



Your Primary Care Provider

The POWER study was specially designed to involve your primary care provider in your weight control efforts. We would like to better understand your relationship with your provider. **All information from this survey will be confidential and *not* shared with your provider or the practice.**

1. Who is your current primary care provider? _____
2. Have you had the same primary care provider over in the past 2 years?
 - Yes
 - No. What was the reason for the change? _____
3. How long have you been going to your current primary care provider?
 - 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

Please think of your current primary care provider as you answer the survey.

4. In the last 2 years, how often did your primary care provider explain things in a way that was easy to understand?
 - Never
 - Sometimes
 - Usually
 - Always
5. In the last 2 years, how often did your primary care provider seem to know the important information about your medical history?
 - Never
 - Sometimes
 - Usually
 - Always
6. In the last 2 years, how often did you feel that your primary care provider really knows you as a person, including values and beliefs important to you?
 - Never
 - Sometimes
 - Usually
 - Always

Staff Initials: _____
PID: _____
Acrostic: _____
Date: ___ / ___ / ___



7. In the last 2 years, how often did your primary care provider show respect for what you had to say?

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

8. In the last 2 years, how often did your primary care provider spend enough time with you?

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

9. In the last 2 years, how often did your primary care provider involve you in decisions about your care?

- 1 As much as I wanted.
- 2 Almost as much as I wanted.
- 3 Less than I wanted.
- 4 A lot less that I wanted

10. In the last 2 years, how often did you feel that your primary care provider really cared about you as a person?

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

11. Would you recommend your primary care provider to your family or friends?

- 1 Definitely yes
- 2 Somewhat yes
- 3 Somewhat no
- 4 Definitely no

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