

CAHPS® Health Plan Survey: Overview of the Questionnaires

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Documents Available for the CAHPS Health Plan Survey 5.0

This document is part of a comprehensive set of instructional materials that address implementing the Health Plan Survey, analyzing the data, and reporting the results. All documents are available on the [Agency for Healthcare Research and Quality's Web site](#). For assistance in accessing these documents, please contact the CAHPS Help Line at 800-492-9261 or cahps1@westat.com.

For descriptions of these documents, refer to: *What's Available for the CAHPS Health Plan Survey 5.0*.

Questionnaires

- *CAHPS Health Plan Survey: Overview of the Questionnaires*
- *Health Plan Survey 5.0* (Adult and Child, English and Spanish)
 - *Medicaid Survey 5.0*
 - *Commercial Survey 5.0*

Supplemental Items

- [Supplemental Items for the Health Plan Survey 5.0](#)

Some supplemental items for this survey are intended to be administered together. Learn more about these item sets:

- [People with Mobility Impairments](#)
- [Children with Chronic Conditions](#)

Survey Administration Guidelines

- *Preparing a Questionnaire Using the CAHPS Health Plan Survey*
- *Fielding the CAHPS Health Plan Survey*
- *Sample Notification Letters and Emails for the CAHPS Health Plan Survey*
- *Sample Telephone Script for the CAHPS Health Plan Survey*

Reporting Measures and Guidelines

- *Patient Experience Measures from the CAHPS Health Plan Survey*

Available for all CAHPS surveys

- [Analyzing CAHPS Survey Data](#): Free programs for analyzing the data, guidance on preparing survey results for analysis, and instructions for using the CAHPS Analysis Program.
- [Translating Surveys and Other Materials](#): Guidelines for translating surveys and selecting translators and translation reviewers.

Introduction

This document offers an overview of the 5.0 version of the CAHPS Health Plan Survey, which includes standardized questionnaires and optional supplemental items to assess enrollees' experiences with their health plans. The Health Plan Survey asks enrollees to report on their experiences with access to appointments and care through their health plan, communication with doctors available through the plan, and customer service.

Available Surveys

Two versions of the survey are available through AHRQ's CAHPS Web site:

- A survey for enrollees in Medicaid plans.
- A survey for enrollees in commercial plans.

The only difference between the Commercial and Medicaid Surveys is that the Commercial Survey asks about experiences in the previous 12 months, whereas the Medicaid Survey refers to the previous 6 months.

Both versions are available for adults and children. The Adult Survey is intended for respondents who are 18 and older; the Child Survey asks parents or guardians about the experiences of children 17 and younger. All survey instruments are available in both English and Spanish and formatted in a manner suitable for mailing. To learn about the recommended format of a CAHPS survey, refer to *[Preparing a Questionnaire Using the CAHPS Health Plan Survey](#)*.

The Centers for Medicare & Medicaid Services maintains and implements other versions of this survey:

- A survey for [beneficiaries enrolled in Medicare Advantage and Prescription Drug Plans \(MA/PDP\)](#).
- A survey for [beneficiaries in traditional fee-for-service Medicare](#).
- A survey for [enrollees in Qualified Health Plans \(QHP\)](#).

Key Components of the Health Plan Survey 5.0

Core Items

The Medicaid and Commercial Surveys use a consistent set of core items to ensure standardization and comparability across survey users. The core items are applicable across populations, payers, and delivery systems.

- **Appendix A** lists the topics covered by the core items in the Adult Survey and provides a crosswalk of the items in the 5.0 and 4.0 versions.
- **Appendix B** lists the topics covered by the core items in the Child Survey and provides a crosswalk of the items in the 5.0 and 4.0 versions.

- **Appendix C** provides a crosswalk of the core item wording in the 5.0 and 4.0 versions of the CAHPS Health Plan Adult Commercial Survey and gives a rationale for the changes.

The core items in the Health Plan Survey produce the following patient experience measures:

- Getting needed care
- Getting care quickly
- How well doctors communicate
- Health plan customer service
- Enrollees' rating of their health plan
- Enrollees' rating of their health care
- Enrollees' rating of their personal doctor
- Enrollees' rating of their specialist

Supplemental Items

The Health Plan Survey also includes an extensive list of supplemental items for both the Adult and Child versions of the survey. Supplemental items are questions that address issues of interest for certain audiences, payers, or delivery systems, such as coordination of care and interpreter services. The choice of topics for the supplemental questions was based on wide experience with field tests and other development work. By adding supplemental items to the core items, organizations can customize the survey to meet their specific needs.

Review [supplemental items designed for the Health Plan Survey 5.0](#).

Response Scales

The Health Plan Survey 5.0 uses the standard CAHPS response scales:

- A 4-point frequency scale of “Never, Sometimes, Usually, and Always”
- A “Yes/No” scale
- A “0-10” scale to rate the plan, the doctors, and the health care.

What's New About the 5.0 Version

The 5.0 version of the CAHPS Health Plan Survey incorporates some minor changes into the wording of core items, a change in the placement of one core item that also resulted in the deletion of a screener item, and the addition of a new item on self-reported mental health. These updates to the Health Plan Survey address findings from the CAHPS team's development and testing of the Clinician & Group Survey.

The list below summarizes the changes to the 5.0 version of the Health Plan Survey.

For details, please refer to a crosswalk of the 4.0 and 5.0 versions of the Adult Commercial Survey in [Appendix C](#).

- **The items about access to urgent and non-urgent appointment items** were modified to ask respondents if they were able to get an appointment as soon as they needed, as opposed to as soon as they *thought* they needed. Non-urgent appointments are described as a *check-up or routine care* rather than *health care*. In addition, the phrase “*not counting the times you needed care right away*” was deleted from these questions. These revisions simplify the items and make them consistent with questions in other CAHPS surveys.
- **The item about how often it was easy to get appointments with specialists** was revised to ask respondents if they got an appointment to see a specialist as soon as they needed. This revision makes the item consistent with other CAHPS items that ask about access to care.
- **The item about how often it was easy to get care, tests, or treatment** was moved from the Your Health Plan section to the Your Health Care in the Last 12 Months section because respondents had difficulty attributing this item to the health plan.
- **The screener item about getting care, tests, or treatment through the health plan** was deleted because the subsequent question was moved to an earlier section of the survey and no longer required a screener.
- **The items that identify chronic conditions** were simplified and standardized across CAHPS surveys.
- **An item on self-reported mental or emotional health status** was added to the core items. Like the overall health status item, this item has been shown to be a significant case-mix adjuster.
- **The skip instructions associated with each item were updated** to reflect the item numbering in the 5.0 version of the survey.

Appendix A: Crosswalk of Topics Covered by the Core Items in the 5.0 and 4.0 Versions of the CAHPS Health Plan Adult Survey

For a detailed comparison of the core items in the 5.0 and 4.0 versions of the survey and a rationale for the changes, refer to [Appendix C](#).

Topic	Short Item Title	Adult 5.0 Item #	Adult 4.0 Item #
Confirmation of enrollment/coverage	Covered by xx health plan	1	1
	Fill in name of health plan	2	2
Access to care: Getting Needed Care Getting Care Quickly	Got care for illness/injury as soon as needed	4	4
	Got non-urgent appointment as soon as needed	6	6
	How often it was easy to get necessary care, tests, or treatment	9	21
	Have a personal doctor	10	9
	Got appointment with specialists as soon as needed (5.0)	18	17
	How often it was easy to get appointment with specialists (4.0)		
Global ratings	Rating of all health care	8	8
	Rating of personal doctor	16	15
	Rating of specialist	20	19
	Rating of health plan	26	27
Utilization	Number of times visited doctor's office or clinic	7	7
	Number of times visited personal doctor for care	11	10
	Number of specialists seen	19	18

Topic	Short Item Title	Adult 5.0 Item #	Adult 4.0 Item #
How well doctors communicate	Doctor explained things in a way that was easy to understand	12	11
	Doctor listened carefully to enrollee/[respondent]	13	12
	Doctor showed respect for what enrollee/[respondent] had to say	14	13
	Doctor spent enough time with enrollee/[child]	15	14
Plan administration	Customer service gave necessary information/help	22	23
	Customer service staff courteous and respectful	23	24
	Forms easy to fill out	25	26
Health status	Rating of overall health	27	28
Mental and emotional health status	Rating of overall mental or emotional health	28	Supplemental item
Screener items for patients with chronic conditions	Enrollee got health care 3 or more times for the same condition or problem	29	29
	Condition has lasted for at least 3 months	30	30
	Enrollee needs or takes prescription medicine	31	31
	Medicine was for condition that lasted for at least 3 months	32	32
Demographic items	Enrollee/Respondent age	33	33
	Enrollee/Respondent male or female	34	34
	Enrollee/Respondent highest grade level completed	35	35
	Enrollee Hispanic or Latino	36	36
	Enrollee race	37	37
Proxy respondent items	Someone helped enrollee/[respondent] complete survey	38	38
	How that person helped	39	39

Appendix B: Crosswalk of Topics Covered by the Core Items in the 5.0 and 4.0 Versions of the CAHPS Health Plan Child Survey

Topic	Short Item Title	Child 5.0 Item #	Child 4.0 Item #
Confirmation of enrollment/coverage	Covered by xx health plan	1	1
	Fill in name of health plan	2	2
Access to care: Getting Needed Care Getting Care Quickly	Got care for illness/injury as soon as needed	4	4
	Got non-urgent appointment as soon as needed	6	6
	How often it was easy to get necessary care, tests, or treatment	9	24
	Have a personal doctor	10	9
	Got appointment with specialists as soon as needed (5.0)	21	20
	How often it was easy to get appointment with specialists (4.0)		
Global ratings	Rating of all health care	8	8
	Rating of personal doctor	19	18
	Rating of specialist	23	22
	Rating of health plan	29	30
Utilization	Number of times visited doctor's office or clinic	7	7
	Number of times visited personal doctor for care	11	10
	Number of specialists seen	22	21

Topic	Short Item Title	Child 5.0 Item #	Child 4.0 Item #
How well doctors communicate	Doctor explained things in a way that was easy to understand	12	11
	Doctor listened carefully to enrollee/[respondent]	13	12
	Doctor showed respect for what enrollee/[respondent] had to say	14	13
	Doctor explained things in a way that was easy for child to understand	16	15
	Doctor spent enough time with enrollee/[child]	17	16
	Doctor talked about how child feeling, growing, or behaving	18	17
Plan administration	Customer service gave necessary information/help	25	26
	Customer service staff courteous and respectful	26	27
	Forms easy to fill out	28	29
Health status	Rating of overall health	30	31
Mental and emotional health status	Rating of overall mental or emotional health	31	Supplemental item
Screeners items for patients with chronic conditions	Note: The CAHPS Item Set for Children with Chronic Conditions has its own screener to identify respondents.	--	--

Topic	Short Item Title	Child 5.0 Item #	Child 4.0 Item #
Demographic Items	Child age	32	32
	Child male or female	33	33
	Child Hispanic or Latino	34	34
	Child race	35	35
	Enrollee/Respondent age	36	36
	Enrollee/Respondent male or female	37	37
	Enrollee/Respondent highest grade level completed	38	38
	Enrollee Hispanic or Latino		
	Enrollee race		
	Respondent relationship to child	39	39
Proxy respondent items	Someone helped enrollee/[respondent] complete survey	40	40
	How that person helped	41	41

Appendix C: Crosswalk of 5.0 and 4.0 Versions of the CAHPS Health Plan Adult Commercial Survey

Health Plan Survey 5.0 Item #	Health Plan Survey 4.0 Item #	Health Plan Survey 5.0 Question Wording	Health Plan Survey 4.0 Question Wording	Reason for Change
1	1	Our records show that you are now in {INSERT HEALTH PLAN NAME}. Is that right? [Yes → If Yes, go to #3/ No]	Our records show that you are now in {INSERT HEALTH PLAN NAME}. Is that right? [Yes → If Yes, go to #3/ No]	No change
2	2	What is the name of your health plan? (Please print)	What is the name of your health plan? (Please print)	No change
3	3	In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office? [Yes/ No → If No, go to #5]	In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office? [Yes/ No → If No, go to #5]	No change
4	4	In the last 12 months, when you needed care right away , how often did you get care as soon as you needed? [Never/ Sometimes/ Usually/ Always]	In the last 12 months, when you needed care right away , how often did you get care as soon as you thought you needed? [Never/ Sometimes/ Usually/ Always]	Revision simplifies wording and makes it consistent with other CAHPS items.

Health Plan Survey 5.0 Item #	Health Plan Survey 4.0 Item #	Health Plan Survey 5.0 Question Wording	Health Plan Survey 4.0 Question Wording	Reason for Change
5	5	In the last 12 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic? [Yes/ No → If No, go to #7]	In the last 12 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic? [Yes/ No → If No, go to #7]	Revision simplifies wording and makes it consistent with other CAHPS items.
6	6	In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? [Never/ Sometimes/ Usually/ Always]	In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? [Never/ Sometimes/ Usually/ Always]	Revision simplifies wording and makes it consistent with other CAHPS items.
7	7	In the last 12 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself? [None → If None, go to #10 /1 time/2/3/4/5 to 9/10 or more times]	In the last 12 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself? [None → If None, go to #9 /1/2/3/4/5 to 9/10 or more]	Revision increases response category specificity. Updated skip instruction reflects changes in the numbering of core items.

Health Plan Survey 5.0 Item #	Health Plan Survey 4.0 Item #	Health Plan Survey 5.0 Question Wording	Health Plan Survey 4.0 Question Wording	Reason for Change
8	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 12 months? [0 Worst health care possible/1/2/3/4/5/6/7/8/9/10 Best health care possible]	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 12 months? [0/1/2/3/4/5/6/7/8/9/10]	No change
10	9	A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? [Yes/ No → If No, go to #17]	A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? [Yes/ No → If No, go to #16]	No change to item Updated skip instruction reflects changes in the numbering of core items.
11	10	In the last 12 months, how many times did you visit your personal doctor to get care for yourself? [None → If None, go to #16 /1time /2/3/4/5 to 9/10 or more times]	In the last 12 months, how many times did you visit your personal doctor to get care for yourself? [None → If None, go to #15 on Next Page/1/2/3/4/5 to 9/10 or more]	Revision increases response category specificity. Updated skip instruction reflects changes in the numbering of core items.

Health Plan Survey 5.0 Item #	Health Plan Survey 4.0 Item #	Health Plan Survey 5.0 Question Wording	Health Plan Survey 4.0 Question Wording	Reason for Change
12	11	In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand? [Never/ Sometimes/ Usually/ Always]	In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand? [Never/ Sometimes/ Usually/ Always]	No change
13	12	In the last 12 months, how often did your personal doctor listen carefully to you? [Never/ Sometimes/ Usually/ Always]	In the last 12 months, how often did your personal doctor listen carefully to you? [Never/ Sometimes/ Usually/ Always]	No change
14	13	In the last 12 months, how often did your personal doctor show respect for what you had to say? [Never/ Sometimes/ Usually/ Always]	In the last 12 months, how often did your personal doctor show respect for what you had to say? [Never/ Sometimes/ Usually/ Always]	No change
15	14	In the last 12 months, how often did your personal doctor spend enough time with you? [Never/ Sometimes/ Usually/ Always]	In the last 12 months, how often did your personal doctor spend enough time with you? [Never/ Sometimes/ Usually/ Always]	No change

Health Plan Survey 5.0 Item #	Health Plan Survey 4.0 Item #	Health Plan Survey 5.0 Question Wording	Health Plan Survey 4.0 Question Wording	Reason for Change
16	15	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? [0/1/2/3/4/5/6/7/8/9/10]	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? [0/1/2/3/4/5/6/7/8/9/10]	No change
17	16	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 12 months, did you make any appointments to see a specialist? [Yes/ No → If No, go to #21]	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 12 months, did you try to make any appointments to see a specialist? [Yes/ No → If No, go to #20]	Revision simplifies wording and makes it consistent with other CAHPS items. Updated skip instruction reflects changes in the numbering of core items.
18	17	In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed? [Never/ Sometimes/ Usually/ Always]	In the last 12 months, how often was it easy to get appointments with specialists? [Never/ Sometimes/ Usually/ Always]	Revision simplifies wording and makes it consistent with other CAHPS items.

Health Plan Survey 5.0 Item #	Health Plan Survey 4.0 Item #	Health Plan Survey 5.0 Question Wording	Health Plan Survey 4.0 Question Wording	Reason for Change
19	18	How many specialists have you seen in the last 12 months? [None → If None, go to #21 /1 specialist/2/3/4/5 to 9 specialists]	How many specialists have you seen in the last 12 months? [None → If None, go to #20 /1 specialist/2/3/4/5 to 9 specialists]	No change Updated skip instruction reflects changes in the numbering of core items.
20	19	We want to know your rating of the specialist you saw most often in the last 12 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? [0/1/2/3/4/5/6/7/8/9/10]	We want to know your rating of the specialist you saw most often in the last 12 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? [0/1/2/3/4/5/6/7/8/9/10]	No change
	20	Item deleted	In the last 12 months, did you try to get any kind of care, tests, or treatment through your health plan? [Yes/ No → If No, go to #22]	Moved and reworded subsequent question; screener item no longer needed.
9	21	In the last 12 months, how often was it easy to get the care, tests, or treatment you needed? [Never/ Sometimes/ Usually/ Always]	In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? [Never/ Sometimes/ Usually/ Always]	Revision simplifies wording. Change in item placement increases clarity about who is providing care, tests, or treatment.

Health Plan Survey 5.0 Item #	Health Plan Survey 4.0 Item #	Health Plan Survey 5.0 Question Wording	Health Plan Survey 4.0 Question Wording	Reason for Change
21	22	In the last 12 months, did you get information or help from your health plan's customer service? [Yes/ No → If No, go to #24]	In the last 12 months, did you try to get information or help from your health plan's customer service? [Yes/ No → If No, go to #25]	Revision simplifies wording and makes it consistent with other CAHPS items. Updated skip instruction reflects changes in the numbering of core items.
22	23	In the last 12 months, how often did your health plan's customer service give you the information or help you needed? [Never/ Sometimes/ Usually/ Always]	In the last 12 months, how often did your health plan's customer service give you the information or help you needed? [Never/ Sometimes/ Usually/ Always]	No change
23	24	In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect? [Never/ Sometimes/ Usually/ Always]	In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect? [Never/ Sometimes/ Usually/ Always]	No change
24	25	In the last 12 months, did your health plan give you any forms to fill out? [Yes/ No → If No, go to #27]	In the last 12 months, did your health plan give you any forms to fill out? [Yes/ No → If No, go to #27]	No change

Health Plan Survey 5.0 Item #	Health Plan Survey 4.0 Item #	Health Plan Survey 5.0 Question Wording	Health Plan Survey 4.0 Question Wording	Reason for Change
25	26	In the last 12 months, how often were the forms from your health plan easy to fill out? [Never/ Sometimes/ Usually/ Always]	In the last 12 months, how often were the forms from your health plan easy to fill out? [Never/ Sometimes/ Usually/ Always]	No change
26	27	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? [0/1/2/3/4/5/6/7/8/9/10]	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? [0/1/2/3/4/5/6/7/8/9/10]	No change
27	28	In general, how would you rate your overall health? [Excellent/Very Good/Good/Fair/Poor]	In general, how would you rate your overall health? [Excellent/Very Good/Good/Fair/Poor]	No change
28		In general, how would you rate your overall mental or emotional health? [Excellent/Very Good/Good/Fair/Poor]		Item added to broaden measure of patient health.

Health Plan Survey 5.0 Item #	Health Plan Survey 4.0 Item #	Health Plan Survey 5.0 Question Wording	Health Plan Survey 4.0 Question Wording	Reason for Change
29	29	In the past 12 months, did you get health care 3 or more times for the same condition or problem? [Yes/ No → If No, go to #31]	In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? [Yes/ No → If No, go to #31]	Item was simplified and standardized across CAHPS surveys.
30	30	Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause. [Yes/No]	Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause. [Yes/No]	No change
31	31	Do you now need or take medicine prescribed by a doctor? Do not include birth control. [Yes/ No → If No, go to #33]	Do you now need or take medicine prescribed by a doctor? Do not include birth control. [Yes/ No → If No, go to #33]	No change
32	32	Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause. [Yes/ No]	Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause. [Yes/ No]	No change

Health Plan Survey 5.0 Item #	Health Plan Survey 4.0 Item #	Health Plan Survey 5.0 Question Wording	Health Plan Survey 4.0 Question Wording	Reason for Change
33	33	What is your age? [18 to 24/ 25 to 34/ 35 to 44/ 45 to 54/ 55 to 64/ 65 to 74/ 75 or older]	What is your age? [18 to 24/ 25 to 34/ 35 to 44/ 45 to 54/ 55 to 64/ 65 to 74/ 75 or older]	No change
34	34	Are you male or female? [Male/Female]	Are you male or female? [Male/Female]	No change
35	35	What is the highest grade or level of school that you have completed? [8th grade or less/ Some high school, but did not graduate/ High school graduate or GED/ Some college or 2-year degree/ 4-year college graduate/ More than 4-year college degree]	What is the highest grade or level of school that you have completed? [8th grade or less/ Some high school, but did not graduate/ High school graduate or GED/ Some college or 2-year degree/ 4-year college graduate/ More than 4-year college degree]	No change
36	36	Are you of Hispanic or Latino origin or descent? [Yes, Hispanic or Latino/ No, Not Hispanic or Latino]	Are you of Hispanic or Latino origin or descent? [Yes, Hispanic or Latino/ No, Not Hispanic or Latino]	No change

Health Plan Survey 5.0 Item #	Health Plan Survey 4.0 Item #	Health Plan Survey 5.0 Question Wording	Health Plan Survey 4.0 Question Wording	Reason for Change
37	37	What is your race? Mark one or more. [White/ Black or African American/ Asian/ Native Hawaiian or Other Pacific Islander/ American Indian or Alaska Native/ Other]	What is your race? Please mark one or more. [White/ Black or African American/ Asian/ Native Hawaiian or Other Pacific Islander/ American Indian or Alaska Native/ Other]	Item was standardized across CAHPS surveys.
38	38	Did someone help you complete this survey? [Yes / No → Thank you. Please return the completed survey in the postage-paid envelope]	Did someone help you complete this survey? [Yes / No → Thank you. Please return the completed survey in the postage-paid envelope]	No change
39	39	How did that person help you? Mark one or more. [Read the questions to me/ Wrote down the answers I gave/ Answered the questions for me/ Translated the questions into my language/ Helped in some other way (Please print)]	How did that person help you? Check all that apply. [Read the questions to me/ Wrote down the answers I gave/ Answered the questions for me/ Translated the questions into my language/ Helped in some other way (Please print)]	Item was standardized across CAHPS surveys.