

## BARRIERS to Same-day Services (BUS) Questionnaire

An important part of a BHC's job is providing warm-handoffs (e.g., seeing a patient just before or just after you, helping you with needs that arise during your visit such as writing a letter for you or exploring resources, etc.).

**PART A:** Please rate how often each of the below stops you from using these same-day BHC services.

*Almost Never  
(0)*

*Occasionally  
(1)*

*Frequently  
(2)*

- | 1. Unsure about how to make a request for warm-handoffs.                      |  |  |  |
|-------------------------------------------------------------------------------|--|--|--|
| 2. Didn't want to interrupt the BHC when he is in with a patient.             |  |  |  |
| 3. Can't tell if the BHC is available.                                        |  |  |  |
| 4. Forgot by the end of my visit.                                             |  |  |  |
| 5. Didn't have time to involve the BHC.                                       |  |  |  |
| 6. When the BHC seems busy, I don't like to add to her workload.              |  |  |  |
| 7. I saw the BHC's schedule was full, so same day help was likely impossible. |  |  |  |
| 8. Couldn't find the BHC.                                                     |  |  |  |
| 9. The BHC was in a meeting when I needed him.                                |  |  |  |
| 10. The patient seemed busy, was unlikely to stay for another appointment.    |  |  |  |
| 11. The patient told me she was too busy to stay for another appointment.     |  |  |  |
| 12. Patient refused to see the BHC, for some other reason.                    |  |  |  |
| 13. I don't know what same-day services the BHC offers.                       |  |  |  |
| 14. I didn't know the BHC prefers same-day patient visits.                    |  |  |  |

Other barrier(s)? Please explain.

**PART B:** Overall, how helpful is the BHC service for your patients? Please circle a number below.

*No benefit*   0   1   2   3   4   5   6   7   8   9   10   *Extremely beneficial (good patient feedback)*

**PART C:** Overall, how helpful is the BHC service to you (i.e., helps you better serve patients, etc.)? Please circle a number below.

*Not helpful*   0   1   2   3   4   5   6   7   8   9   10   *Extremely helpful*

**PART D:** If a 6 or below is indicated for PART B and/or PART C, what changes could be made to improve the helpfulness of the BHC service for both you and your patients? Use the backside of this paper to answer if needed.

Figure 10.11. BARRIERS to Same-day Services (BUS) Questionnaire.