



# MEDICAL PRACTICE SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

For your visit with Precode 3 (PROVNAM1)

For your visit on Precode 4 (SVC\_DATE)

## BACKGROUND QUESTIONS

- 1. If someone other than the patient is completing the survey, please check here: .....
- 2. Was this your first visit here? .....  Yes  No
- 3. How many **minutes** did you wait after your scheduled appointment time before you were called to an exam room? 

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 minutes

- 4. How many **minutes** did you wait in the exam room before you were seen by a doctor, physician assistant (PA), nurse practitioner (NP), or midwife? ..... 

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 minutes

**INSTRUCTIONS:** Please rate the services you received from our practice. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.  
Example: ●

	very poor	poor	fair	good	very good
<b>ACCESS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Ease of getting through to the clinic on the phone ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Convenience of our office hours .....                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Ease of scheduling your appointment .....                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Courtesy of staff in the registration area .....         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Comments** (describe good or bad experience): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	very poor	poor	fair	good	very good
<b>MOVING THROUGH YOUR VISIT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Degree to which you were informed about any delays ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Wait time at clinic (from arriving to leaving) .....     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Comments** (describe good or bad experience): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	very poor	poor	fair	good	very good
<b>NURSE/ASSISTANT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Friendliness/courtesy of the nurse/assistant .....             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Concern the nurse/assistant showed for your problem .....      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Nurse/assistant promptness in returning your phone calls ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Education provided by the nurse (if any) .....                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Comments** (describe good or bad experience): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



continued...

very					very
poor	poor	fair	good	good	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	

**CARE PROVIDER**

**DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.**

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Friendliness/courtesy of the care provider .....                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Explanations the care provider gave you about your problem or condition .....        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Concern the care provider showed for your questions or worries .....                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Care provider's efforts to include you in decisions about your treatment .....       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Information the care provider gave you about medications (if any) .....              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Instructions the care provider gave you about follow-up care (if any) .....          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Degree to which care provider talked with you using words you could understand ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Amount of time the care provider spent with you .....                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Your confidence in this care provider .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Likelihood of your recommending this care provider to others .....                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Comments** (describe good or bad experience): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL ISSUES**

very					very
poor	poor	fair	good	good	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. How well staff protected your safety (by washing hands, wearing gloves, etc.) ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Our sensitivity to your needs .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Our concern for your privacy .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Cleanliness of our practice .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Response to concerns/complaints made during your visit .....                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. How well your (the patient's) pain was controlled .....                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Comments** (describe good or bad experience): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OVERALL ASSESSMENT**

very					very
poor	poor	fair	good	good	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. How well the staff worked together to care for you .....     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Likelihood of your recommending our practice to others ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Overall rating of care received during your visit .....      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Comments** (describe good or bad experience): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient's Name: (optional) \_\_\_\_\_

Telephone Number: (optional) \_\_\_\_\_



Online Appendix 2

**Mixed Effects\* Regression Measuring Impact of Hourly Appointment Time on the Likelihood of a patient recommending our practice to others**

	<b>Estimate</b>	<b>p-value</b>
<b>Hour of Appointment</b>		<b>0.0012</b>
9:00-9:59AM vs 8:00-8:59AM	-0.01833	0.5641
10:00-10:59AM vs 8:00-8:59AM	-0.02943	0.2923
11:00-11:59AM vs 8:00-8:59AM	-0.09432	0.008
1:00-1:59PM vs 8:00-8:59AM	-0.02549	0.3727
2:00-2:59PM vs 8:00-8:59AM	-0.09097	0.0012
3:00-3:59PM vs 8:00-8:59AM	-0.09829	0.0011
4:00-4:59PM vs 8:00-8:59AM	-0.09076	0.0103
<b>Provider Type</b>		<b>0.1338</b>
NP/PA vs Staff MD/PhD	-0.00498	0.8484
Resident/Fellow vs Staff MD/PhD	-0.05269	0.0464
<b>Patient Sex</b>		<b>0.1761</b>
F vs M	-0.02304	
<b>Patient Age</b>	<b>0.002682</b>	<b>&lt;.0001</b>
<b>Patient Marital Status</b>		<b>0.769</b>
Divorced vs Married	-0.03233	0.2486
Legally Separated vs Married	-0.2034	0.4706
Life Partner vs Married	0.04118	0.7994
Single vs Married	-0.0255	0.3306
Widowed vs Married	-0.00722	0.7952
<b>Charlson Comorbidity Index</b>		<b>0.9529</b>
>3 vs <=3	-0.00174	
<b>Patient Education</b>		<b>0.0152</b>
Some high school vs High school grad or GED	0.009558	0.8739
4-year college vs High school grad or GED	0.07362	0.0037
8th grade or less vs High school grad or GED	0.03967	0.5853
Post graduate studies vs High school grad or GED	0.06894	0.0038
Some college or 2 year degree vs High school grad or GED	0.0208	0.3601

\* Adjusted for Random Provider effect

Online Appendix 2

**Mixed Effects\* Regression with Interactions Measuring Impact of Hourly Appointment Time on the Likelihood of a patient recommending our practice to others**

			Estimate	p-value
<b>Hour overall effect</b>				
<b>0.5214</b>				
9:00-9:59AM vs 8:00-8:59AM			-0.1229	0.5631
10:00-10:59AM vs 8:00-8:59AM			-0.07922	0.6827
11:00-11:59AM vs 8:00-8:59AM			-0.3962	0.0978
1:00-1:59PM vs 8:00-8:59AM			-0.1087	0.5723
2:00-2:59PM vs 8:00-8:59AM			-0.2898	0.1251
3:00-3:59PM vs 8:00-8:59AM			-0.5132	0.01
4:00-4:59PM vs 8:00-8:59AM			-0.2277	0.3232
<b>Provider Type overall effect</b>				
<b>0.9674</b>				
NP/PA vs Staff MD/PhD			0.02303	0.7191
Resident/Fellow vs Staff MD/PhD			-0.06462	0.481
<b>Patient sex overall effect</b>				
<b>-0.04752</b>				
<b>0.3248</b>				
<b>Patient age overall effect</b>				
<b>0.001067</b>				
<b>&lt;0.0001</b>				
<b>Patient Marital Status</b>				
<b>0.9083</b>				
Divorced vs Married			-0.1255	0.097
Legally Separated vs Married			0.33	0.4069
Life Partner vs Married			0.2933	0.458
Single vs Married			-0.1325	0.0484
Widowed vs Married			-0.01633	0.8318
<b>Charlson Comorbidity Index</b>				
<b>0.932</b>				
>3 vs <=3			0.1204	0.3361
<b>Patient Education</b>				
<b>0.0026</b>				
Some high school vs High school grad or GED			0.1416	0.4943
4-year college vs High school grad or GED			0.08517	0.2059
8th grade or less vs High school grad or GED			0.1361	0.6389
Post graduate studies vs High school grad or GED			0.04572	0.4706
Some college or 2 year degree vs High school grad or GED			-0.01472	0.8113
<b>Hour*provider_type overall effect</b>				
<b>0.9636</b>				
hour*provider_type	NP/PA	9	-0.0075	0.935
hour*provider_type	Resident/Fellow	9	0.1202	0.3069
hour*provider_type	NP/PA	10	-0.05466	0.5207
hour*provider_type	Resident/Fellow	10	-0.01828	0.8722
hour*provider_type	NP/PA	11	-0.04311	0.6794
hour*provider_type	NP/PA	13	-0.05213	0.5483
hour*provider_type	Resident/Fellow	13	-0.00292	0.9786
hour*provider_type	NP/PA	14	-0.03475	0.6733
hour*provider_type	Resident/Fellow	14	0.01478	0.8887
hour*provider_type	NP/PA	15	-0.01459	0.8683
hour*provider_type	Resident/Fellow	15	0.03933	0.7155
hour*provider_type	NP/PA	16	0.05229	0.5911
hour*provider_type	Resident/Fellow	16	0.2613	0.2146
<b>Hour*Patient sex overall effect</b>				
<b>0.4174</b>				
	F	9	-0.01659	0.8123

Online Appendix 2

F	10	-0.04793	0.4353
F	11	0.04566	0.5585
F	13	0.0809	0.1866
F	14	0.04771	0.4396
F	15	0.07318	0.2668
F	16	0.0528	0.504
<b>Hour*Age overall effect</b>			<b>0.7721</b>
	9	0.001078	0.6765
	10	0.002038	0.3891
	11	0.002717	0.3743
	13	-0.00013	0.9575
	14	0.002548	0.2787
	15	0.00365	0.1295
	16	0.001822	0.5291
<b>Hour*Marital status overall effect</b>			<b>0.2155</b>
Divorced	9	0.1294	0.2852
Single	9	0.2211	0.0542
Widowed	9	-0.04777	0.6902
Divorced	10	0.06977	0.4986
Life Partner	10	-0.1151	0.8382
Single	10	0.08535	0.3652
Widowed	10	-0.04999	0.6153
Divorced	11	0.1744	0.1515
Life Partner	11	-1.1001	0.0533
Single	11	0.1684	0.1708
Widowed	11	0.1495	0.241
Divorced	13	0.1778	0.0812
Life Partner	13	-0.1233	0.7877
Single	13	0.2582	0.0054
Widowed	13	-0.03766	0.7323
Divorced	14	0.03334	0.7435
Legally Separated	14	-1.0187	0.087
Life Partner	14	0	
Single	14	0.03256	0.7332
Widowed	14	0.02239	0.8244
Divorced	15	0.07476	0.492
Legally Separated	15	0	
Single	15	0.1047	0.2924
Widowed	15	-0.00323	0.9768
Divorced	16	0.2396	0.0976
Single	16	-0.02945	0.7932
Widowed	16	0.005159	0.9711
<b>Hour*CCI overall effect</b>			<b>0.5034</b>
>3	9	-0.2464	0.1184
>3	10	-0.228	0.1156
>3	11	-0.09951	0.512
>3	13	-0.1017	0.4839
>3	14	-0.1032	0.4702
>3	15	-0.1589	0.2936
>3	16	-0.0031	0.9849

## Online Appendix 2

<b>Hour*Education overall effect</b>				<b>0.0618</b>
	Some high school, but did not graduate	9	0.02228	0.9367
	4-year college graduate	9	0.02332	0.8319
	8th grade or less	9	-0.4694	0.2576
	Post graduate studies	9	-0.05224	0.6051
	Some College or 2 year degree	9	0.07845	0.4181
	Some high school, but did not graduate	10	-0.221	0.4247
	4-year college graduate	10	-0.1472	0.1124
	8th grade or less	10	-0.07905	0.8234
	Post graduate studies	10	-0.02886	0.7404
	Some College or 2 year degree	10	-0.00068	0.9935
	Some high school, but did not graduate	11	-0.2234	0.3834
	4-year college graduate	11	0.1511	0.2181
	8th grade or less	11	-0.3518	0.3939
	Post graduate studies	11	0.1503	0.1596
	Some College or 2 year degree	11	0.006791	0.9469
	Some high school, but did not graduate	13	-0.0618	0.8123

## Online Appendix 2

4-year college graduate	13	-0.02634	0.7874
8th grade or less	13	-0.4849	0.159
Post graduate studies	13	0.03766	0.6713
Some College or 2 year degree	13	0.04325	0.6252
Some high school, but did not graduate	14	-0.127	0.6603
4-year college graduate	14	-0.04129	0.6474
8th grade or less	14	0.1044	0.7455
Post graduate studies	14	0.08502	0.3162
Some College or 2 year degree	14	-0.04849	0.5486
Some high school, but did not graduate	15	0.07182	0.7696
4-year college graduate	15	0.1043	0.2764
8th grade or less	15	0.0273	0.9354
Post graduate studies	15	0.04428	0.6396
Some College or 2 year degree	15	0.2208	0.0125
Some high school, but did not graduate	16	-1.1158	0.002
4-year college graduate	16	-0.02441	0.8213

## Online Appendix 2

8th grade or less	16	0.04015	0.9219
Post graduate studies	16	-0.1074	0.3213
Some College or 2 year degree	16	-0.06698	0.5113

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\* Adjusted for Random Provider effect



Online Appendix 2

**Mixed Effects\* Regression Adjusted for Total Wait Time Measuring Impact of Hourly Appointment Time on the Likelihood of a patient recommending our practice to others**

	Estimate	p-value
<b>Hour of Appointment</b>		<b>0.0068</b>
9:00-9:59AM vs 8:00-8:59AM	-0.00807	0.7973
10:00-10:59AM vs 8:00-8:59AM	-0.01168	0.6754
11:00-11:59AM vs 8:00-8:59AM	-0.07824	0.0269
1:00-1:59PM vs 8:00-8:59AM	-0.00938	0.7428
2:00-2:59PM vs 8:00-8:59AM	-0.07402	0.0081
3:00-3:59PM vs 8:00-8:59AM	-0.07928	0.0081
4:00-4:59PM vs 8:00-8:59AM	-0.07405	0.0361
<b>Provider Type</b>		<b>0.0852</b>
NP/PA vs Staff MD/PhD	-0.00845	0.743
Resident/Fellow vs Staff MD/PhD	-0.05836	0.0268
<b>Patient Sex</b>		<b>0.2237</b>
F vs M	-0.02059	
<b>Patient Age</b>	<b>0.002708</b>	<b>&lt;.0001</b>
<b>Patient Marital Status</b>		<b>0.7032</b>
Divorced vs Married	-0.04095	0.1425
Legally Separated vs Married	-0.1326	0.6303
Life Partner vs Married	0.04278	0.7868
Single vs Married	-0.02241	0.393
Widowed vs Married	-0.01617	0.565
<b>Charlson Comorbidity Index</b>		<b>0.6484</b>
>3 vs <=3	0.01354	
<b>Patient Education</b>		<b>0.0452</b>
Some high school vs High school grad or GED	0.06771	0.2656
4-year college vs High school grad or GED	0.06371	0.0121
8th grade or less vs High school grad or GED	0.09349	0.2244
Post graduate studies vs High school grad or GED	0.04682	0.0496
Some college or 2 year degree vs High school grad or GED	0.008413	0.7115
<b>Total Wait Time</b>	<b>-0.00589</b>	<b>&lt;.0001</b>

\* Adjusted for Random Provider effect