



16049

**PATIENT-PHYSICIAN
PARTNERSHIP TO IMPROVE HBP ADHERENCE
PATIENT QUESTIONNAIRE**

Date (mm/dd/yyyy)

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Pt Study # (PID)

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This questionnaire asks for your views about health and how well you are able to do your usual activities. Please circle your responses to each question.

1. In general would you say your health is: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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?

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

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

4. Accomplished less than you would like? ☐ Yes ☐ No
5. Were limited in the kind of work or other activities? ☐ Yes ☐ No

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

6. Accomplished less than you would like? ☐ Yes ☐ No
7. Didn't do work or other activities as carefully as usual? ☐ Yes ☐ No



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

☐ Not at all ☐ a little bit ☐ Moderately ☐ Quite a bit ☐ Extremely

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:

9. Have you felt calm and peaceful?

☐ 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

10. Did you have a lot of energy?

☐ 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

11. Have you felt downhearted and blue?

☐ 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

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

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

DURING THE PAST WEEK...	Rarely or none of the time (< 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7days)
13. I was bothered by things that don't usually bother me.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
14. I did not feel like eating; my appetite was poor.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
15. I felt that I could not shake off the blues even with the help of my family or friends.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
16. I felt that I was just as good as other people.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
17. I had trouble keeping my mind on what I was doing.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
18. I felt depressed.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
19. I felt everything I did was an effort.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
20. I felt hopeful about the future.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
21. I thought my life had been a failure.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
22. I felt fearful.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
23. My sleep was restless.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
24. I was happy.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
25. I talked less than usual.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
26. I felt lonely.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
27. People were unfriendly.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
28. I enjoyed life.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
29. I had crying spells.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
30. I felt sad.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
31. I felt that people disliked me.	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7
32. I could not get "going".	<input type="radio"/> <1	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-7



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The next few questions are about religion and spirituality.

33. In general, how important is religion or spirituality in your life?

- ☐ Not at all ☐ Not very important ☐ Somewhat important ☐ Very important

34. How often do you attend religious services?

- ☐ Not at all ☐ Less than once a month ☐ Once a month ☐ 2-3 times a month ☐ Once a week ☐ More than once a week

35. How often do you pray?

- ☐ Never ☐ Less than once a week ☐ Several times a week ☐ Once a day ☐ Several times a day

Now, we would like to know some other general information about you.

36. What role would you like to play when seeing your doctor? (Read all 4 statements)

- ☐ The doctor takes the initiative and decides what is best for me
☐ The doctor considers some of my ideas but still makes most, if not all of the final decisions
☐ The doctor and I make the final decisions together
☐ I make all the final decisions

Date (mm/dd/yyyy)

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37. What is your date of birth?

38. How old are you?

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 years old

39. Are you male or female?

- ☐ Male ☐ Female

40. Which of the following racial groups do you consider yourself to belong to? Circle all that apply.

- ☐ Asian
☐ Black or African American
☐ Latino/Latina or Latin American or Hispanic
☐ Native American, American Indian, or Indigenous people
☐ Pacific Islander
☐ White



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41. Are you currently married, separated, divorced, widowed or never married?

- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never married

42. Do you live alone or with other people? Circle all that apply.

- ☐ live with spouse or partner
- ☐ live with other relative or friends
- ☐ live with other unrelated individuals (for example, paid help)
- ☐ live alone

43. What is the highest year of school you have completed?

- Elementary ☐ 00 ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 7 ☐ 8
- High school ☐ 09 ☐ 10 ☐ 11 ☐ 12
- College ☐ 13 ☐ 14 ☐ 15 ☐ 16
- College (17 years or more) ☐ 17
- GED ☐ 95

44. Do you have any health care insurance?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused to answer

45. Are you covered by Medicaid for your health insurance (which is a state program for low income persons or for persons on public assistance or welfare)?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused to answer

46. Are you covered by Medicare, which is an insurance program for people 65 years old or over and for people who are disabled?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused to answer

47. Are you covered by any other health insurance (such as a private plan or through work) that pays any part of hospital or doctor bills?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused to answer

48. Does your insurance pay anything for prescriptions?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused to answer



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49. To get a picture of people's financial situation, we need to know the general range of income of all people we interview. Now, think about your households' total income from all sources, before taxes, including wages, salaries, and any other income. About how much did your household receive in the last 12 months?

if refuse or no answer, go to 51a

- a. Can you tell me if your household income was more or less than \$10,000 in the past 12 months? **(If less than \$10,000, go to #50)**
- ☐ Less than \$10,000
☐ More than \$10,000
- b. Can you tell me if your household income was more or less than \$35,000 in the past 12 months?
- ☐ Less than \$35,000
☐ More than \$35,000

50. What were you doing most of last week? Were you:

- ☐ Working full time ☐ Working part-time ☐ Retired ☐ Disabled ☐ Attending school ☐ Keeping house ☐ Unemployed

a. What kind of business or industry do you work in? **KIND OF BUSINESS/INDUSTRY**

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b. What kind of work are you doing? **SPECIFY OCCUPATION**

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51. Now I have a list of health problems that some people have. Please tell me if you now have any of these problems.

Do you currently have...

- a. High blood sugar or diabetes? ☐ Yes ☐ No
- b. Arthritis or rheumatism? ☐ Yes ☐ No
- c. Trouble breathing, for example, caused by asthma, emphysema or chronic lung disease? ☐ Yes ☐ No
- d. Cancer diagnosed within the last three years (not skin cancer)? ☐ Yes ☐ No
- e. A neurological condition, such as epilepsy, convulsions or Parkinson's Disease? ☐ Yes ☐ No
- f. Stroke or major paralysis (inability to use arms or walk)? ☐ Yes ☐ No



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- g. Heart failure or congestive heart failure? ☐ Yes ☐ No
- h. Angina or coronary artery disease? ☐ Yes ☐ No
- i. Back problems (including disk or spine lasting more than one week)? ☐ Yes ☐ No
- j. Irritable bowel disorder, chronic inflamed bowel, enteritis, or colitis? ☐ Yes ☐ No
- k. Thyroid disease or are you currently taking thyroid medication? ☐ Yes ☐ No
- l. Kidney failure? ☐ Yes ☐ No
- m. Eye disease (cataract, glaucoma macular degeneration)? ☐ Yes ☐ No
- n. Depression, anxiety or mental or emotional problem? ☐ Yes ☐ No
- o. Alcohol or substance abuse? ☐ Yes ☐ No
- p. Any other health condition? _____ ☐ Yes ☐ No
52. Have you undergone a recent event that was stressful such as a change of jobs, a change of residence, the loss of a loved one or the break up of your marriage? ☐ Yes ☐ No
53. Within the last month, how often have you felt stressed because of daily hassles or personal problems in your life?
- ☐ Never ☐ Almost never ☐ Sometimes ☐ Fairly often ☐ Very often

Next are some questions about the support that is available to you.

54. About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)?

(Write in the number of close friends and close relatives:)

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(For HBP, say high blood pressure)

55. Are you following the HBP treatment recommended by the doctor?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

56. Are you keeping track of your blood pressure level to see if it is under control?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

57. Are you taking care of problems that get in the way of controlling your HBP?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

58. How often do you forget to take your HBP medicine?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

59. How often do you decide NOT to take your HBP medicine?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

60. How often do you eat salty food?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

61. How often do you shake salt on your food before you eat it?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

62. How often do you eat fast food?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

63. How often do you make the next appointment before you leave the doctor's office?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

64. How often do you miss scheduled appointments?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

65. How often do you forget to get prescriptions filled?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know



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66. Did your doctor prescribe HBP medicine for you within the last 6 months? ☐ Yes ☐ No

67. Did you get this prescription filled? ☐ Yes ☐ No

68. How often do you run out of HBP pills?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

69. How often do you skip your HBP medicine before you go to the doctor?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

70. How often do you skip your medicine when you are drinking alcohol?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

71. How often do you miss taking your HBP pills when you feel better?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

72. How often do you miss your HBP pills when you feel sick?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

73. How often do you take someone else's HBP pills?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

74. How often do you miss taking your HBP pills because you are careless?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

75. How often do you miss taking your HBP pills because of financial concerns (cost, co-payment)?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

76. At least once a week, do you engage in any regular exercise such as brisk walking, jogging, bicycling, etc. long enough to work up a sweat? ☐ Yes ☐ No

77. If yes, how many times per week?

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Times per week

a. If yes, what type of activity do you do? ACTIVITY:

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78. Are you trying to lose weight? ☐ Don't know/not sure ☐ N/A ☐ No ☐ Yes

79. Are you trying to maintain your current weight, that is to keep from gaining weight? ☐ Don't know/not sure ☐ N/A ☐ No ☐ Yes

80. Are you doing anything to achieve or maintain a healthy diet? ☐ Don't know/not sure ☐ N/A ☐ No ☐ Yes

81. Please tell me a few of the things you specifically do to achieve a healthy diet. (record response verbatim)

☐ Don't know

☐ No answer

☐ Other

☐ Not applicable/skipped

☐ Reduce intake of sodium/salt

☐ Try reduced fat or fat-free foods

☐ Eat lower fat dairy products

☐ Eat less beef/red meat

☐ Eat leaner meats/beef

☐ Eat more fish

☐ Eat more grains/liner/cereal

☐ Eat more poultry/chicken

☐ Eat more fruit

☐ Eat more vegetables

Thank you. When your visit with the doctor is over, we will ask you to complete the rest of the questionnaire.



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Pt Study # (PID)

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RAPID ESTIMATE OF ADULT LITERACY IN MEDICINE

(REALM) Examiner's Instructions

Terry Davis, PhD, Michael Crouch, MN, Sandy Long, PhD

Directions to the Examiner:

1. Give the patient a laminated copy of the "REALM" Patient Word List.
2. Examiner should hold an unlaminated "REALM" Score Sheet on a clipboard at an angle so that the patient is not distracted by your scoring procedure.
3. Examiner should say:
"I want to hear you read as many words as you can from this list. Begin with the first word on List 1 and read aloud. When you come to a word you cannot read, do the best you can or say "blank" and go on to the next word."
4. If the patient takes more than five seconds on a word say "blank" and point to the next word, if necessary, to move the patient along. If the patient begins to miss every word; have him/her pronounce as many remaining words as possible.
5. Count as an error any word not attempted or mispronounced. Score by:
 - (2) after each mispronounced word.
 - (0) after each word not attempted.
 - (1) after each word pronounced correctly.

Rapid Estimate of Adult Literacy in Medicine (REALM)
Reminder: (2) after each mispronounced word;
(0) after each word not attempted; (1) after each word pronounced correctly.

LIST 1

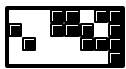
Fat ☐
Flu ☐
Pill ☐
Dose ☐
Eye ☐
Stress ☐
Smear ☐
Nerves ☐
Germs ☐
Meals ☐
Disease ☐
Cancer ☐
Caffeine ☐
Attack ☐
Kidney ☐
Hormones ☐
Herpes ☐
Seizure ☐
Bowel ☐
Asthma ☐
Rectal ☐
Incest ☐

LIST 2

Fatigue ☐
Pelvic ☐
Jaundice ☐
Infection ☐
Exercise ☐
Behavior ☐
Prescription ☐
Notify ☐
Gallbladder ☐
Calories ☐
Depression ☐
Miscarriage ☐
Pregnancy ☐
Arthritis ☐
Nutrition ☐
Menopause ☐
Appendix ☐
Abnormal ☐
Syphilis ☐
Hemorrhoids ☐
Nausea ☐
Directed ☐

LIST 3

Allergic ☐
Menstrual ☐
Testicle ☐
Colitis ☐
Emergency ☐
Medication ☐
Occupation ☐
Sexually ☐
Alcoholism ☐
Irritation ☐
Constipation ☐
Gonorrhea ☐
Inflammatory ☐
Diabetes ☐
Hepatitis ☐
Antibiotics ☐
Diagnosis ☐
Potassium ☐
Anemia ☐
Obesity ☐
Osteoporosis ☐
Impetigo ☐



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The following statements summarize things people sometimes say about doctors and medical care. There are no right or wrong answers; we just want your opinion. Based on your visit today, please circle the answer which best reflects your feelings. Your answers will not be shown to the doctor or his/her staff and they will in no way affect your care.

82. Overall, I was satisfied with this visit.

- ☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

83. My doctor seemed to be in a hurry.

- ☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

84. My doctor seems to care about me as a person

- ☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

85. My doctor has a great deal of respect for me.

- ☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

86. My doctor addresses me by the name that I prefer

- ☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

87. My doctor acknowledges my presence when talking about me

- ☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

88. My doctor respect my privacy when examining me or when asking me questions

- ☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

89. My doctor thinks I am a very interesting person.

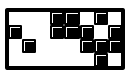
- ☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

90. My doctor likes me.

- ☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

91. My doctor was friendly and warm.

- ☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree



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92. I would recommend this physician to a friend.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

93. I like this doctor (liking means, warmth and enthusiasm for seeing).

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

94. My doctor asked me whether I agree with his/her decisions.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

95. My doctor gave me a complete examination for my medical symptoms or treatment.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

96. My doctor asked me what I believe is causing my medical symptoms.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

97. My doctor encouraged me to talk about personal concerns related to my medical symptoms.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

98. My doctor encouraged me to give my opinion about my medical treatment.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

99. I asked my doctor to explain the treatment or procedure to me in greater detail.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

100. I asked my doctor for recommendations about my medical symptoms.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

101. I went into great detail about my medical symptoms.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

102. I asked my doctor a lot of questions about my medical symptoms.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

103. I suggested a certain kind of medical treatment to my doctor.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

104. I insisted on a particular kind of test or treatment for my symptoms.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

105. I expressed doubts about the tests or treatment that my doctor recommended.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

106. I gave my opinion (agreement or disagreement) about the types of test or treatment that my doctor ordered.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

107. I trust this doctor to look out for my best interests.

☐ Not at all ☐ A little ☐ Somewhat ☐ Mostly ☐ Completely

108. I have confidence in this doctor's knowledge and skills.

☐ Not at all ☐ A little ☐ Somewhat ☐ Mostly ☐ Completely

109. I trust (PCP's name) to tell the truth about my health.

☐ Not at all ☐ A little ☐ Somewhat ☐ Mostly ☐ Completely

110. I trust this doctor to keep what I tell him or her confidential.

☐ Not at all ☐ A little ☐ Somewhat ☐ Mostly ☐ Completely

111. I trust this doctor to put my medical needs above all other considerations when treating my medical problems.

☐ Not at all ☐ A little ☐ Somewhat ☐ Mostly ☐ Completely

112. I trust (health plan name, e.g., JHCP, BMSI, etc.) to put my medical needs above all other considerations when treating my medical problems.

☐ Not at all ☐ A little ☐ Somewhat ☐ Mostly ☐ Completely



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113. Please rate each of the following relationship styles according to the extent to which you think each description corresponds to your general relationship style.

- | | Not at all
like me | | | Somewhat
like me | | | Very much
like me |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me. | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |
| b. I am comfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others. | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |
| c. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them. | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |
| d. I am comfortable without close emotional relationships, it is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me. | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |

Now we want to ask specifically about the amount of time spent on personal issues.

114. How much time do you think you and your doctor spent discussing your family, important relationships in your life, work or personal problems today?

- ☐ None ☐ 1 minute or less ☐ 1-5 minutes ☐ 6-10 minutes ☐ 10 minutes or more

If none, skip to question #116

115. Was the amount of time spent talking about these things:

- ☐ Too much ☐ Too little ☐ Just right

116. If there were a choice between treatments, how often would this doctor ask you to help make the decision?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

117. How often does this doctor make an effort to give you some control over your treatment?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

118. How often does your doctor ask you to take responsibility for your treatment?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

119. How often does this doctor discuss pros and cons of each choice with you?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

120. How often does this doctor get you to state which choice or option you prefer?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

121. How often does this doctor take your preferences into account when making treatment decisions?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

122. Now that you have seen your doctor, how CONFIDENT are you that you will start doing the following things in the next three months?

- | | | | | |
|-------------------------|----------------------------------|--------------------------------|----------------------------------|---------------------------|
| a. change your diet? | <input type="radio"/> Not at all | <input type="radio"/> Somewhat | <input type="radio"/> Completely | <input type="radio"/> N/A |
| b. lose weight? | <input type="radio"/> Not at all | <input type="radio"/> Somewhat | <input type="radio"/> Completely | <input type="radio"/> N/A |
| c. cut back on salt? | <input type="radio"/> Not at all | <input type="radio"/> Somewhat | <input type="radio"/> Completely | <input type="radio"/> N/A |
| d. exercise more? | <input type="radio"/> Not at all | <input type="radio"/> Somewhat | <input type="radio"/> Completely | <input type="radio"/> N/A |
| e. cut back on alcohol? | <input type="radio"/> Not at all | <input type="radio"/> Somewhat | <input type="radio"/> Completely | <input type="radio"/> N/A |
| f. quit smoking? | <input type="radio"/> Not at all | <input type="radio"/> Somewhat | <input type="radio"/> Completely | <input type="radio"/> N/A |



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Answers to the following questions are for study purpose only and will not be reported to your physician

123. How often do you think about your race?
Would you say:

- ☐ Never
- ☐ At least once a year
- ☐ At least once a month
- ☐ At least once a week
- ☐ At least once a day
- ☐ At least once an hour
- ☐ Constantly
- ☐ Don't know/not sure

124. Within the past 12 months, on average, how do you think you were treated compared to people of other races?

- ☐ Better
- ☐ Worse
- ☐ The same
- ☐ Don't know/not sure

125. This question is about your experiences in health care settings. Within the past 12 months, when you went to get health care, how do you think you were treated compared to people of other races?

- ☐ Better
- ☐ Worse
- ☐ The same
- ☐ Don't know/not sure

126. Within the past 30 days, have you felt emotionally upset (for example, angry, sad or frustrated) as a result of how OTHER PEOPLE were treated based on their race?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

127. Is there anything else about your visit you would like to tell us?

Thank you very much for your time and your help.
It is only with the help of patients like yourself that we can learn to improve medical care.