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# CAHPS<sup>®</sup> Clinician & Group Survey with Patient-Centered Medical Home Items

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**Version: 3.0**

**Population: Adult**

**Language: English**

## Notes

- **Patient-Centered Medical Home (PCMH) items.** This version of the Clinician & Group Survey includes the 3.0 version of PCMH items. PCMH items have been incorporated into the core items; for easy identification, they are highlighted in yellow.
- **References to “this provider” rather than “this doctor:”** This survey uses “this provider” to refer to the individual specifically named in Question 1. A “provider” could be a doctor, nurse practitioner, physician assistant, or other individual who provides clinical care. Survey users may change “provider” to “doctor” throughout the questionnaire. For guidance, please see **Preparing a Questionnaire Using the CAHPS Clinician & Group Survey**.
- **Supplemental items:** Survey users may add questions to this survey. Please visit the CAHPS Web site to review [supplemental items](#) developed by the CAHPS Consortium and descriptions of major item sets.

For assistance with this survey, please contact the CAHPS Help Line at 800-492-9261 or [cahps1@westat.com](mailto:cahps1@westat.com).

## 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 health 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.

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Additional guidance is available in **Preparing a Questionnaire Using the CAHPS Clinician & Group Survey**.

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## 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

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## Your Provider

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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?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to #29 on page 4**

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?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

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

- <sup>1</sup>  Less than 6 months  
<sup>2</sup>  At least 6 months but less than 1 year  
<sup>3</sup>  At least 1 year but less than 3 years  
<sup>4</sup>  At least 3 years but less than 5 years  
<sup>5</sup>  5 years or more

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## Your Care From This Provider in the Last 6 Months

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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 #29 on page 4**  
 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**?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to #7 on page 2**

6. In the last 6 months, when you contacted this provider’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

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

7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?

- Yes
- No → **If No, go to #9**

8. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

- Never
- Sometimes
- Usually
- Always

9. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

- Yes
- No

10. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

- Yes
- No → **If No, go to #12**

11. 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?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

13. In the last 6 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to #19**

18. 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?

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

19. 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

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 see a specialist for a particular health problem?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to #22**

21. In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

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

Please answer these questions about the provider named in Question 1 of this survey.

22. In the last 6 months, did someone from this providers' office talk with you about specific goals for your health?

- <sup>1</sup> Yes
- <sup>2</sup> No

23. In the last 6 months, did someone from this providers' office ask you if there are things that make it hard for you to take care of your health?

- <sup>1</sup> Yes
- <sup>2</sup> No

24. In the last 6 months, did you and someone from this provider's office talk about things in your life that worry you or cause you stress?

- <sup>1</sup> Yes
- <sup>2</sup> No

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

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to #27 on page 4**

26. 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?

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

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**Clerks and Receptionists at This Provider's Office**

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

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

28. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

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

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**About You**

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

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

30. In general, how would you rate your 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

31. What is your age?

- <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

32. Are you male or female?

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

33. 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

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

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

35. 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

36. Did someone help you complete this survey?

- 1 Yes
- 2 No → **Thank you.**

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

37. 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.**