
CAHPS[®] Dental Plan Survey

Version: Adult

Language: English

For assistance with this survey, please contact the CAHPS Help Line at 800-492-9261 or cahps1@westat.com.



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Instructions for Front Cover

- Replace the cover of this document with your own front cover. Include a user-friendly title and your own logo.
- Include this text regarding the confidentiality of survey responses:

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the dental care you get.

What To Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [INSERT VENDOR ADDRESS].

If you want to know more about this study, please call XXX-XXX-XXXX.

Instructions for Format of Questionnaire

Proper formatting of a questionnaire improves response rates, the ease of completion, and the accuracy of responses. The CAHPS team's recommendations include the following:

- If feasible, insert blank pages as needed so that the survey instructions (see next page) and the first page of questions start on the right-hand side of the questionnaire booklet.
- Maximize readability by using two columns, serif fonts for the questions, and ample white space.
- Number the pages of your document, but remove the headers and footers inserted to help sponsors and vendors distinguish among questionnaire versions.

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **If Yes, go to #1 on page 1**

No

1. Our records show that you are now in the {insert dental plan name}. Is that right?

- Yes → **If Yes, go to #3**
- No

2. What is the name of your dental plan?

Please print: _____

3. In the last 12 months, did you go to a dentist's office or clinic for care?

- Yes
- No → **If No, please stop and return this survey in the postage-paid envelope. Thank you.**

Your Regular Dentist

4. A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular dentist?

- Yes
- No → **If No, go to #11**

5. Have you seen your regular dentist in the last 12 months?

- Yes
- No, I've seen someone else → **If No, go to #11**

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

- Never
- Sometimes
- Usually
- Always

7. In the last 12 months, how often did your regular dentist listen carefully to you?

- Never
- Sometimes
- Usually
- Always

8. In the last 12 months, how often did your regular dentist treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

9. In the last 12 months, how often did your regular dentist spend enough time with you?

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

10. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your regular dentist?

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

Your Dental Care in the Last 12 Months

So far, the questions on this survey have been about your regular dentist. The next set of questions asks about any dental care you had in the last 12 months, including dental care with your regular dentist or with someone else.

11. In the last 12 months, how often did the dentists or dental staff do everything they could to help you feel as comfortable as possible during your dental work?

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

12. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating you?

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

13. In the last 12 months, how often were your dental appointments as soon as you wanted?

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

14. If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?

- I did not have a dental emergency in the last 12 months
- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

15. If you tried to get an appointment for yourself with a dentist who specializes in a particular type of dental care (such as root canals or gum disease) in the last 12 months, how often did you get an appointment as soon as you wanted?

- I did not try to get an appointment with a specialist dentist for myself in the last 12 months
- Never
- Sometimes
- Usually
- Always

16. In the last 12 months, how often did you have to spend more than 15 minutes in the waiting room before you saw someone for your appointment?

- Never → **If Never, go to #18**
- Sometimes
- Usually
- Always

17. If you had to spend more than 15 minutes in the waiting room before you saw someone for your appointment, how often did someone tell you why there was a delay or how long the delay would be?

- Never
- Sometimes
- Usually
- Always

18. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care you personally received in the last 12 months?

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

Your Dental Plan

The next set of questions asks about your dental plan. For these questions, answer only about your dental plan.

19. In the last 12 months, how often did your dental plan cover all of the services you thought were covered?

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

20. In the last 12 months, did your dental plan cover what you and your family needed to get done?

- ¹ Definitely yes
- ² Somewhat yes
- ³ Somewhat no
- ⁴ Definitely no

21. In the last 12 months, did you try to find out how your dental plan works by calling their 800 number, visiting their website, or reading printed materials?

- ¹ Yes
- ² No → **If No, go to #23**

22. In the last 12 months, how often did the 800 number, written materials, or website provide the information you wanted?

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

23. In the last 12 months, did you use any information from the dental plan to help you find a new dentist?

- ¹ Yes
- ² No → **If No, go to #26**

24. Did this information help you find a dentist you were happy with?

- ¹ Definitely yes
- ² Somewhat yes
- ³ Somewhat no
- ⁴ Definitely no

25. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist?

- 0 Extremely difficult
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Extremely easy

26. In the last 12 months, did you try to get information or help from your dental plan's customer service?

- Yes
- No → **If No, go to #29**

27. In the last 12 months, how often did your dental plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

28. In the last 12 months, how often did your dental plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

29. Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your dental plan?

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

30. Would you say that your dental plan is worth the cost?

- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

31. Would you recommend this dental plan to people who want to join?

- Definitely yes
- Probably yes
- Probably no
- Definitely no

About You

32. In general, how would you rate the overall condition of your teeth and gums?

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

33. 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

34. Are you male or female?

- 1 Male
- 2 Female

35. 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

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

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino

37. What is your race? Please mark one or more.

- 1 White
- 2 Black or African-American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other

38. Did someone help you complete this survey?

- 1 Yes
- 2 No → **Thank you.**

Please return the completed survey in the postage-paid envelope.

39. How did that person help you? Mark one or more.

- 1 Read the questions to me
- 2 Wrote down the answers I gave
- 3 Answered the questions for me
- 4 Translated the questions into my language
- 5 Helped in some other way

Thank you.

Please return the completed survey in the postage-paid envelope.