



# PERSON-CENTRED PRIMARY CARE MEASURE FIELDING AND REPORTING GUIDANCE

Please consider reporting a small set of common data that allow for continued refinement of the PCPCM. The form below is suggested, but not required. Sharing any information is voluntary. The PCPCM can be used online or at point of care, among patients of all ages and across all visit types. Fielding the PCPCM can be adapted as appropriate to practice workflow.

## Information about you and your project

**Please tell us a bit about yourself.** (Contact information will not be made publicly available.)

Name:	Job title/role and employer:
Phone:	Address:
Email:	

**Please tick all that apply, or fill in as requested.**

What kind of project is this?	<input type="checkbox"/> 1 Quality assessment	<input type="checkbox"/> 2 Quality improvement
	<input type="checkbox"/> 3 Patient engagement	<input type="checkbox"/> 3 Other _____
How will you administer the PCPCM?	<input type="checkbox"/> 1 Online	<input type="checkbox"/> 2 At point of care
How are data collected?	<input type="checkbox"/> 1 Paper	<input type="checkbox"/> 1 Patient portal
	<input type="checkbox"/> 1 Electronically	<input type="checkbox"/> 1 Other
Are results shared with clinicians?	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 1 No

## PCPCM Reporting Form

### Summary of responses from patients completing the PCPCM

PERSON-CENTRED PRIMARY CARE MEASURE	Sample (N = _____ )		
	Mean	SD	Range
My practice makes it easy for me to get care.			
My practice is able to provide most of my care.			
In caring for me, my doctor considers all of the factors that affect my health.			
My practice coordinates the care I get from multiple places.			
My doctor or practice knows me as a person.			
My doctor and I have been through a lot together.			
My doctor or practice stands up for me.			
The care I get takes into account knowledge of my family.			
The care I get in this practice is informed by knowledge of my community.			
Over time, this practice helps me to meet my goals.			
Over time, my practice helps me stay healthy.			

## Common Data

		Sample (N = _____ )		
		N	Mean or %	SD
Age	Years			
Gender	Female			
	Male			
	Non-binary			
Do you consider yourself a member of a minority group?	Yes			
How is your health compared to other people your age?	Excellent			
	Very Good			
	Good			
	Fair			
	Poor			
How many years have you known this doctor?	Years			
How many years have you known this practice?	Years			
Was it hard to complete this form?	Yes			
If your doctor or practice received the answers to these questions, would it help them to understand how you feel about your care?	Yes			
Does a single doctor or practice that handles most of your care?	Yes			

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