

## **E-Health Patient 1 Week Follow-up Survey**

**The Patient 1 week survey will be administered online 1 week after the baseline physician office visit.**

## PATIENT ONE WEEK POST-VISIT SURVEY

### General Questions:

1. How long has the doctor you saw a week ago been your doctor?
  - Less than 6 months
  - Between 6 months and 1 year
  - 1 to 2 years
  - 3 to 5 years
  - More than 5 years
  
2. In your most recent visit, did your doctor talk with you about specific things you could do to improve your health or prevent illness?
  - Yes
  - No
  
3. In your most recent visit, did your doctor show respect for what you had to say?
  - No, definitely not
  - Yes, somewhat
  - Yes, definitely
  
4. In your most recent visit, did your doctor recommend that you see a specialist doctor (a doctor who knows a lot about a particular health problem)?
  - No
  - Yes
  
5. During your most recent visit with your doctor, did the doctor explain things in a way that was easy to understand?
  - No, definitely not
  - Yes, somewhat
  - Yes, definitely
  
6. During your most recent visit with your doctor, did the doctor give you clear instructions about what to do to take care of the health problems or symptoms that were bothering you?
  - No, definitely not
  - Yes, somewhat
  - Yes, definitely

7. During your most recent visit with your doctor, did the doctor show concern about your health and how you were feeling?

- No, definitely not
- Yes, somewhat
- Yes, definitely

8. During your most recent visit with your doctor, did the doctor spend enough time with you?

- No, definitely not
- Yes, somewhat
- Yes, definitely

9. During your most recent visit with your doctor, did the doctor seem informed and up-to-date about the care you might have received from other doctors, such as specialists?

- No, definitely not
- Yes, somewhat
- Yes, definitely
- Does not apply; have not seen other doctors

10. Using any number from 0 to 10, where 0 is the worst medical care possible and 10 is the best medical care possible, what number would you use to rate the medical care you received during your most recent visit?

0	1	2	3	4	5	6	7	8	9	10
~	~	~	~	~	~	~	~	~	~	~
Worst medical care possible									Best medical care possible	

11. Please tell us what your doctor could have done to improve the quality of care and services you received at your most recent visit?

---

---

12. In your most recent visit, did your doctor:

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prescribe new drugs?                                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Change your regular drugs?                            |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do blood tests?                                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ask you to get x-rays, MRI, CT or other type of scan? |

- Yes     No    Refer you to a specialist doctor?  
 Yes     No    Refer you to a physical therapist?  
 Yes     No    Refer you to a social worker, psychologist,  
psychiatrist or other mental health provider?

Condition-Specific Questions:

13. During your most recent visit, did you discuss your (condition \_\_\_\_\_) with your doctor?

- No, definitely not (**CONTINUE TO question 14**)  
 Yes, somewhat (**SKIP TO question 15**)  
 Yes, definitely (**SKIP TO question 15**)

14. You did not discuss your (condition \_\_\_\_\_) with your doctor because:  
(Please check all that apply)

- Didn't have time  
 Doctor didn't ask  
 Embarrassed to bring it up  
 Not important  
 Other. Please explain \_\_\_\_\_
- 

**If question 13 = "No, definitely not," and for all answers to question 14:**

**Control Group Subjects: This is the END of the survey**

**Intervention Group Subjects: SKIP TO question 17**

15. Did you and your doctor make a plan for how to care for your (condition)?

- No, definitely not  
 Yes, somewhat  
 Yes, definitely

**If question 15 = "No, definitely not":**

**Control Group Subjects: This is the END of the survey**

**Intervention Group Subjects: SKIP TO question 17**

16. How would you rate this plan that you and your doctor made in your most recent visit to address your (condition \_\_\_\_\_)?

- Very helpful  
 Somewhat helpful  
 Unsure

- Somewhat unhelpful
- Not at all helpful

***This is the end of the survey for CONTROL group subjects ONLY.***

***Intervention group subjects continue to question 17.***

**Intervention Group Only:**

17. Did you read any of the PatientSite messages from the nurse e-coach?

- Yes
- No (***SKIP TO question 19***)

18. How useful did you find the information in the PatientSite messages (not including the links to other pages).

- Very helpful
- Somewhat helpful
- Unsure
- Somewhat unhelpful
- Not at all helpful

19. Was there any reason that you did not see or use your nurse e-coach PatientSite messages?

- Yes
- No

Please explain

---

---

20. Did you use the worksheets or tips we mentioned in the e-mails – and posted on our Web site – about preparing for your visit?

- Did not read or use the worksheets or tips (***SKIP TO question 22***)
- Read them but did not print them.
- Printed them but did not read or use them.
- Used them but did not bring them to the doctor's visit.
- Used them and brought them to doctor's visit.

21. How useful did you find these worksheets or tips?

- Very helpful
- Somewhat helpful
- Unsure
- Somewhat unhelpful
- Not at all helpful

22. If you have any other comments about the e-mails and information, please let us know.

Other comments

---

---

**Thank you. You have finished the survey. We will be sending you the final questionnaire in 3 months.**