

Measure # 13: Primary Care Assessment Survey (PCAS)

Contact Information:

- Requests and questions related to the Primary Care Assessment Survey (PCAS) can be made by following the link:
<http://160.109.101.132/icrhps/resprog/thi/pcas.asp>.

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Primary Care Assessment Survey



The Health Institute
New England Medical Center

NOTE: This survey document contains the 51 items that comprise the PCAS, along with supplementary items used for analysis and interpretation. The 51 PCAS items are denoted with a box drawn around the item number.

INSTRUCTIONS

For each question, fill in one box & or write in your answer _____ on the line provided.

There are no wrong answers.

Please answer every question (unless you are asked to skip questions because they don't apply). It is o.k. to take breaks -- you do not have to complete the whole survey in one sitting.

If you find a question too private or personal, you can skip it and answer the other questions. In any case, your answers are completely confidential and will never be shared with any one.

If you have questions, please call _____ (*Project should provide a name and toll-free number.*)

When you are finished, please return the survey in the postage paid envelope provided.

Thank you for participating.

YOUR REGULAR DOCTOR

1. Is there one particular doctor that you consider to be your **regular personal doctor**?

[1]
Yes

[2]
No

→ GO TO QUESTION 34 ON PAGE 13



2. How **long** has this person been your doctor?

Less than
6 months

[1]

Between
6 months and
1 year

[2]

1 to 2
years

[3]

3 to 5
years

[4]

More than
5 years

[5]

3. Is this the person you call when you have a **medical problem** or **question**?

Yes
[1]

No
[2]

4. Does this doctor handle **most** of your health care needs?

Yes
[1]

No
[2]

5. When was your **last** medical visit with your **regular personal doctor**?

Less than
1 month ago
[1]

1 to 3
months ago
[2]

4 to 6
months ago
[3]

7 months to
1 year ago
[4]

More than
1 year ago
[5]

6. Would you **recommend** this doctor to your family and friends?

Definitely yes
[1]

Probably yes
[2]

Not sure
[3]

Probably not
[4]

Definitely not
[5]

The questions from here through page 13 are about care you have received from the doctor you think of as your regular doctor.

7a. How many **minutes** does it usually take you to get to your regular doctor's office?



- [1] Less than 15
- [2] 16 to 30
- [3] 31 to 60
- [4] More than 60

b. How would you rate the convenience of your regular doctor's office **location**?



- | | | | | | |
|-----------|------|------|------|-----------|-----------|
| Very poor | Poor | Fair | Good | Very good | Excellent |
| [1] | [2] | [3] | [4] | [5] | [6] |

8a. What **additional** hours would you like your doctor's office to be open? (fill in all that apply)



- [1] Early morning
- [2] Evenings
- [3] Weekends
- [4] None, I am satisfied with the hours

b. How would you rate the **hours** that your doctor's office is open for medical appointments?



- | | | | | | |
|-----------|------|------|------|-----------|-----------|
| Very poor | Poor | Fair | Good | Very good | Excellent |
| [1] | [2] | [3] | [4] | [5] | [6] |

9a. When you are **sick** and call the doctor's office for an appointment, how quickly do they usually **see** you?



- [1] The same day
- [2] The next day
- [3] In 2 to 3 days
- [4] In 4 to 5 days
- [5] In more than 5 days

b. How would you rate the usual **wait** for an appointment when you are sick and call the doctor's office asking **to be seen**?



- | | | | | | |
|-----------|------|------|------|-----------|-----------|
| Very poor | Poor | Fair | Good | Very good | Excellent |
| [1] | [2] | [3] | [4] | [5] | [6] |

10a. How many minutes **late** do your appointments at your doctor's office usually begin?

- [1] None, they begin on time
- [2] Less than 5 minutes late
- [3] 6 to 10 minutes late
- [4] 11 to 20 minutes late
- [5] 21 to 30 minutes late
- [6] 31 to 45 minutes late
- [7] More than 45 minutes late



b. How would you rate the amount of time you **wait** at your doctor's office for your appointment to **start**?

- | | | | | | |
|-----------|------|------|------|-----------|-----------|
| Very poor | Poor | Fair | Good | Very good | Excellent |
| [1] | [2] | [3] | [4] | [5] | [6] |

11a. Do you ever put off **going to the doctor** because it is too expensive?

- | | | |
|------------|-------------------|-----------|
| Yes, often | Yes, occasionally | No, never |
| [1] | [2] | [3] |



b. How would you rate the amount of money you pay for **doctor visits**

- | | | | | | |
|-----------|------|------|------|-----------|-----------|
| Very poor | Poor | Fair | Good | Very good | Excellent |
| [1] | [2] | [3] | [4] | [5] | [6] |

12a. Do you ever **skip medication or treatments** because they are too expensive?

- | | | |
|------------|-------------------|-----------|
| Yes, often | Yes, occasionally | No, never |
| [1] | [2] | [3] |



b. How would you rate the amount of money you pay for **medication & other prescribed treatments**

- | | | | | | |
|-----------|------|------|------|-----------|-----------|
| Very poor | Poor | Fair | Good | Very good | Excellent |
| [1] | [2] | [3] | [4] | [5] | [6] |

13. Thinking about the times you have needed to **see or talk to** your doctor, how would you rate the following:

a. Ability to **get through to** the doctor's office by phone?

Very poor	Poor	Fair	Good	Very good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

b. Ability to **speak to** your doctor by phone when you have a question or need medical advise?

Very poor	Poor	Fair	Good	Very good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

14a. When you go for a **check-up or routine care**, how often do you see your **regular doctor** (not an assistant or partner)? →

Always	Almost Always	A lot of the time	Some of the time	Almost never	Never
[1]	[2]	[3]	[4]	[5]	[6]

b. How would you rate this?

→

Very poor	Poor	Fair	Good	Very good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

15a. When you are **sick** and go to the doctor, how often do you see your **regular doctor** (not an assistant or partner)? →

Always	Almost Always	A lot of the time	Some of the time	Almost never	Never
[1]	[2]	[3]	[4]	[5]	[6]

b. How would you rate this?

→

Very poor	Poor	Fair	Good	Very good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

16. Thinking about the **technical aspects** of your care, how would you rate the following:

a. Thoroughness of doctor's **physical examination** of you to check a health problem you have?

Very poor	Poor	Fair	Good	Very good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

b. How often do you question whether your doctor's **diagnosis** of your health problem is right?

Always	Almost always	A lot of the time	Some of the time	Almost never	Never
[1]	[2]	[3]	[4]	[5]	[6]

17. Thinking about **talking** with your regular doctor, how would you rate the following:

	[1]	[2]	[3]	[4]	[5]	[6]
	Very poor	Poor	Fair	Good	Very good	Excellent
a. Thoroughness of your doctor's questions about your symptoms and how you are feeling	π	π	π	π	π	π
b. Attention your doctor gives to what you have to say	π	π	π	π	π	π
c. Doctor's explanations of your health problems or treatments that you need	π	π	π	π	π	π
d. Doctor's instructions about symptoms to report and when to seek further care	π	π	π	π	π	π
e. Doctor's advice and help in making decisions about your care	π	π	π	π	π	π

18. How often do you leave your doctor's office with **unanswered questions**?

Always	Almost always	A lot of the time	Some of the time	π Almost never	Never
[1]	[2]	[3]	[4]	[5]	[6]

19. Thinking about the **personal aspects** of the care you receive from your regular doctor, how would you rate the following:

	[1]	[2]	[3]	[4]	[5]	[6]
	Very poor	Poor	Fair	Good	Very good	Excellent
a. Amount of time your doctor spends with you	π	π	π	π	π	π
b. Doctor's patience with your questions or worries	π	π	π	π	π	π
c. Doctor's friendliness and warmth toward you	π	π	π	π	π	π
d. Doctor's caring and concern for you	π	π	π	π	π	π
e. Doctor's respect for you	π	π	π	π	π	π

20. Think about **advice** your regular doctor gives you on ways to avoid illness and stay healthy. Would you say the doctor gives:

	[1]	[2]
(answer each line)	Yes	No
a. Too little advice	π	π
b. Too much advice	π	π

21. Which of the following has your regular doctor **ever** talked to you about?

(answer each line)		[1]	[2]	[3]	[4]
		Yes, in the last 3 years	Yes, more than 3 years ago	Yes, I don't remember when	No
a.	Smoking	π	π	π	π
b.	Alcohol Use	π	π	π	π
c.	Seat belt use	π	π	π	π
d.	Diet	π	π	π	π
e.	Exercise	π	π	π	π
f.	Stress	π	π	π	π
g.	Safe sex	π	π	π	π

22. Which of the following have you **ever** done **because of your doctor's advice**?

(answer each line)		[1]	[2]
		Yes	No
a.	Tried to cut down or quit smoking	π	π
b.	Tried to drink less alcohol	π	π
c.	Wore your seat belt more	π	π
d.	Changed your diet in any way	π	π
e.	Done more exercise	π	π
f.	Tried to relax or reduce your stress	π	π
g.	Practiced safer sex	π	π

25. Thinking about how well your doctor **knows you**, how would you rate the following?

	[1]	[2]	[3]	[4]	[5]	[6]
	Very poor	Poor	Fair	Good	Very good	Excellent
a. Doctor's knowledge of your entire medical history	π	π	π	π	π	π
b. Doctor's knowledge of your responsibilities at work or home	π	π	π	π	π	π
c. Doctor's knowledge of what worries you most about your health	π	π	π	π	π	π
d. Doctor's knowledge of you as a person (your values and beliefs)	π	π	π	π	π	π

26. If I were unconscious or in a coma, my doctor would know what I would want done for me.

Strongly agree
[1]

Agree
[2]

Not sure
[3]

Disagree
[4]

Strongly disagree
[5]

27. Are there **other** doctors or nurses who work in your doctor's office, who play an **important role** in your care?

[1]
Yes

[2]
No

→ GO TO QUESTION 30 ON PAGE 11



28. Thinking about these **other** doctors or nurses who play an important role in your care, how would you rate:

	[1]	[2]	[3]	[4]	[5]	[6]
	Very poor	Poor	Fair	Good	Very good	Excellent
a. Their knowledge of you as a person (your values and beliefs)	π	π	π	π	π	π
b. Their knowledge about your health	π	π	π	π	π	π
c. The quality of care they provide	π	π	π	π	π	π
d. The coordination between them and your regular doctor	π	π	π	π	π	π
e. Their explanations of your health problems or treatments that you need	π	π	π	π	π	π
π Not applicable, only my regular doctor does this						

29. How much would you say your **regular doctor** knows about the care you receive from these **other** doctors or nurses (for example: visits that you make, treatments recommended)?

Knows absolutely everything
[1]

Knows almost everything
[2]

Knows some things
[3]

Knows very little
[4]

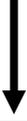
Knows nothing at all
[5]

30. Has your doctor ever recommended that you see a **different doctor** for a specific health problem?

[1]
Yes

[2]
No

→ GO TO QUESTION 32 ON NEXT PAGE



31. Thinking about the times your doctor has recommended you see a **different doctor** for a specific health problem, how would you rate the following:

	[1]	[2]	[3]	[4]	[5]	[6]
	Very poor	Poor	Fair	Good	Very good	Excellent
a. Help your regular doctor gave you in deciding who to see for specialty care	π	π	π	π	π	π
b. Help your regular doctor gave you in getting an appointment for specialty care you needed	π	π	π	π	π	π
c. Regular doctor's involvement in your care when you were being treated by a specialist or were hospitalized	π	π	π	π	π	π
d. Regular doctor's communication with specialists or other doctors who saw you	π	π	π	π	π	π
e. Help your regular doctor gave you in understanding what the specialist or other doctor said about you	π	π	π	π	π	π
f. Quality of specialists or other doctors your regular doctor sent you to	π	π	π	π	π	π

32. All things considered, how **satisfied** are you with your **regular doctor**?

- [1] Completely satisfied, couldn't be better
- [2] Very satisfied
- [3] Somewhat satisfied
- [4] Neither satisfied nor dissatisfied
- [5] Somewhat dissatisfied
- [6] Very dissatisfied
- [7] Completely dissatisfied, couldn't be worse

33. The information you have provided is **completely private**. Your individual answers will **never** be shown to your doctor, health plan, or anyone else.

For purposes of this research, however, it is helpful for us to know your doctor's name. It lets us determine whether your present doctor is different from the one caring for you when you first participated in this study (1996).

What is your **regular doctor's** name? _____ (please print)

BACKGROUND INFORMATION

34. How old are you? _____ **years** old

35. Are you male or female?

π
Male
[1]

π
Female
[2]

36. Which of the following best describes your **racial or ethnic background** (fill in one box)?

π
Hispanic or
Latino
[1]

π
White or
Caucasian
[2]

π
Black or African-
American
[3]

π
Asian
[4]

π
Other
[5]

37. How many people **live in** your household, including yourself, other adults, and any children?

_____ **people**

38. Approximately what was **the total income** of your household last year before taxes (fill in one box)?

π
Less than
\$20,000
[1]

π
\$20,000 to
\$39,999
[2]

π
\$40,000 to
\$59,999
[3]

π
\$60,000 to
\$79,999
[4]

π
\$80,000 or
more
[5]

39. What is your **current** marital status (fill in one box)?

π
Married
[1]

π
Separated
[2]

π
Divorced
[3]

π
Widowed
[4]

π
Never been
married
[5]

40. What is the **highest grade** you completed in school?

1 2 3 4 5 6 7 8 9 a b c d e f g h+

Grade School High School College Post Grad

41. How would you describe your **cigarette** smoking habits?

[1] Never smoked [2] Used to smoke [3] Now smoke

π π π \longrightarrow b. How many cigarettes a day do you smoke?

\downarrow \downarrow _____ cigarettes per day

42. How often do you **buckle your safety belt** when driving or riding in an automobile?

π π π π π

None of the time A little of the time Some of the time Most of the time All of the time

[1] [2] [3] [4] [5]

43. How many drinks of the following **alcoholic beverages** do you have during a typical week (including weekends)?

(answer each line)

- a. _____ bottles or cans of beer
- b. _____ glasses of wine or wine coolers
- c. _____ mixed drinks or shots of liquor
-

44. How many times per week do you **exercise** for 20 minutes or more (for example, take a brisk walk)?

_____ times per week

45. Thinking about the **amount of stress** in your life, would you say that most days are:

π
Extremely
stressful
[1]

π
Quite
stressful
[2]

π
A bit
stressful
[3]

π
Not very
stressful
[4]

π
Not at all
stressful
[5]

46. How **tall** are you? _____ feet _____ inches

47. How much do you **weigh**? _____ pounds

YOUR HEALTH

48. In general, would you say your health is:

π	π	π	π	π
Excellent	Very good	Good	Fair	Poor
[1]	[2]	[3]	[4]	[5]

49. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

	[1]	[2]	[3]
	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	π	π	π
b. Climbing several flights of stairs	π	π	π

50. During the **past 4 weeks**, have you had any of the following problems with your work or regular daily activities **as a result of your physical health**?

	[1]	[2]
	Yes	No
a. Accomplished less than you would like	π	π
b. Were limited in the kind of work or other activities	π	π

51. During the **past 4 weeks**, have you had any of the following problems with your work or regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	[1]	[2]
	Yes	No
a. Accomplished less than you would like	π	π
b. Didn't do work or other activities as carefully as usual	π	π

52. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- | | | | | |
|------------|--------------|------------|-------------|-----------|
| π | π | π | π | π |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |
| [1] | [2] | [3] | [4] | [5] |

53. These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**...

	[1]	[2]	[3]	[4]	[5]	[6]
	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
a. Have you felt calm and peaceful?	π	π	π	π	π	π
b. Did you have a lot of energy?	π	π	π	π	π	π
c. Have you felt downhearted and blue?	π	π	π	π	π	π

54. During the **past 4 weeks**, how much of the time have your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- | | | | | |
|--------------------|---------------------|---------------------|-------------------------|---------------------|
| π | π | π | π | π |
| All of
the time | Most of
the time | Some of
the time | A little of
the time | None of
the time |
| [1] | [2] | [3] | [4] | [5] |

55. Please think back to this same time **4 years ago** and answer each question below as best you can.

a. Compared to **4 years ago**, are you more or less limited **now** in your everyday physical activities because of your health?

π
A lot more
limited now
[1]

π
Somewhat more
limited now
[2]

π
About the
same
[3]

π
Somewhat less
limited now
[4]

π
A lot less
limited now
[5]

b. Compared to **4 years ago**, how often do you feel bothered by emotional problems, such as feeling anxious, depressed, or irritable **now**?

π
I feel this way
a lot more
often now
[1]

π
I feel this way
a little more
often now
[2]

π
About the
same
[3]

π
I feel this way
a little less
often now
[4]

π
I feel this way
a lot less
often now
[5]

c. Compared to **4 years ago**, how would you rate your health in general **now**?

π
Much better
now than four
years ago
[1]

π
Somewhat
better now than
four years ago
[2]

π
About the
same
[3]

π
Somewhat
worse now than
four years ago
[4]

π
Much worse now
than four
years ago
[5]

56. **Has a doctor ever told you that you had:**

	[1]	[2]
	Yes	No
a. Hypertension or high blood pressure	π	π
b. A heart attack in the last year (myocardial infarction)	π	π
c. Congestive heart failure (heart failure or enlarged heart)	π	π
d. Diabetes (high blood sugar)	π	π
e. Angina (An- <u>J</u> I-na or <u>AN</u> -jin-na)	π	π
f. Cancer (except skin)	π	π
g. Migraine headaches	π	π

57. Do you now have any of the following conditions?:	[1]	[2]
	Yes	No
a. Seasonal allergies (such as hay fever)	π	π
b. Other allergies (such as dust, pets or food)	π	π
c. Arthritis or any kind of rheumatism	π	π
d. Chronic back pain or sciatica	π	π
e. Blindness or trouble seeing with one or both eyes, even when wearing glasses	π	π
f. Asthma, emphysema, or other chronic lung problem	π	π
g. Liver trouble, such as cirrhosis	π	π
h. Insomnia	π	π
i. Chronic heartburn or ulcers	π	π
j. Deafness or other trouble hearing with one or both ears	π	π
k. Hemorrhoids	π	π
l. Limitation in the use of an arm or leg (missing, paralyzed, or weakness)	π	π
m. Weight problem	π	π
n. Depression	π	π

Acknowledgments: Several of the items in this survey have been adapted, with permission, from the work of colleagues. The following copyrighted items are included: Item 23c from the Trust in Physician Scale, © 1990 Psychological Reports; Items 48-54, from the MOS SF-36 Health Survey, © 1992 Medical Outcomes Trust Inc.; Items 56-57 from the Chronic Conditions Checklist, ©1990 New England Medical Center Hospitals. In addition, items 7b, 8b, 10a, 10b, 13a, 17b and 19a, c, e are modified versions of items referencing similar concepts in the GHAA Consumer Satisfaction Survey, © 1991 GHAA/Davies & Ware.