

**APPENDIX Z : COMMUNITY PHONE SURVEY**



**Aurora Health Care  
AHRQ Grant Community Stakeholder Survey  
March 2007**

“May I please speak to” (Name from list)?

**Introduction:**

“Hello my name is \_\_\_\_\_, of \_\_\_\_\_, an independent professional research organization. We are conducting a phone survey on health care and would like to include your opinions. Let me assure you that we are not selling anything; we are only interested in you opinions. The survey will take approximately 5 minutes to complete. Is this a convenient time to ask you some questions?”

Yes

No

**Screening Questions:**

I would like to ask you a few questions in order to be certain we are speaking with a representative group of people.

1. Which of the following categories best represents your age? (Read List)

18-54 – Thank & Terminate

55-64 – Continue

65 or above – Continue

Refused – Thank & Terminate

2. In what zip code do you live? (Do not read list, answer must appear in list below or Thank and Terminate)

53121–Elkhorn-Continue

53147–Lake Geneva-Continue

53120–East Troy-Continue

53115–Delavan-Continue

53184–Walworth-Continue

All others–Thank and Terminate

Refused–Thank and Terminate



3. Have you visited any of the following clinics in the past year? (Read list, if visited any of them-Thank and Terminate)

Aurora Health Care in Delevan located at 1550 Hobbs Drive  
Aurora Health Care in Elkhorn located at 205 East Commerce Court  
Aurora Health Care in Elkhorn located at 20 North Church Street  
Aurora Health Care in Lake Geneva located at 146 E. Geneva Square  
Aurora Health Care in Walworth located at 525 Kenosha Street  
If No to all-Continue

4. How many prescription medications do you take on a daily basis? (Do not count multiple doses of the same medication) \_\_\_\_\_ medications

5. How many vitamins/herbs do you take on a daily basis?  
\_\_\_\_\_ vitamins/herbs

6. Does anyone help you with the management (i.e. organization/administration, etc.) of your medications?

\_\_\_Yes (if Yes, ask Who? Record verbatim response) \_\_\_No

Who helps you manage your medications? \_\_\_\_\_

7. Are you aware of any patient safety programs going on in Walworth County?

\_\_\_Yes (Continue to Q7a) \_\_\_No (Thank and Terminate)

7a. What is the program about? (record verbatim response)

\_\_\_\_\_  
\_\_\_\_\_

7b. Is a healthcare system is the sponsor of this project?

\_\_\_Yes (Continue to Q7c)  
\_\_\_No (Continue to Q8)

7c. Do you know which system? (Record verbatim response)

\_\_\_Yes (If Yes, continue to Q7d)  
\_\_\_No

7d. Which system is sponsoring the patient safety program in Walworth County?

\_\_\_\_\_  
\_\_\_\_\_



8. Where did you learn about the patient safety program in Walworth County?

- My doctor's office
- Community meeting (Jaycee's/Knights of Columbus/Walworth Aging Network)
- Presentation (by nurse)
- Newspaper
- Mailing I received
- Pharmacist/Pharmacy
- Other, Please specify \_\_\_\_\_

9a. Have you received an Aurora Medication List?

- Yes (Continue to Q10a)
- No

9b. Have you received an Aurora Medication Bag?

- Yes (Continue to Q10b)
- No

10a. Did you use the Medication List:  Yes (continue to Q10a)  No (if No, ask why not, record verbatim response)

\_\_\_\_\_

10b. Did you use the Medication Bag:  Yes (continue to Q10b)  No (if No, ask why not, record verbatim response)

\_\_\_\_\_

10c. Did you take the medication list or will you take the list to your appointments with your physician/doctor?

- Yes If yes, How often?
  - to all appointments
  - to some appointments (more than once/year but less than every appointment)
  - to one annual appointment
- No

10d. Did you take the medication bag or will you take the bag to your appointments with your physician/doctor?

- Yes If yes, How often?
  - to all appointments
  - to some appointments (more than once/year but less than every appointment)
  - to one annual appointment
- No



11a. On a scale of 5 to 1 please identify the level of safety you felt using the medication list, where 5=Very Safe, 3=Somewhat safe and 1=Not safe at all.

**5**                      **4**                      **3**                      **2**                      **1**  
Very Safe                      Somewhat Safe                      Not safe at all

11b. On a scale of 5 to 1 please identify the level of safety you felt using the medication bag, where 5=Very Safe, 3=Somewhat safe and 1=Not safe at all.

**5**                      **4**                      **3**                      **2**                      **1**  
Very Safe                      Somewhat Safe                      Not safe at all

12. Please identify using a scale from 5 to 1 the level of safety you feel with the management of your medications overall, where 5=Extremely Safe, 3=Somewhat Safe and 1= Not safe at all

**5**                      **4**                      **3**                      **2**                      **1**  
Very Safe                      Somewhat Safe                      Not safe at all

