

**Supplementary file 1**

The English version of PCPCM

## **‘The Person-Centered Primary Care Measure’**

### **Measuring what Matters in Primary Care**

Please circle the response that best fits your experience for each item. Thank you.

PATIENT'S GENERAL ASSESSMENT OF TODAY'S VISIT	RESPONSE
The practice makes it easy for me to get care.	Definitely   Mostly   Somewhat   Not at all
This practice is able to provide most of my care.	Definitely   Mostly   Somewhat   Not at all
In caring for me, my doctor considers all factors that affect my health.	Definitely   Mostly   Somewhat   Not at all
My practice coordinates the care I get from multiple places.	Definitely   Mostly   Somewhat   Not at all
This doctor or practice knows me as a person.	Definitely   Mostly   Somewhat   Not at all
My doctor and I have been through a lot together.	Definitely   Mostly   Somewhat   Not at all
My doctor or practice stands up for me.	Definitely   Mostly   Somewhat   Not at all
The care I get takes into account knowledge of my family.	Definitely   Mostly   Somewhat   Not at all
The care I get in this practice is informed by knowledge of my community.	Definitely   Mostly   Somewhat   Not at all
Over time, this practice helps me to meet my goals.	Definitely   Mostly   Somewhat   Not at all
Over time, my practice helps me stay healthy.	Definitely   Mostly   Somewhat   Not at all
<b>PLEASE TELL US A BIT ABOUT YOURSELF</b>	
How many years have you known this doctor?	_____ (number of years)