

7. Survey Script

INTRO:

We want to know how good a job we are doing at helping you. By completing the Health Care for the Homeless Client Satisfaction Survey, you will help us know what we are doing well and where we need to do better. Your answers will be confidential.

LANG:

What language would you like to take the survey in?

- English
- Spanish

LOCATION:

What clinic location do you use?

- Fallsway
- Baltimore County
- West Baltimore

A1:

Our records show that you got care from Health Care for the Homeless in the last 6 months. Is that right?

- Yes
- No => /A23
- Don't Know/Refuse => /A23

A2:

The questions in this survey will refer to Health Care for the Homeless as 'this provider'. Is this the provider you usually see if you need a checkup, want advice about a health problem, or get sick or hurt?

- Yes
- No
- Don't Know/Refuse

A3:

How long have you been going to this provider? Would you say...

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more
- Don't Know/Refuse

A4:

These questions ask about YOUR OWN health care. Do NOT include care you got when you stayed overnight in a hospital. Do NOT include the times you went for dental care visits. In the last 6 months, how many times did you visit this provider to get care for yourself?

- None => /A23
- 1 time
- 2
- 3
- 4
- 5 to 9

- 10 or more times
- Don't Know/Refuse => /A23

A5:

In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that NEEDED CARE RIGHT AWAY?

- Yes
- No => /A7
- Don't Know/Refuse => /A7

A6:

In the last 6 months, when you contacted this provider's office to get an appointment for CARE YOU NEEDED RIGHT AWAY, how often did you get an appointment as soon as you needed? Would you say...

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

A7:

In the last 6 months, did you make any appointments for a CHECKUP OR ROUTINE CARE with this provider?

- Yes
- No => /A8A_PCMH1
- Don't Know/Refuse => /A8A_PCMH1

A8:

In the last 6 months, when you made an appointment for a CHECKUP OR ROUTINE CARE with this provider, how often did you get an appointment as soon as you needed? Would you say...

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

A8A_PCMH1:

Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

- Yes
- No
- Don't Know/Refuse

A9:

In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

- Yes
- No => /A11
- Don't Know/Refuse => /A11

A10:

In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day? Would you say...

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

A11:

In the last 6 months, how often did this provider explain things in a way that was easy to understand? Would you say...

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

A12:

In the last 6 months, how often did this provider listen carefully to you? Would you say...

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

A13:

In the last 6 months, how often did this provider seem to know the important information about your medical history? Would you say...

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

A14:

In the last 6 months, how often did this provider show respect for what you had to say? Would you say...

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

A15:

In the last 6 months, how often did this provider spend enough time with you? Would you say?

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

A16:

In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No => /A18
- Don't Know/Refuse => /A18

A17:

In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results? Would you say...

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

A18:

Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 0 Worst provider possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best provider possible
- Don't Know/Refuse

A18A_PCMH2:

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you see a specialist for a particular health problem?

- Yes
- No => /A18C_PCMH4
- Don't Know/Refuse => /A18C_PCMH4

A18B_PCMH3:

In the last 6 months, how often did the provider discussed in Question 1 seem informed and up-to-date about the care you got from specialists? Would you say...

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

A18C_PCMH4:

In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?

- Yes
- No
- Don't Know/Refuse

A18D_PCMH5:

In the last 6 months, did someone from this provider's office ask you if there were things that make it hard for you to take care of your health?

- Yes
- No
- Don't Know/Refuse

A18E_PCMH6:

In the last 6 months, did you and someone from this provider's office talk about things in your life that worry you or cause you stress?

- Yes
- No
- Don't Know/Refuse

A19:

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

- Yes
- No => /A21
- Don't Know/Refuse => /A21

A20:

In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking? Would you say...

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

A21:

The next questions are about clerks and receptionists at this provider's office. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? Would you say...

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

A22:

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

- Never
- Sometimes
- Usually
- Always
- Don't Know/Refuse

I will now read a group of statements related to Healthcare for the Homeless. Please rate each on a scale of 1 to 5, where 1 is disagree and 5 is agree.

| | 1 - Disagree | 2 - Slightly disagree | 3 - Neither agree nor disagree | 4 - Slightly agree | 5 - Agree | Don't Know/Refuse |
|--|--------------|-----------------------|--------------------------------|--------------------|-----------|-------------------|
| A22A: My provider makes sure health care decisions and treatment goals fit with the other challenges I have in my life | | | | | | |
| A22B: I can reach a provider when the clinic is closed | | | | | | |
| A22C: I can get care here without missing out on meals or a place to sleep | | | | | | |
| A22D: Health Care for the Homeless helps me gain the skills I need to manage my health care | | | | | | |

A23:

These last questions are about you. In general, how would you rate your overall health? Would you say it is...

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know/Refuse

A24:

In general, how would you rate your overall MENTAL OR EMOTIONAL health? Would you say it is...

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know/Refuse

A25:

What is your age? Is it...

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or Older
- Don't Know/Refuse

A26:

Are you male or female?

- Male
- Female
- Don't Know/Refuse

A27:

What is the highest grade or level of school that you have completed? Is it...

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or a 2-year degree
- 4-year college graduate
- More than 4-year college degree?
- Don't Know/Refuse

A28:

Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino
- Don't Know/Refuse

A29:

I am now going to ask about your race. I will read you a list of choices. You may choose one or more.

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other
- Don't Know/Refuse

Those are all the questions I have. Thank you for taking part in this important survey.