

Measure # 41: Ambulatory Care Experiences Survey (ACES)

Contact Information:

- Requests and questions related to the Ambulatory Care Experiences Survey (ACES) can be made by following the link:
<http://160.109.101.132/icrhps/resprog/thi/aces.asp>.

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SCHEDULING APPOINTMENTS AND SEEING A DOCTOR

AMBULATORY CARE EXPERIENCES SURVEY – SHORT FORM (PCP)

YOUR PERSONAL DOCTOR

1. Our records show that your regular personal doctor is:

<docname>

Is that correct?

- Yes → **Go to Question 2**
- No, my personal doctor is: _____ → Go to Question 2. (Please write correct name of your doctor.)
- No, I do not have a personal doctor. → **Go to Question 28 on Page 4**

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

- Less than 6 months
- Between 6 months and 1 year
- 1 to 2 years
- 3 to 5 years
- More than 5 years

3. In the last 12 months, have you had any visits with your personal doctor?

- Yes → **Go to Question 4**
- No → **Go to Question 28 on Page 4**

4. In the last 12 months, when you needed care for an illness or injury, how often did your personal doctor's office provide care as soon as you needed it?

- Never
- Almost never
- Sometimes
- Usually
- Almost always
- Always
- I did not need care for an illness or injury in the last 12 months.

5. In the last 12 months, when you scheduled an appointment for a check-up or routine care, how often did you get an appointment as soon as you needed it?

- Never
- Almost never
- Sometimes
- Usually
- Almost Always
- Always
- I did not schedule any check-ups or routine care in the last 12 months.

6. In the last 12 months, when you called your personal doctor's office with a medical question during regular office hours, how often did you get an answer that same day?

- Never
- Almost never
- Sometimes
- Usually
- Almost Always
- Always
- I did not call my personal doctor's office during office hours in the last 12 months.

7. In the last 12 months, when you called your personal doctor's office after regular office hours, how often did you get the help or advice you needed?
- Never
 - Almost never
 - Sometimes
 - Usually
 - Almost Always
 - Always
 - I did not call my personal doctor's office after regular office hours in the last 12 months.
8. In the last 12 months, how often were office staff at your personal doctor's office as helpful as you thought they should be?
- Never
 - Almost never
 - Sometimes
 - Usually
 - Almost always
 - Always

MANAGING YOUR CARE

9. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?
- Never
 - Almost never
 - Sometimes
 - Usually
 - Almost always
 - Always
10. In the last 12 months, how often did your personal doctor listen carefully to you?
- Never
 - Almost never
 - Sometimes
 - Usually
 - Almost always
 - Always

11. In the last 12 months, how often did your personal doctor give you clear instructions about what to do to take care of the health problems or symptoms that were bothering you?
- Never
 - Almost never
 - Sometimes
 - Usually
 - Almost always
 - Always
12. In the last 12 months, how often did your personal doctor seem to know all of the important information about your medical history?
- Never
 - Almost never
 - Sometimes
 - Usually
 - Almost always
 - Always
13. In the last 12 months, did your personal doctor recommend a treatment for a health problem or symptom that was bothering you?
- Yes
 - No
14. In the last 12 months, did your personal doctor ever say that there was more than one treatment option to consider for your care?
- Yes → *Go to Question 15*
 - No → *Go to Question 17*
15. In the last 12 months, when there was more than one treatment option to consider, did your personal doctor give you enough information about each option?
- Yes, definitely
 - Yes, somewhat
 - No, definitely not
16. In the last 12 months, when there was more than one treatment option to consider, did your personal doctor ask you which treatment option you preferred?
- Yes, definitely
 - Yes, somewhat
 - No, definitely not

17. In the last 12 months, did your personal doctor give you the help you needed to make changes in your habits or lifestyle that would improve your health or prevent illness?

- Yes, definitely
- Yes, somewhat
- No, definitely not
- I did not need help with this.

18. In the last 12 months, how often did your personal doctor spend enough time with you?

- Never
- Almost never
- Sometimes
- Usually
- Almost always
- Always

19. In the last 12 months, how often did you feel you could tell your personal doctor anything, even things that you might not tell anyone else?

- Never
- Almost never
- Sometimes
- Usually
- Almost always
- Always

20. How would you rate your personal doctor's knowledge of your medical history?

- Very poor
- Poor
- Fair
- Good
- Very good
- Excellent

COORDINATING YOUR CARE

21. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you received from specialist doctors?

- Never
- Almost never
- Sometimes
- Usually
- Almost always
- Always
- I did not see any specialist doctors in the last 12 months.

22. In the last 12 months, when your personal doctor sent you for a blood test, x-ray or other test, did someone from your doctor's office follow-up to give you the test results?

- Yes, always
- Yes, sometimes
- No, never
- My personal doctor did not send me for any medical tests in the last 12 months.

OVERALL RATING

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 Worst personal doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor possible

24. Would you recommend your personal doctor to your family and friends?

- Definitely yes
- Probably yes
- Not sure
- Probably not
- Definitely not

OTHER DOCTORS OR NURSES

25. Are there other doctors or nurses in your personal doctor's office who you have seen for any of your visits in the last 12 months?

- Yes → *Go to Question 26*
 No → *Go to Question 28*

26. In the last 12 months, how often did you feel that these other doctors or nurses had all the information they needed to provide your care?

- Never
 Almost never
 Sometimes
 Usually
 Almost always
 Always

27. In the last 12 months, how often did these other doctors or nurses spend enough time with you?

- Never
 Almost never
 Sometimes
 Usually
 Almost always
 Always

ABOUT YOU

28. In general, how would you rate your overall health now?

- Excellent
 Very good
 Good
 Fair
 Poor

29. In what year were you born?

Year (Write in)

30. Are you male or female?

- Male
 Female

31. What is the highest grade or level of school that you have completed?

- 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree

32. Are you of Hispanic or Latino origin or descent?

- Hispanic or Latino
 Not Hispanic or Latino

33. Which of the following best describes your race?

- White or Caucasian
 Black or African-American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native
 Other

34. Has a doctor ever told you that you had:

	Yes	No
a. Hypertension or high blood pressure	<input type="radio"/>	<input type="radio"/>
b. Angina or coronary artery disease	<input type="radio"/>	<input type="radio"/>
c. Congestive heart failure	<input type="radio"/>	<input type="radio"/>
d. Diabetes	<input type="radio"/>	<input type="radio"/>
e. Asthma, emphysema, or COPD (Chronic Obstructive Pulmonary Disease)	<input type="radio"/>	<input type="radio"/>
f. Rheumatoid Arthritis, Osteoarthritis, or DJD	<input type="radio"/>	<input type="radio"/>
g. Any cancer (other than skin)	<input type="radio"/>	<input type="radio"/>
h. Depression	<input type="radio"/>	<input type="radio"/>
i. Acid reflux or stomach ulcers	<input type="radio"/>	<input type="radio"/>
j. Migraine headaches	<input type="radio"/>	<input type="radio"/>

Thank you.

When you are done, please use the enclosed prepaid envelope to mail the questionnaire to:

ADDRESS

Several items in this survey have been adapted from the following previously validated survey instruments: Ambulatory Care Experiences Survey © 2002-2003 New England Medical Center Hospitals, Inc./Massachusetts Health Quality Partners; CAHPS® 2.0 Adult Core Questionnaire 1998 Agency for Healthcare Research and Policy; PCAS © 1996-1999 New England Medical Center Hospitals, Inc.