



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



Introduction to “Your CAHPS Survey Tool”

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CAHPS patient experience surveys



- Assess quality of health care from patient experience
 - ▶ Access to care
 - ▶ Timely appointments
 - ▶ Coordinated care
 - ▶ Communication with providers
- Patient experience of care \neq patient satisfaction

CAHPS core surveys can be customized with supplemental items

Customizing Your CAHPS Survey

- The *Your CAHPS Survey Tool* is a browser-based application.
- Creates surveys that combine CAHPS core and supplemental items.
 - ▶ Cancer Care Surveys (Drug, Radiation, Surgery Therapies)
 - ▶ Clinician & Group Survey
 - 3.0 (Adult, Child)
 - 3.1 (Adult, Child)
 - 4.0 beta (Adult)
 - ▶ Health Plan Survey
 - 5.0 (Adult, Child)
 - 5.1 (Adult, Child)
 - ▶ Hospital Survey (Adult, Child)
 - ▶ In-Center Hemodialysis Survey
- Implements CAHPS guidance for supplemental item placement and rennumbers items based on which items you select.

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Your CAHPS Survey Tool

Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. The CAHPS surveys can be customized to include topics of interest to you, but there are requirements regarding the order of questions. The Your CAHPS Survey Tool is designed to help assemble a customized survey to meet your needs.

To create your survey, click on the “Create and Download Survey” button for the corresponding survey and follow the instructions:

CAHPS Hospital Survey - Adult

Create and Download Survey

CAHPS Hospital Survey - Child

Create and Download Survey

CAHPS® Cancer Care Drug Therapy Survey

Create and Download Survey

CAHPS® Cancer Care Radiation Therapy Survey

Create and Download Survey

CAHPS® Cancer Care Surgery Survey

Create and Download Survey

CAHPS® Clinician & Group Survey 3.0 - Adult

Create and Download Survey

CAHPS® Clinician & Group Survey 3.0 - Child

Create and Download Survey

CAHPS® Clinician & Group Survey 3.1 - Adult

Create and Download Survey

CAHPS® Clinician & Group Survey 3.1 - Child

Create and Download Survey

CAHPS® Clinician & Group Survey 4.0 - Adult

Create and Download Survey

CAHPS® Health Plan Survey 5.0 - Child Commercial Survey

Create and Download Survey

CAHPS® Health Plan Survey 5.0 - Adult Commercial Survey

Create and Download Survey

CAHPS® Health Plan Survey 5.1 - Adult Commercial Survey

Create and Download Survey

CAHPS® Health Plan Survey 5.1 - Child Commercial Survey

Create and Download Survey

CAHPS® Medicare In-Center Hemodialysis Survey

Create and Download Survey

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CAHPS Hospital Survey - Child	Create and Download Survey
CAHPS® Cancer Care Drug Therapy Survey	Create and Download Survey
CAHPS® Cancer Care Radiation Therapy Survey	Create and Download Survey
CAHPS® Cancer Care Surgery Survey	Create and Download Survey
CAHPS® Clinician & Group Survey 3.0 - Adult	Create and Download Survey
CAHPS® Clinician & Group Survey 3.0 - Child	Create and Download Survey
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CAHPS® Medicare In-Center Hemodialysis Survey	Create and Download Survey



CAHPS® Clinician & Group Survey 3.0

Create and Download Survey

Core Questions

Supplemental Item Sets Hide Numbering

Click on items or set of items that you want to add.

- [Access \(AC\)](#) -
- [Health Information Technology \(HIT\)](#) -
- [Health Literacy \(HL\)](#) -
- [Health Promotion & Education \(HP\)](#) -
- [Improving Care and Services \(IC\)](#) -
- [Interpreter Services \(IN\)](#) -
- [Narrative Comments \(PN\)](#) -
- [Patient-Centered Medical Home \(PCMH\)](#) -
- [People with Mobility Impairments \(IM\)](#) -
- [Provider Type \(PR\)](#) -
- [Shared Decision Making \(SD\)](#) -
- [Your Care from Specialists in the Last 6 Months \(SC\)](#) -

[Preview customized survey](#)

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CAHPS® Clinician & Group Survey 3.0 - Adult

Create and Download Survey

Core Questions -

Supplemental Item Sets Hide Numbering

Click on items or set of items that you want to add.

[Access \(AC\)](#) -

[Health Information Technology \(HIT\)](#) -

[Health Literacy \(HL\)](#) -

HL1. In the last 6 months, how often did this provider ask if you had any questions about your health?

HL2. In the last 6 months, how often did this provider use medical words you did not understand?

HL3. In the last 6 months, how often did this provider talk too fast when talking with you?

HL4. In the last 6 months, how often did this provider talk with you about the reasons for your visit?

HL8. In the last 6 months, how often did this provider answer all of your questions?

HL9. In the last 6 months, how often did this provider give you all the information you wanted about your health?

HL20. In the last 6 months, how often were the results of your blood test, x-ray, or other test easy to understand?

Patient talked with provider about health questions or concerns

HL5. In the last 6 months, did you talk with this provider about any health questions or concerns?

HL6. In the last 6 months, how often did this provider show interest in your questions or concerns?

HL7. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

CAHPS® Clinician & Group Survey 3.0 - Adult

Create and Download Survey

Core Questions -

Supplemental Item Sets Hide Numbering

Click on items or set of items that you want to add.

Access (AC) -

Health Information Technology (HIT) -

Health Literacy (HL) -



HL1. In the last 6 months, how often did this provider ask if you had any questions about your health?

HL2. In the last 6 months, how often did this provider use medical words you did not understand?

HL3. In the last 6 months, how often did this provider talk too fast when talking with you?

HL4. In the last 6 months, how often did this provider talk with you about the reasons for your visit?

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CAHPS® Clinician & Group Survey 3.0

Create and Download Survey

Core Questions -

Supplemental Item Sets Hide Numbering

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You have successfully created your custom CAHPS survey. You can download a PDF of your survey in the CAHPS two-column format by clicking the 'Download Your Survey' button.



[Download Survey](#)

CAHPS® Clinician & Group Survey 3.0

Version: 12-Month CAHPS® Clinician & Group Survey 3.0 Core Plus Your Selected Supplemental Items

Date: 11/07/2022

This survey is designed to provide the content of your CAHPS survey, but it is not formatted for data collection.

Your Provider

1. Our records show that you got care from the provider named below in the last 6 months. Name of provider label goes here. Is that right?

- Yes
- No → **If No, go to #48**

The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes
- No

3. How long have you been going to this provider?

- Less than 6 months

This survey is designed to provide the content of your CAHPS survey, but it is not formatted for data collection.

CAHPS® Clinician & Group Survey 3.0

Version: 12-Month CAHPS® Clinician & Group Survey
3.0 Core Plus Your Selected Supplemental Items

Date: 11/07/2022

Your Provider

1. Our records show that you got care from the provider named below in the last 6 months.

Name of provider label goes here.

Is that right?

¹ Yes

² No → **If No, go to #48**

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

Your Care From This Provider in the Last 6 Months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

None → **If None, go to #48**

1 time

2

3

4

5 to 9

10 or more times

5. In the last 6 months, did you contact this provider’s office to get an appointment for an illness, injury, or condition that **needed care right away**?

10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

11. In the last 6 months, how often did this provider ask if you had any questions about your health?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

12. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

13. In the last 6 months, how often did this provider use medical words you did not understand?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

14. In the last 6 months, how often did this provider talk too fast when talking with you?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

16. In the last 6 months, how often did this provider talk with you about the reasons for your visit?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

17. In the last 6 months, did you talk with this provider about any health questions or concerns?

- 1 Yes
- 2 No → **If No, go to #21**

18. In the last 6 months, how often did this provider show interest in your questions or concerns?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

19. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

20. In the last 6 months, how often did this provider answer all of your questions?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

21. In the last 6 months, how often did this provider give you all the information you wanted about your health?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

22. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

23. In the last 6 months, did you see this provider for a specific illness or for any health condition?

- ¹ Yes
- ² No → **If No, go to #27**

24. In the last 6 months, did this provider give you instructions about what to do to take care of this illness or health condition?

- ¹ Yes
- ² No → **If No, go to #27**

25. In the last 6 months, how often were these instructions easy to understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

26. In the last 6 months, how often did this provider ask you to describe how you were going to follow these instructions?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

27. In the last 6 months, how often did this provider show respect for what you had to say?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

28. In the last 6 months, how often did this provider spend enough time with you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

29. In the last 6 months, did you start a prescription medicine?

- ¹ Yes
- ² No → **If No, go to #33**

30. In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

31. In the last 6 months, how often did this provider explain the possible side effects of your medicines in a way that was easy to understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

32. In the last 6 months, how often did this provider suggest ways to help you remember to take your medicines?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

33. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- ¹ Yes
² No → **If No, go to #38**

34. In the last 6 months, before you had a blood test, x-ray, or other test, how often did this provider explain what it was for?

- ¹ Never → **If Never, go to #36**
² Sometimes
³ Usually
⁴ Always

35. In the last 6 months, how often was the explanation of what the test was for easy to understand?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

36. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

37. In the last 6 months, how often were the results of your blood test, x-ray, or other test easy to understand?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

38. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 0 Worst provider possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best provider possible

39. In the last 6 months, did you take any prescription medicine?

- ¹ Yes
² No → **If No, go to #41**

40. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

Clerks and Receptionists at This Provider's Office

41. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ¹ Never
² Sometimes
³ Usually

In Your Own Words

In your own words, please describe your experiences with this provider and his or her office staff, such as nurses and receptionists.

If you need medical advice or care, please contact your provider's office.

43. What are the most important things that you look for in a healthcare provider and their staff?

Please print: _____

44. When you think about the things that are most important to you, how do this provider and their staff measure up?

Please print: _____

45. What has **gone well** in your experiences with this provider and their staff in the last 6 months? Please explain what happened, how it happened, and how it felt to you.

Please print: _____

46. Was there anything you wish had **gone differently** in your experiences with this provider and their staff in the last 6 months? If so, please explain what happened, how it happened, and how it felt to you.

Please print: _____

47. Please describe your interactions with this provider and how you get along.

Please print: _____

About You

48. In general, how would you rate your overall health?

- ¹ Excellent
- ² Very Good
- ³ Good
- ⁴ Fair
- ⁵ Poor

49. In general, how would you rate your overall **mental or emotional** health?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

50. What is your age?

- ¹ 18 to 24
- ² 25 to 34
- ³ 35 to 44
- ⁴ 45 to 54
- ⁵ 55 to 64
- ⁶ 65 to 74
- ⁷ 75 or older

51. Are you male or female?

- ¹ Male
- ² Female

52. What is the highest grade or level of school that you have completed?

- ¹ 8th grade or less
- ² Some high school, but did not graduate
- ³ High school graduate or GED
- ⁴ Some college or 2-year degree
- ⁵ 4-year college graduate
- ⁶ More than 4-year college degree

53. Are you of Hispanic or Latino origin or descent?



Thank
You!

<https://yourcahps.rand.org>