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# CAHPS Health Plan Survey

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## Version: Child Medicaid Survey 5.1

## Language: English

### Notes

- **Release of 5.1 version:** The CAHPS team updated this survey in the fall of 2020. To reflect the fact that patients are receiving health care in person, by phone, and by video, the team made minor changes to the wording of instructions and a few survey items. Learn more at <https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html>.
- **Supplemental items:** The Child Medicaid Survey 5.1 includes core items only. Users may customize this instrument by adding questions.
  - A searchable list of supplemental items developed by the CAHPS team is available at <https://www.ahrq.gov/cahps/surveys-guidance/item-sets/search.html>.
  - Descriptions of major item sets are available at <https://www.ahrq.gov/cahps/surveys-guidance/item-sets/index.html>.
- **Front cover:** Users should replace the cover of this document with their own front cover, with a user-friendly title and their own logo.



Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in {INSERT HEALTH PLAN NAME}. Is that right?

- Yes → **If Yes, go to #3**
- No

2. What is the name of your child’s health plan?

*Please print:* \_\_\_\_\_

\_\_\_\_\_

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**Your Child’s Health Care in the Last 6 Months**

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These questions ask about your child’s health care from a clinic, emergency room, or doctor’s office. This includes care your child got in person, by phone, or by video. Do **not** include care your child got when he or she stayed overnight in a hospital. Do **not** include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that **needed care right away**?

- Yes
- No → **If No, go to #5**

4. In the last 6 months, when your child **needed care right away**, how often did your child get care as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, did you make any in-person, phone, or video appointments for a **check-up or routine care** for your child?

- Yes
- No → **If No, go to #7**

6. In the last 6 months, how often did you get an appointment for a **check-up or routine care** for your child as soon as your child needed?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, **not** counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?

- None → **If None, go to #10**  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

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

9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

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### Your Child's Personal Doctor

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10. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- <sup>1</sup> Yes  
<sup>2</sup> No → **If No, go to #20 on page 4**

11. In the last 6 months, how many times did your child have an in-person, phone, or video visit with his or her personal doctor?

- None → **If None, go to #19**  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

12. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

13. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

14. In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?

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

15. Is **your child** able to talk with doctors about his or her health care?

- 1  Yes
- 2  No → **If No, go to #17**

16. In the last 6 months, how often did your child’s personal doctor explain things in a way that was easy for **your child** to understand?

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

17. In the last 6 months, how often did your child’s personal doctor spend enough time with your child?

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

18. In the last 6 months, did your child’s personal doctor talk with you about how your child is feeling, growing, or behaving?

- 1  Yes
- 2  No

19. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child’s personal doctor?

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

**Getting Health Care From Specialists**

When you answer the next questions, include the care your child got in person, by phone, or by video. Do **not** include dental visits or care your child got when he or she stayed overnight in a hospital.

**20.** Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?

- <sup>1</sup>  Yes
- <sup>2</sup>  No → **If No, go to #24**

**21.** In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?

- <sup>1</sup>  Never
- <sup>2</sup>  Sometimes
- <sup>3</sup>  Usually
- <sup>4</sup>  Always

**22.** How many specialists has your child talked to in the last 6 months?

- None → **If None, go to #24**
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

**23.** We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

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

**Your Child's Health Plan**

The next questions ask about your experience with your child's health plan.

24. In the last 6 months, did you get information or help from customer service at your child's health plan?

- 1  Yes
- 2  No → **If No, go to #27**

25. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

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

26. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

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

27. In the last 6 months, did your child's health plan give you any forms to fill out?

- 1  Yes
- 2  No → **If No, go to #29**

28. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

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

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

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

**About Your Child and You**

**30.** In general, how would you rate your child’s overall health?

- <sup>1</sup> Excellent
- <sup>2</sup> Very Good
- <sup>3</sup> Good
- <sup>4</sup> Fair
- <sup>5</sup> Poor

**31.** In general, how would you rate your child’s overall **mental or emotional** health?

- <sup>1</sup> Excellent
- <sup>2</sup> Very Good
- <sup>3</sup> Good
- <sup>4</sup> Fair
- <sup>5</sup> Poor

**32.** What is **your child’s** age?

- <sup>1</sup> Less than 1 year old

\_\_\_\_\_ YEARS OLD (*write in*)

**33.** Is your child male or female?

- <sup>1</sup> Male
- <sup>2</sup> Female

**34.** Is your child of Hispanic or Latino origin or descent?

- <sup>1</sup> Yes, Hispanic or Latino
- <sup>2</sup> No, not Hispanic or Latino

**35.** What is your child’s race? Mark one or more.

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

**36.** What is **your** age?

- <sup>0</sup> Under 18
- <sup>1</sup> 18 to 24
- <sup>2</sup> 25 to 34
- <sup>3</sup> 35 to 44
- <sup>4</sup> 45 to 54
- <sup>5</sup> 55 to 64
- <sup>6</sup> 65 to 74
- <sup>7</sup> 75 or older

**37.** Are you male or female?

- <sup>1</sup> Male
- <sup>2</sup> Female

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

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

39. How are you related to the child?

- 1  Mother or father
- 2  Grandparent
- 3  Aunt or uncle
- 4  Older brother or sister
- 5  Other relative
- 6  Legal guardian
- 7  Someone else

Please print: \_\_\_\_\_

\_\_\_\_\_

40. Did someone help you complete this survey?

- 1  Yes
- 2  No →

**Thank you.**  
**Please return the completed survey in the postage-paid envelope.**

41. 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.**