurse practitioner (NP), physician assistant (PA), or other staff that work with them.



Primary care doctors **treat preventive and wellness needs, common illnesses** (such as a cold or the flu), **and ongoing conditions** (such as diabetes or high blood pressure). Primary care doctors do not do surgery and do not treat just one kind of health problem such as a heart condition.

1. In the last 6 months, did you get **any kind of health care** from the **primary care doctor's office listed on the cover page**? You may know this doctor's office by another name.

- 1  Yes
- 2  No → **If No, go to #44 on page 11**

2. Patients can get health care in different ways. How did you get care in the last 6 months **from this primary care doctor's office**?

**Mark one or more.**

- 1  Had a scheduled appointment at this doctor's office
- 2  Had a same-day appointment or walk-in visit at this doctor's office
- 3  Received help from this doctor's office to fill prescriptions, set up medical tests, or schedule appointments
- 4  Discussed your health with your doctor or someone from this doctor's office via phone, email, text messaging, or a patient portal
- 5  None of the above

3. Did you get **any other kinds of care** from this doctor's office in the last 6 months?

**Mark one or more.**

- 1  Your doctor or someone from this doctor's office came to see you in the hospital
- 2  Your doctor or someone from this doctor's office came to see you at another location besides this doctor's office or the hospital to provide health care (such as at your home or a senior center)
- 3  Had a video appointment with your doctor or someone from this doctor's office
- 4  Attended a group medical appointment arranged by this doctor's office with other patients who have similar medical issues
- 5  None of the above

As you answer the questions in this survey, please think about **all of the ways you got health care** in the last 6 months **from primary care doctors and their staff who work at this doctor's office**.

## Contacting This Primary Care Doctor's Office

4. In the last 6 months, did you contact this doctor's office to get care for an illness, injury, or condition that **needed care right away**?
- Yes
  - No → If No, go to #6
5. In the last 6 months, when you contacted this doctor's office for **care you needed right away**, how often did you get care as soon as you needed?
- Never
  - Sometimes
  - Usually
  - Always
6. In the last 6 months, did you make any appointments for a **check-up or routine care** with this doctor's office?
- Yes
  - No → If No, go to #8
7. In the last 6 months, when you made an appointment for a **check-up or routine care** with this doctor's office, how often did you get care as soon as you needed?
- Never
  - Sometimes
  - Usually
  - Always
8. In the last 6 months, did you contact this doctor's office with a health question **during regular office hours**?
- Yes
  - No → If No, go to #10
9. In the last 6 months, when you contacted this doctor's office **during regular office hours**, how often did you get an answer to your health question that same day?
- Never
  - Sometimes
  - Usually
  - Always
10. Has this doctor's office given you information about **what to do if you need care during evenings, weekends, or holidays**?
- Yes
  - No
11. In the last 6 months, did you contact this doctor's office with a health question **outside of regular office hours**, for example, on evenings, weekends, or holidays?
- Yes
  - No → If No, go to #13 on page 5

## Your Care From This Primary Care Doctor's Office

12. In the last 6 months, when you contacted this doctor's office **outside of regular office hours**, how often did you get an answer to your health question as soon as you needed?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

13. In the last 6 months, did you use **email, a patient portal, or text messaging** to contact this doctor's office with a health question?

- 1  Yes
- 2  No → **If No, go to #15**

14. In the last 6 months, when you used **email, a patient portal, or text messaging** to contact this doctor's office with a health question, how often did you get an answer to your health question as soon as you needed?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

15. In the last 6 months, how often did your appointment(s) with this doctor's office start **within 15 minutes** of your appointment time?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Not applicable, did not have scheduled appointment(s) with this doctor's office in the last 6 months

16. In the last 6 months, did you **take any prescription medicine**?

- 1  Yes
- 2  No → **If No, go to #18 on page 6**

17. In the last 6 months, did your doctor or someone from this doctor's office ask you about **all the prescription medicines you were taking**?

- 1  Yes
- 2  No

18. In the last 6 months, did you have a **blood test, x-ray, or other test** that was ordered by your doctor or someone from this doctor's office?

- 1  Yes
- 2  No → **If No, go to #20**

19. In the last 6 months, when you had a blood test, x-ray, or other test that was ordered by your doctor or someone from this doctor's office, how often did you **get your test results**?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

20. In the last 6 months, how often did people from this doctor's office, including your doctor, explain medical things in a way that was **easy to understand**?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

21. In the last 6 months, how often did people from this doctor's office, including your doctor, **listen carefully to you**?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

22. In the last 6 months, how often did people from this doctor's office, including your doctor, seem to **know the important information about your medical history**?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

23. In the last 6 months, how often did people from this doctor's office, including your doctor, **show respect for what you had to say**?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

24. In the last 6 months, how often did people from this doctor's office, including your doctor, **spend enough time with you?**

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

25. In the last 6 months, did your doctor or someone from this doctor's office ask you if there are **things that make it hard for you to take care of your health?**

- 1  Yes
- 2  No

26. In the last 6 months, did your doctor or someone from this doctor's office ask you if you had any **problems with physical pain or discomfort?**

- 1  Yes
- 2  No

27. In the last 6 months, did your doctor or someone from this doctor's office ask you if there was a period of time when you felt **sad, empty, or depressed?**

- 1  Yes
- 2  No

28. In the last 6 months, did your doctor or someone from this doctor's office talk with you about **things in your life that worry you or cause you stress?**

- 1  Yes
- 2  No

29. In the last 6 months, did your doctor or someone from this doctor's office ask you about any **non-medical problems you might need help with?** These might include things like problems paying for or finding a place to live, not having enough food, lack of reliable transportation, or trouble paying utility bills.

- 1  Yes
- 2  No

30. In the last 6 months, did your doctor or someone from this doctor's office ask you if you have any problems with **abuse or violence at home or in your neighborhood?**

- 1  Yes
- 2  No

## Your Health Care From Specialists

31. An **advance care plan** describes a patient's wishes for end-of-life care in case the patient becomes too sick to make his or her own decisions. In an advance care plan, patients can choose family members or friends to make medical decisions for them, including health care that patients may not want.

Advance care plans are often recorded in a document such as an **advance directive, a do not resuscitate (DNR) order, health care power of attorney, or a living will.**

Do you have any kind of advance care plan?

- 1  Yes
- 2  No
- 3  I don't know

32. Has your doctor or someone from this doctor's office **asked you about your end-of-life care wishes or creating an advance care plan?**

- 1  Yes
- 2  No
- 3  I don't know

33. Specialists are doctors like surgeons, heart doctors, eye doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you get **any health care from a specialist?**

- 1  Yes
- 2  No → **If No, go to #35 on page 9**

34. Remember, when we say "**this doctor's office**", we are referring to the primary care doctor's office listed on the cover page.

In the last 6 months, how often did people from this doctor's office, including your doctor, seem **informed and up-to-date about the care you got from specialists?**

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always



## Follow Up After Emergency Room and Hospital Care

The questions below ask about health care you got from the **primary care doctors and their staff** from the doctor's office listed on the cover page, after going to an emergency department or being in a hospital.

35. In the last 6 months, have you gone to an emergency room or emergency department for care? Please do not include visits to an urgent care center.

- 1  Yes  
2  No → If No, go to #37

36. Did your doctor or someone from this doctor's office contact you to discuss your health needs **within one week** after your most recent emergency room or emergency department visit?

- 1  Yes  
2  No

37. In the last 6 months, have you been a patient in a hospital overnight or longer?

- 1  Yes  
2  No → If No, go to #39

38. Did your doctor or someone from this doctor's office contact you to discuss your health needs **within 3 days** after your most recent hospital stay?

- 1  Yes  
2  No

## This Primary Care Doctor's Office As A Whole

39. In the last 6 months, how often did the primary care doctors and their staff from this doctor's office **work well together** to care for you?

- 1  Never  
2  Sometimes  
3  Usually  
4  Always

40. When you saw a primary care doctor from this office in the last 6 months, how often were these visits with **your regular doctor**? A primary care doctor might be a physician (MD or DO), nurse practitioner (NP), or physician assistant (PA).

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

41. In the last 6 months, how often were clerks and receptionists at this doctor's office as **helpful** as you thought they should be?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

42. In the last 6 months, how often did clerks and receptionists at this doctor's office **treat you with courtesy and respect**?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

43. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care you have received **from the primary care doctors and their staff from this doctor's office**?

- 0 Worst level of care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best level of care possible

## About You

44. In general, how would you rate your **overall** health?

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

45. In general, how would you rate your overall **mental or emotional** health?

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

46. What is the **highest** grade or level of school that you have completed?

**Mark one only.**

- 1  8th grade or less
- 2  Some high school, but did not graduate
- 3  High school graduate or GED
- 4  Some college or 2-year degree
- 5  4-year college graduate
- 6  Advanced degree (master's, professional, or doctoral degree)

47. Are you of Hispanic or Latino origin or descent?

- 1  Yes, Hispanic or Latino
- 2  No, not Hispanic or Latino

48. What is your race?

**Mark one or more.**

- 1  White
- 2  Black or African American
- 3  Asian
- 4  Native Hawaiian or Other Pacific Islander
- 5  American Indian or Alaskan Native
- 6  Other

**Thank you!!**  
**Please return the completed survey in the postage-paid envelope.**

If you no longer have the envelope, you can mail your survey to:

Medicare Health Care Opinion Survey  
5900 Baker Rd STE 100  
Minnetonka, MN 55345-9893

If you have any questions or want to know more about this study,  
please call us toll-free at 1-833-278-3076 or send an email to  
[MedicareSurvey@mathematica-mpr.com](mailto:MedicareSurvey@mathematica-mpr.com).