

## Appendix B

### Evaluation of Health Care for Rheumatic Conditions

How would you rate the following aspects of your health care for your arthritis or rheumatic condition?

*(Check the box that describes how satisfied you are.)*

<u>Subscale*</u>		Very				
		Excellent	Good	Good	Fair	Poor
		(1)	(2)	(3)	(4)	(5)
A	1. Getting through to your doctor's office on the telephone to get advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	2. Getting through to your doctor's office on the telephone to make an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	3. Being able to see your own doctor or another doctor who is familiar with your medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	4. The length of time between making the appointment and the day you can see the doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	5. The distance you have to travel to the doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	6. The time you have to wait in the doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	7. The information you receive from your doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	8. The way the doctor encourages you to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	9. The way your doctor listens to your concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	10. The way your doctor explains your medical condition(s), treatments, and medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |   |  |                          |                          |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| P | 11. The thoroughness of the doctor's examination.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| P | 12. The way your doctor involves you in treatment and medication decisions.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| P | 13. Your doctor's competence to treat your arthritis.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| P | 14. Your doctor's willingness or ability to prescribe the right medications for you.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C | 15. Your ability to be referred to a rheumatologist or other specialist for your arthritis.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C | 16. The time between getting a referral to a rheumatologist or specialist and actually seeing the rheumatologist or specialist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C | 17. Your ability to be referred for physical or occupational therapy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C | 18. Your ability to get devices or aids such as canes or shoe inserts through your health plan.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\* Subscale in which item is scored. P = Care from physician, A = Access to/convenience of care, C = health plan coverage.