

Goldman R, Parker DR, Brown J, Walker J, Eaton CB, Borkan JM. Recommendations for a Mixed Methods Approach for Evaluating the Patient-Centered Medical Home. Ann Fam Med. 2015;13:null-null.

Supplemental Appendix 4. Staff Demographic Questionnaire



Practice _____

Date ____ / ____ / ____

Practice Staff Demographic Questionnaire

(to be completed by all Practice Staff)

Please circle the appropriate response or fill in the blanks below.

Q1. What is the highest education level you completed _____?

Q2. What type of practice employs you?

1= HMO

2= Solo

3= Single Specialty Group

4= Residency Training Practice

Q3. What is your age?

_____ years

Q3. What is your gender?

1=Male

2=Female

Q4. What is your race/ethnicity?

1= White, not Hispanic/Latino

2= Black or African American

3= American Indian

4= Asian

5= Native Hawaiian or Pacific Islander

6= Hispanic/Latino

7= Other

If Other, then specify _____

Q5. How long have you been working at this practice? _____