



Your Health Care Experience Survey

Your Privacy is Protected. All information that could let someone identify you or your family will be kept private. Health Plan of San Joaquin will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

What To Do When You're Done. Once you complete the survey, place it in the pre-paid postage envelope that was provided, seal the envelope, and send in the mail.

If you want to know more about this study, call Customer Service **888-936-PLAN (7526)**, **TTY/TDD 711**.

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

- ☒ Yes → **If Yes, go to #1 on page 1**
☐ No

Personal or Family Counseling

People can get counseling, treatment or medicine for many different reasons, such as:

- For feeling depressed, anxious, or “stressed out”
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use
- For mental or emotional illness

1. In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?

- 1 ☐ Yes → **If Yes, go to question 2**
 2 ☐ No → **If No, go to question 44**

Your Counseling and Treatment in the Last 12 Months

The next questions ask about **your** counseling or treatment. **Do not** include counseling or treatment during an overnight stay or from a self-help group.

2. In the last 12 months, did you **call** someone to get **professional counseling on the phone** for yourself?

- 1 ☐ Yes
 2 ☐ No → **If No, go to question 4**

3. In the last 12 months, how often did you **get** the professional counseling you needed **on the phone**?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always

4. In the last 12 months, did you need counseling or treatment **right away**?

- 1 ☐ Yes
 2 ☐ No → **If No, go to question 6**

5. In the last 12 months, when you needed counseling or treatment **right away**, how often did you see someone as soon as you wanted?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always

6. In the last 12 months, not counting times you needed counseling or treatment right away, did you make any **appointments** for counseling or treatment?

- 1 ☐ Yes
 2 ☐ No → **If No, go to question 8**

7. In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always

8. In the last 12 months, how many times did you go to an **emergency room or crisis center** to get counseling or treatment for yourself?

- 1 ☐ None
 2 ☐ 1
 3 ☐ 2
 4 ☐ 3 or more

9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did you go to an office, clinic, or other treatment program to get counseling, treatment or medicine for yourself?

1 ☐ None → **If None, go to question 29**

- 2 ☐ 1 to 10
3 ☐ 11 to 20
4 ☐ 21 or more

10. In the last 12 months, how often were you seen **within 15 minutes** of your appointment?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

The next questions are about all the counseling or treatment you got in the last 12 months during office, clinic, and emergency room **visits** as well as **over the phone**.

Please do the best you can to include all the different people you went to for counseling or treatment in your answers.

11. In the last 12 months, how often did the people you went to for counseling or treatment **listen carefully to you**?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

12. In the last 12 months, how often did the people you went to for counseling or treatment **explain things** in a way you could understand?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

13. In the last 12 months, how often did the people you went to for counseling or treatment **show respect for what you had to say**?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

14. In the last 12 months, how often did the people you went to for counseling or treatment **spend enough time** with you?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

15. In the last 12 months, how often did you **feel safe** when you were with the people you went to for counseling or treatment?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

16. In the last 12 months, did you take any **prescription medicines** as part of your treatment?

¹ ☐ Yes

² ☐ No → **If No, go to question 18**

17. In the last 12 months, were you told what **side effects** of those medicines to watch for?

¹ ☐ Yes

² ☐ No

18. In the last 12 months, how often were you **involved as much as you wanted** in your counseling or treatment?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

19. In the last 12 months, did anyone talk to you about **whether to include** your family or friends in your counseling or treatment?

¹ ☐ Yes

² ☐ No

20. In the last 12 months, were you told about **self-help or support groups**, such as consumer-run groups or 12-step programs?

¹ ☐ Yes

² ☐ No

21. In the last 12 months, were you given information about **different kinds** of counseling or treatment that are available?

¹ ☐ Yes

² ☐ No

22. In the last 12 months, were you given as much information as you wanted about what you could do to **manage** your condition?

¹ ☐ Yes

² ☐ No

23. In the last 12 months, were you given information about your **rights as a patient**?

¹ ☐ Yes

² ☐ No

24. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?

¹ ☐ Yes

² ☐ No

25. In the last 12 months, as far as you know did anyone you went to for counseling or treatment **share information** with others that should have been kept private?

¹ ☐ Yes

² ☐ No

proof

26. Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment **you need**?

- ¹ ☐ Yes
² ☐ No → **If No, go to question 28**

27. In the last 12 months, was the care you received responsive to those needs?

- ¹ ☐ Yes
² ☐ No

28. Using **any number from 0 to 10**, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your **counseling or treatment** in the last 12 months?

- ☐ 0 Worst counseling or treatment possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best counseling or treatment possible

29. In the last 12 months, how much were you helped by the counseling or treatment you got?

- ¹ ☐ Not at all
² ☐ A little
³ ☐ Somewhat
⁴ ☐ A lot

30. In general, how would you rate your **overall mental health now**?

- ¹ ☐ Excellent
² ☐ Very good
³ ☐ Good
⁴ ☐ Fair
⁵ ☐ Poor

31. Compared to 12 months ago, how would you rate your ability to deal with **daily problems now**?

- ¹ ☐ Much better
² ☐ A little better
³ ☐ About the same
⁴ ☐ A little worse
⁵ ☐ Much worse

32. Compared to 12 months ago, how would you rate your ability to deal with **social situations now**?

- ¹ ☐ Much better
² ☐ A little better
³ ☐ About the same
⁴ ☐ A little worse
⁵ ☐ Much worse

33. Compared to 12 months ago, how would you rate your ability to **accomplish the things you want to do now**?

- ¹ ☐ Much better
² ☐ A little better
³ ☐ About the same
⁴ ☐ A little worse
⁵ ☐ Much worse

34. Compared to 12 months ago, how would you rate your **problems or symptoms now?**

- 1 ☐ Much better
 2 ☐ A little better
 3 ☐ About the same
 4 ☐ A little worse
 5 ☐ Much worse

The next questions ask about your experience with the **company or organization** that handles your benefits for counseling or treatment.

35. In the last 12 months, did you **use up all your benefits for counseling or treatment?**

- 1 ☐ Yes
 2 ☐ No → If No, go to question 36

36. At the time benefits were used up, did you think you **still needed counseling or treatment?**

- 1 ☐ Yes
 2 ☐ No → If No, go to question 38

37. Were you told about **other ways to get counseling, treatment, or medicine?**

- 1 ☐ Yes
 2 ☐ No

38. In the last 12 months, did you need approval for any counseling or treatment?

- 1 ☐ Yes
 2 ☐ No → If No, go to question 40

39. In the last 12 months, how much of a problem, if any, were **delays in counseling or treatment while you waited for approval?**

- 1 ☐ A big problem
 2 ☐ A small problem
 3 ☐ Not a problem

40. In the last 12 months, did you call **customer service to get information or help about counseling or treatment?**

- 1 ☐ Yes
 2 ☐ No → If No, go to question 42

41. In the last 12 months, how much of a problem, if any, was it to **get the help you needed when you called customer service?**

- 1 ☐ A big problem
 2 ☐ A small problem
 3 ☐ Not a problem

Reasons for Counseling or Treatment

42. In the last 12 months, was any of your counseling or treatment for **personal problems, family problems, emotional illness, or mental illness?**

- 1 ☐ Yes
 2 ☐ No

43. In the last 12 months, was any of your counseling or treatment for help with **alcohol use or drug use?**

- 1 ☐ Yes
 2 ☐ No

About You

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

- ☐ 1 Excellent
- ☐ 2 Very good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

45. What is your age now?

- ☐ 1 18 to 24
- ☐ 2 25 to 34
- ☐ 3 35 to 44
- ☐ 4 45 to 54
- ☐ 5 55 to 64
- ☐ 6 65 to 74
- ☐ 7 75 or older

46. Are you male or female?

- ☐ 1 Male
- ☐ 2 Female

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

- ☐ 1 8th grade or less
- ☐ 2 Some high school, but did not graduate
- ☐ 3 High school graduate or GED
- ☐ 4 Some college or 2-year degree
- ☐ 5 4-year college degree
- ☐ 6 More than 4-year college degree

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

- ☐ 1 Yes, Hispanic or Latino
- ☐ 2 No, Not Hispanic or Latino

49. What is your race? Please mark one or more.

- ☐ 1 White
- ☐ 2 Black or African-American
- ☐ 3 Asian
- ☐ 4 Native Hawaiian or Other Pacific Islander
- ☐ 5 American Indian or Alaska Native
- ☐ 6 Other

50. Did someone help you complete this survey?

- ☐ 1 Yes → **If Yes, go to question 51**
- ☐ 2 No → **Thank you. Please return the completed survey in the postage-paid envelope.**

51. How did that person help you? Check all that apply.

- ☐ a Read the questions to me
- ☐ b Wrote down the answers I gave
- ☐ c Answered the questions for me
- ☐ d Translated the questions into my language
- ☐ e Helped in some other way

Please print: _____

Thank you.

Please return the completed survey in the postage-paid envelope.