
CAHPS Health Plan Survey

Version: Adult 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 Adult 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.



File name: Adult_Med_Eng_HP51_2152a.docx
Last updated: October 01, 2020

1. Our records show that you are now in {INSERT HEALTH PLAN NAME}. Is that right?

¹ ☐ Yes → **If Yes, go to #3**

² ☐ No

2. What is the name of your health plan?

Please print: _____

Your Health Care in the Last 6 Months

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

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

¹ ☐ Yes

² ☐ No → **If No, go to #5**

4. In the last 6 months, when you **needed care right away**, how often did you get care as soon as you needed?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

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

¹ ☐ Yes

² ☐ 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** as soon as you needed?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

7. In the last 6 months, **not** counting the times you went to an emergency room, how many times did you get health care for yourself 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 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 you needed?

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

Your Personal Doctor

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- ¹☐ Yes
²☐ No → **If No, go to #17**

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

- ☐ None → **If None, go to #16**
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

12. In the last 6 months, how often did your personal doctor 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 your personal doctor listen carefully to you?

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

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

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

15. In the last 6 months, how often did your personal doctor spend enough time with you?

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

16. 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 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 you got in person, by phone, or by video. Do **not** include dental visits or care you got when you stayed overnight in a hospital.

17. 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 with a specialist?

¹ ☐ Yes
² ☐ No → **If No, go to #21**

18. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

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

19. How many specialists have you talked to in the last 6 months?

☐ None → **If None, go to #21**
☐ 1 specialist
☐ 2
☐ 3
☐ 4
☐ 5 or more specialists

20. We want to know your rating of the specialist you 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 the specialist?

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

Your Health Plan

The next questions ask about your experience with your health plan.

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

¹ ☐ Yes

² ☐ No → **If No, go to #24**

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

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

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

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

24. In the last 6 months, did your health plan give you any forms to fill out?

¹ ☐ Yes

² ☐ No → **If No, go to #26**

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

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

26. 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 health plan?

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

About You

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

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

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

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

29. In the past 6 months, did you get health care 3 or more times for the same condition or problem?

¹ ☐ Yes
² ☐ No → **If No, go to #31**

30. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

¹ ☐ Yes
² ☐ No

31. Do you now need or take medicine prescribed by a doctor? Do **not** include birth control.

¹ ☐ Yes
² ☐ No → **If No, go to #33**

32. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- ¹ ☐ Yes
² ☐ No

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? 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.