

Patient Survey

Record ID

Survey Number

(Please enter the survey number found on the survey spreadsheet)

Practice ID

(Please enter the practice ID found on the survey spreadsheet)

1. Not including today's visit, in the last 12 months, how many times did you visit your provider to get care for yourself?

- None - This is my first visit
 1 time
 2
 3
 4
 5-9
 10 or more times

	Never	Sometimes	Usually	Always
2. In the last 12 months, how often did your provider explain things in a way that was easy to understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the last 12 months, how often did your provider listen carefully to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the last 12 months, how often did your provider show respect for what you had to say?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the last 12 months, how often did your provider spend enough time with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the last 12 months, how often did your provider seem to know the important information about your medical history?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In the last 12 months, has your provider told you what your chances are for having a heart attack or stroke in the next 10 years?

- Yes, it is less than 7.5% (low)
 Yes, it is greater than 7.5% (high)
 Yes, but I do not know what it is
 No, my provider did not tell me

8. How confident are you that you can do things to keep yourself from having a heart attack or stroke?

- Not at all confident
 A little confident
 Confident
 Very confident

9. In the last 12 months, when your provider ordered a blood test, x-ray, or other test for you, how often did someone from your provider's office follow up to give you those results?

- Never
- Sometimes
- Usually
- Always
- I did not have anything ordered the last 12 months.

10. In the last 12 months, how often did you and someone from your provider's office talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always
- I am not taking any prescription medicines.

11. In the last 12 months, did your provider tell you about taking aspirin daily to lower your chances for having a heart attack or stroke?

- Yes
- No
- Don't know
- My provider does not think I am at high risk for heart attack/stroke.

12. In the last 12 months, did your provider tell you about what you can do to control your blood pressure to lower your chances for having a heart attack and stroke?

- Yes
- No
- Don't know
- I do not have high blood pressure.

13. In the last 12 months, did your provider tell you about what you can do to control your cholesterol level to lower your chances for having a heart attack and stroke?

- Yes
- No
- Don't know
- I do not have high cholesterol.

14. In the last 12 months, did your provider give you counseling about how to quit smoking?

- Yes
- No
- I am not a smoker.

15. What is your race and ethnicity?

- White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Hispanic or Latino
 - Prefer not to answer
- (Please check all that apply.)