

AMA Ethical Force Program®

Improving communication—improving care

<<YOUR LOGO HERE>>

Dear Patient,

Please help us find out how well we communicate with patients at <<NAME OF ORGANIZATION>>. This survey will take less than 10 minutes.

Please do not write your name on the survey. Your answers to these questions **cannot** be matched with your name. Your answers will not change how you are treated.

Instructions:

1. Please fill out this survey.
2. <<INSERT RETURN INSTRUCTIONS.>>

Your answers to these questions are very important. But, you do not have to fill out this survey if you do not want to.

Thank you for your help.

Sincerely,

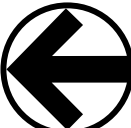







































<<SIGNATURE OF ORGANIZATION'S CEO>>
<<PRINTED NAME OF ORGANIZATION'S CEO, TITLE>>
<<NAME OF ORGANIZATION>>

Check this box if a staff person helps you fill out the survey.






























Patient survey

We would like to know how well <<NAME OF ORGANIZATION>> communicates with patients. Do not write your name on this survey. Your answers to these questions will not be shared with your doctor. Thank you very much.



Think about the past *six months*:

		Never	Sometimes	Always	Not sure
	p1. Could you find your way around the hospital/clinic?				?
	p2. Could you understand the hospital's/clinic's signs and maps?				?
	p3. Did hospital/clinic staff help you find community resources?				?
	p4. Could you understand the people at the front desk?				?
	p5. Was it easy to ask questions at the hospital/clinic?				?
	p6. Was information in the waiting areas helpful?				?
	p7. Were the hospital's/clinic's forms easy for you to fill out?				?
	p8. Did hospital/clinic staff offer to help you fill out the forms?				?
	p9. Did you understand the hospital's/clinic's informed consent forms?				?
	p10. Did you take educational materials home from the hospital/clinic?				?
	p11. Did the educational materials meet your needs?				?
	p12. Were the educational materials easy to understand?				?


Think about the past *six months*:

		Never	Sometimes	Always	Not sure
	p13. Did doctors listen to you?				?
	p14. Did doctors respect what you had to say?				?
	p15. Did doctors explain things in a way you could understand?				?
	p16. Did doctors ask you to repeat their instructions?				?
	p17. Did doctors involve you in decisions about your health care?				?
	p18. Did doctors at the hospital/clinic try to understand your culture?				?
	p19. Could you talk to your doctors about home remedies?				?
	p20. Did doctors ask if you had any questions?				?
	p21. Did you have enough time to talk with your doctor?				?

Think about the past *six months*. After you left the hospital/clinic:

		Never	Sometimes	Always	Not sure
	p22. Did you know your main health problem?	☹	☺	☺	?
	p23. Did you understand your doctor's instructions?	☹	☺	☺	?
	p24. Did you know how to take your medicine?	☹	☺	☺	?
	p25. Was it easy to reach someone on the phone if you had a question?	☹	☺	☺	?
	p26. Did you understand what hospital/clinic staff told you over the phone?	☹	☺	☺	?
	p27. Did you know whom to call if you wanted to complain?	☹	☺	☺	?

Overall:

	p28. Do you feel welcome at the hospital/clinic?	☹	☺	☺	?
	p29. Are you happy with the care you get at the hospital/clinic?	☹	☺	☺	?
	p30. Does the hospital/clinic communicate well with patients?	☹	☺	☺	?
	p31. Does the hospital/clinic serve your community well?	☹	☺	☺	?
	p32. Do hospital/clinic staff come from your community?	☹	☺	☺	?
	p33. Would you bring a family member to this hospital/clinic?	☹	☺	☺	?

Information about you:

p34. How many times have you visited the hospital/clinic in the past *six months*? _____

p35. How old are you? _____

p36. Are you:

- Male
- Female

p37. Did a hospital/clinic staff member ask your race and ethnicity?

- Yes
- No

p38. What is the highest grade you finished in school? (Circle one number.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17+
Grade school								High school				College				Graduate

p39. Are you: (You may check more than one)

- (A) Hispanic or Latino/Latina (country: _____)(AA)
- (B) American Indian or Alaska Native
- (C) Asian (country: _____)(CC)
- (D) Black or African-American
- (E) African (country: _____)(EE)
- (F) White
- (G) Native Hawaiian or Pacific Islander
- (O) Other: _____(OO)

p40. In what language would you like to talk to your doctor?

- English
- Spanish
- Chinese
- Hmong
- Polish
- Portuguese
- Vietnamese
- Other language: _____(OO)

p41. How can the hospital/clinic communicate better with you? _____

**If you prefer to talk to your doctor in English, you are done.
Thank you for helping us with this survey!**

**If you prefer to talk to your doctor in another language,
please answer a few more questions.**

	No	Yes	Not sure
p42. Has someone from the hospital/clinic asked you what language you speak?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p43. Do you need an interpreter when you visit the hospital/clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p44. Do you prefer to have a family member or friend interpret for you at the hospital/clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p45. Has someone from the hospital/clinic asked if you need an interpreter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p46. Does the hospital/clinic charge patients for using interpreters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p47. Do interpreters need special training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past *six months*:

	Never	Sometimes	Always	Not sure
pp48. Were forms written in your language?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pp49. Was it is easy to get an interpreter at the hospital/clinic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pp50. Did the hospital's/clinic's interpreters understand everything you said?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pp51. Were you happy with the hospital's/clinic's interpreters?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- p52. Who usually interprets for you at the hospital/clinic? (You may check more than one.)
- Bilingual staff member (A)
 - Trained medical interpreter (B)
 - Interpreter over the phone (C)
 - Adult friend or family member (D)
 - My child (under age 18) (E)

p53. How long do you usually wait for an interpreter? _____ (minutes)

Thank you for helping us with this survey!