

# Shanghai Health Care Patient Survey

Please read and fill out consent form for information and signature before continuing.

\* Required

1. **Are you completing this survey for yourself or for another person? \***

*Mark only one oval.*

- I am completing this survey for myself      *Skip to question 3.*
- I am completing this survey for another person

2. **If you are completing this survey for someone else, who are you completing it for? \***

*Mark only one oval.*

- I am completing this for a family member or friend
- I am completing this for the patient or client
- Other: .....

## Demographics

3. **What is your birth year? \***

YYYY

.....

4. **Are you female or male? \***

*Mark only one oval.*

- Female
- Male

5. **Highest level of education you have completed \***

*Mark only one oval.*

- Elementary School
- Middle School
- High School
- Diploma/Trade school
- Undergraduate Degree
- Postgraduate Degree

6. **What type of health insurance do you have? (check all that apply) \***

*Check all that apply.*

- Shanghai resident insurance
- Employer insurance
- None
- Other: .....

7. **Level of comfort in English conversation? Please circle your answer: \***

*Mark only one oval.*

- Very Comfortable
- Somewhat Comfortable
- Neutral
- Somewhat Uncomfortable
- Very Uncomfortable

8. **How much do you earn per month? \***

*Mark only one oval.*

- <2500 RMB
- 2500-5000 RMB
- 5000-10,000 RMB
- 10,000-20,000 RMB
- 20,000 RMB +

## Current Use of Health Care System

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9. **Check all the services you have used in the past two years and please indicate the number of visits for each: \***

*Please fill in others if applicable*

*Mark only one oval per row.*

	0	1	2-5	5-10	10+
Community Clinic/General Practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital Doctor (secondary/tertiary hospital)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditional Chinese Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. **Has a specialist ever transferred you to another specialist because your disease does not fall under his/her profession? \***

Mark only one oval.

- Yes  
 No

11. **Are you seeing many hospital doctors for the same illness? \***

Mark only one oval.

- Yes  
 No

12. **Please indicate whether you agree with the following statements \***

Mark only one oval per row.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Last time I have seen my hospital doctor, I have waited too long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the length of time I had with hospital doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the hospital care I have received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Health Care and Associated Costs

13. **Did you spend money out-of-pocket on related healthcare costs in the last year? If yes, please specify in RMB:**

Mark only one oval per row.

	Yes	No	If yes, please give an estimate in RMB
Secondary/Tertiary care fees:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Primary care fees:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Drug cost:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Medical examinations cost	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Travel costs:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Insurance cost:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Uninsured medical costs:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

## 14. Please indicate whether you agree with the following statements \*

Mark only one oval per row.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The costs of healthcare have previously prevented my ability to get care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The costs of healthcare have previously affected my financial well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## General Practice in Shanghai

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## 15. Have you signed a contract with a General Practice Doctor?

Mark only one oval.

- Yes  
 No

## 16. I prefer seeing a General Practice Doctor instead of a Hospital Doctor \*

Mark only one oval.

- Strongly Agree  
 Somewhat Agree  
 Somewhat Disagree  
 Strongly Disagree

## 17. Why do you prefer seeing a Hospital Doctor or a General Practice Doctor? \*

Please answer based on your response to question 16

Check all that apply.

- Higher quality  
 Lower cost  
 Shorter wait time  
 Higher trust  
 Longer opening hours  
 Closer location  
 More skillful  
 Other: .....

**18. Please indicate whether you agree with the following statements \***

*Mark only one oval per row.*

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
I see General Practice Doctors as skillful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the care I have received from General Practice Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Family Medicine Perceptions in Shanghai**

Definition of Family Medicine: The Medical Specialty devoted to training expert clinicians delivering comprehensive health care to people of all ages through the frame of a sustained partnership with patients in the context of the family and the community.

**19. Please rank the following characteristics of healthcare that are most important for you \***

Please select each rank only once; 1 = most important, 7 = least important

*Mark only one oval per row.*

	1 (Most Important)	2	3	4	5	6	7 (Least Important)
Seeing the same doctor over time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having the same access as everyone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The best care possible (i.e. test, drugs, treatment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choice of health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower cost of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shorter wait times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health professional I can trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 20. Please indicate whether you agree with the following statements \*

Mark only one oval per row.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Having access to a hospital doctor directly on demand is a priority for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having the same doctor for myself and my family over time is important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having access to a doctor who can take care of most of my concerns, while coordinating care and referrals with hospital doctors is important for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand Family Medicine doctors and General Practice doctors to be the same	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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