We are interested in your experiences with our Patients Collaborating with Teams initiative. Before you answer, please know:

* You can stop answering or skip any questions. Your choice will not affect how well you are treated here.
* No one will know who answered this survey.
* There are no right or wrong answers.

Your Visit

1 Thinking about the healthcare team you saw during your last visit, how would you rate…?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Fair | Poor | Very Poor |
| 1. The amount of time that they gave you? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. The way they listened to you during the visit? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. Their explanations of tests and treatments? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. The way they involved you in decisions about your care? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. Their knowledge of your medical history? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. Their knowledge of what matters to you most? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

2 Overall, how would you rate the care you received in that visit?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ⃝ Excellent | ⃝ Very Good | ⃝ Good | ⃝ Fair | ⃝ Poor | ⃝ Very Poor |

3 What could your health team have done better when developing strategies for health improvement with you?

|  |
| --- |
|  |

Your Care Plan

Now that some time has passed since your patient centered visit, we would like to know how the strategies discussed are working for you.

4 How often have you been able to follow the plan you developed with your care team?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ⃝ All of the  time | ⃝ Most of the  time | ⃝ A good bit of the  time | ⃝ Some of the  time | ⃝ A little of the  time | ⃝ None of the  time |

5 What kind of challenges, if any, are you having in following your new health strategies?

|  |
| --- |
|  |

Your Final Thoughts

6 Compared to how you felt before your patient centered visit, do you feel more confident in your ability to take care of your health?

|  |  |  |  |
| --- | --- | --- | --- |
| ⃝ Yes, definitely | ⃝ Yes, to some extent | ⃝ No, not really | ⃝ No, not at all |

7 Do you know how to contact your health care team when you have questions about your health?

|  |  |  |  |
| --- | --- | --- | --- |
| ⃝ Yes, definitely | ⃝ Yes, to some extent | ⃝ No, not really | ⃝ No, not at all |

8 Do you have other comments about your patient centered visit you would like to share?

|  |
| --- |
|  |

Thank you for sharing your perspectives

We value your time and appreciate your thoughts.

The information you have given us will help our team understand how to serve you better.