Patient survey questions for Continuity Counts project

Thank you for helping with this project. The doctors in your practice have all agreed to this survey which will help them. Your answers will remain anonymous.

Please indicate your age band:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 18-24 | 25-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-74 | 75+ |

Please circle, are you: Male Female Other

Which doctor did you see today? ………………………………………………………………………………..

Do you have a regular doctor here? Yes No Unsure

Is the doctor you saw today your regular doctor? Yes No Unsure

For each question, on a scale of 0 to 9, where 0 is none and 9 is as much as possible, please circle your answer:

1. How much effort was made to understand your health issues?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

1. How much effort was made to listen to what matters most to you about your health issues?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

1. How much effort was made to include what matters most to you in choosing what to do next?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Please turn over for more questions.For each question, please tick the box which is closest to your opinion about **the doctor you saw today**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | A little | Somewhat | Mostly | Completely |
| 1. My doctor wants to know how I feel. |  |  |  |  |  |
| 1. Sometimes my doctor seems indifferent to my needs. |  |  |  |  |  |
| 1. My doctor really listens. |  |  |  |  |  |
| 1. It’s hard to open up to my doctor. |  |  |  |  |  |
| 1. My thoughts and feelings are important to my doctor. |  |  |  |  |  |
| 1. My doctor often really doesn’t “hear” what I am saying. |  |  |  |  |  |
| 1. My doctor is sensitive to my needs. |  |  |  |  |  |
| 1. Because my doctor knows me, he/she can respond to my worries. |  |  |  |  |  |
| 1. Often, my doctor does not accept my feelings and concerns. |  |  |  |  |  |
| 1. My doctor dismisses my concerns too easily. |  |  |  |  |  |
| 1. My doctor knows what is important to me. |  |  |  |  |  |
| 1. My doctor takes my concerns seriously. |  |  |  |  |  |
| 1. My doctor shows compassion to me. |  |  |  |  |  |
| 1. My doctor is responsive to my needs and concerns. |  |  |  |  |  |
| 1. My doctor is concerned about me as a person. |  |  |  |  |  |
| 1. My doctor knows me as a person. |  |  |  |  |  |
| 1. My doctor really cares about my welfare. |  |  |  |  |  |
| 1. My doctor feels that my worries about my health and concerns are trivial. |  |  |  |  |  |
| 1. My doctor understands me. |  |  |  |  |  |