



# REGARDS YOU and YOUR DOCTOR QUESTIONNAIRE

**Instructions:** We are interested in collecting information about you and your doctor.

*Please think about your visits to your doctor and answer the following questions.*

1. How long does it take you to go directly from home to your usual source of medical care?  
  hours   minutes ( **Example:**   hours   minutes equals 1 hour 10 minutes )

*For the rest of these questions, please put an "X" in the appropriate box.*

2. If you were too ill to get to the doctor by yourself, how often would you be able to get someone to take you there?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How much do you agree or disagree that going to the doctor regularly will keep you healthy?

Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Next, please think about your doctor you usually see. Please tell us how much you agree or disagree with each of the following statements:*

	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree	Don't know
4. I can tell my doctor anything.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I completely trust my doctor's judgment about my medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My doctor cares more about holding costs down than about doing what is needed for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My doctor would always tell me the truth about my health, even if there was bad news.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If a mistake were made in my treatment, my doctor would try to hide it from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. All things considered, how much do you trust your doctor? *For this question, please answer using a scale from 0 (zero) to 10 (ten), where 0 means "not at all" and 10 means "completely".*

**Mark one:**

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all										Completely

**Thank you! This is the end of the questionnaire.**

Please place this form with your other questionnaires in the stamped envelope to send back to us.  
 Your answers are very important to us.