Table 2 - User Survey

Attached are copies of the user survey in both English and Spanish. While Table 2 requires an actual count of total users, the demographic distributions of those users by age, gender, race, ethnicity, need for interpretation services, income level, and pay source may be based upon estimated data if actual distributions are not available. The user survey can be used to obtain demographic data from a relatively small sample of your users, rather than all users. The Uniform Data System software includes a routine for entering and summarizing the data collected on the user surveys. Once survey data are entered, the software can automatically complete Table 2.

As indicated in previous materials and training, the survey is not required but can be used if you do not have a means in place for obtaining the necessary demographic data for users of your services. If a survey is to be conducted, a minimum sample size of 200 surveys is required. Random sampling techniques should be used to assure valid data.
The user survey has been updated from the survey provided last year to reflect the year 2001 poverty guidelines.

Have staff administer the survey to randomly selected users. Patients may complete the form independently but support should be offered if needed and surveys inspected upon completion to be sure patients understood the questions. Sampling patients over the course of the calendar year including all seasons, days, times of day, and service units being reported will help ensure a random sample and will spread the survey workload. Only permit one survey per patient per year. Simply putting surveys out for those patients who are willing to complete them and using that data will not produce valid results. It is considered acceptable to use survey data from before the start or after the end of the 2002 calendar year, provided the users of your services during the sampling period is reasonably reflective of your users during 2002.

Please call the support line at 888-459-1080 or send an e-mail to udshelp@nhscdata.net if you have questions about how to conduct a survey or use the survey routine in the software.

Date: _____ **Patient Survey**

Please tell us about yourself or, if you are accompanying a patient, the patient who is being seen today. This information will help us continue to get support from the National Health Service Corps. Your cooperation is greatly appreciated and your answers will be held in strictest confidence.

Do not include your name or other identifying information on the survey form.

NOTE: If you have completed this survey during a recent visit, please *do not* complete it again.

What is the patient's date of birth? (month/day/year) _____/_____/_____

What is the patient's sex? ☐ Male ***(1)*** ☐ Female ***(2)***

What is the patient's race? (please check one)

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

4. Is the patient Hispanic or Latino? ☐ Yes ***(1)*** ☐ No ***(2)***

5. Would it be useful for the patient to communicate in a language other than English?
☐ Yes ***(1)*** ☐ No ***(2)***

Please check the box next to the number of family members living in the patient's household and then check the appropriate pre-tax income range *to the right*:

Family Size	> > > > > > > > > > > **Income Range** < < < < < < < < < < <		
	(1)	***(2)***	***(3)***
☐ 1 person→	☐ $0 - $8,860	☐ $8,861 - $17,720	☐ more than $17,721
☐ 2 people→	☐ $0 - $11,940	☐ $11,941 - $23,880	☐ more than $23,881
☐ 3 people→	☐ $0 - $15,020	☐ $15,021- $30,040	☐ more than $30,041
☐ 4 people→	☐ $0 - $18,100	☐ $18,101 - $36,200	☐ more than $36,201
☐ 5 people→	☐ $0 - $21,180	☐ $21,181 - $42,360	☐ more than $42,361
☐ 6 people→	☐ $0 - $24,260	☐ $24,261 - $48,520	☐ more than $48,521
☐ 7 people→	☐ $0 - $27,340	☐ $27,341 - $54,680	☐ more than $54,681
☐ 8 people→	☐ $0 - $30,420	☐ $30,421 - $60,840	☐ more than $60,841
☐ 9 people→	☐ $0 - $33,500	☐ $33,501 - $67,000	☐ more than $67,001
☐ 10 people→	☐ $0 - $36,580	☐ $36,581 - $73,160	☐ more than $73,161
☐ 11 people→	☐ $0 - $39,660	☐ $39,661 - $79,320	☐ more than $79,321
☐ 12 people→	☐ $0 - $42,740	☐ $42,741 - $85,480	☐ more than $85,481
☐ 13 people→	☐ $0 - $45,820	☐ $45,821 - $91,640	☐ more than $91,641

If more than 13 people, what is the patient's family size? _____ and income? $_____

6. How will this visit be paid? (check the single largest payment source)
   - ☐ Medicare ***(1)***
   - ☐ Medicaid ***(2)***
   - ☐ Other Public Insurance ***(3):*** _____***(please specify)***
   - ☐ Private Insurance ***(4)***
   - ☐ Self-pay ***(5)***

Please fold this form and put it in the box at the front desk. Thank you.

Fecha_____ **Encuesta para el Paciente**

Por favor díganos acerca de usted o, si está acompañando a un paciente, díganos acerca del paciente que está pasando consulta hoy. Esta información nos ayudará a continuar adquiriendo la ayuda del Cuerpo de Servicio de Salud Nacional (National Health Service Corps). Agradecemos mucho su cooperación y sus respuestas serán guardadas estrictamente confidenciales.

No incluya su nombre u otra información que lo identifique en la hoja de la encuesta.

NOTA: Si usted ha completado esta encuesta en una visita reciente, por favor no la complete otra vez.

1. ¿Cuál es la fecha de nacimiento del paciente? (Mes/día/año) _____/_____/_____

2. ¿Es el paciente ☐ Masculino ***(1)*** ☐ Femenino ***(2)***?

3. ¿A qué raza pertenece el paciente? (Favor de marcar uno)
☐ Asiático ***(1)*** ☐ Indio americano o nativo de Alaska ***(2)*** ☐ Negro o afroamericano ***(3)***
☐ Nativo de Hawaii o de las Islas del Pacífico ***(4)*** ☐ Blanco ***(5)*** ☐ Otro ***(6)***

4. ¿Sería conveniente para el paciente comunicarse en otro idioma que no fuera inglés?
☐ Sí ***(1)*** ☐ No ***(2)***

5. ¿Es el paciente hispano o latino? ☐ Sí ***(1)*** ☐ No ***(2)***

Por favor marque el cuadro junto al número de miembros de la familia que viven en la casa del paciente y luego marque a la derecha la cantidad apropiada del ingreso antes de deducir los impuestos:

Family Size > > > > > > > > > > > **Income Range** < < < < < < < < < < <

	(1)	*(2)*	*(3)*
☐ 1 persona→	☐ $0 - $8,860	☐ $8,861 - $17,720	☐ más de $17,721
☐ 2 personas→	☐ $0 - $11,940	☐ $11,941 - $23,880	☐ más de $23,881
☐ 3 personas→	☐ $0 - $15,020	☐ $15,021- $30,040	☐ más de $30,041
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☐ 5 personas→	☐ $0 - $21,180	☐ $21,181 - $42,360	☐ más de $42,361
☐ 6 personas→	☐ $0 - $24,260	☐ $24,261 - $48,520	☐ más de $48,521
☐ 7 personas→	☐ $0 - $27,340	☐ $27,341 - $54,680	☐ más de $54,681
☐ 8 personas→	☐ $0 - $30,420	☐ $30,421 - $60,840	☐ más de $60,841
☐ 9 personas→	☐ $0 - $33,500	☐ $33,501 - $67,000	☐ más de $67,001
☐ 10 personas→	☐ $0 - $36,580	☐ $36,581 - $73,160	☐ más de $73,161
☐ 11 personas→	☐ $0 - $39,660	☐ $39,661 - $79,320	☐ más de $79,321
☐ 12 personas→	☐ $0 - $42,740	☐ $42,741 - $85,480	☐ más de $85,481
☐ 13 personas→	☐ $0 - $45,820	☐ $45,821 - $91,640	☐ más de $91,641

Si hay más de 13 personas, ¿cuál es el tamaño de la familia del paciente?___ y ¿el ingreso? $_____

6. ¿Cómo se pagará la consulta? (marque el medio de pago más importante)
☐ Medicare *(1)*
☐ Medicaid *(2)*
☐ Otro Público Seguro *(3):* _____ (Especifique por favor.)
☐ Seguro privado *(4)*
☐ Pago al contado *(5)*

Por favor doble esta hoja y póngala en la caja que está en el mostrador/escritorio situado al frente. Gracias.