

## CAHPS PQRS SURVEY

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1222**. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C5-12-07, Baltimore, Maryland 21244-1850.

## Survey Instructions

Answer each question by circling your response.

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**

No

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## Your Provider

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1. Our records show that you visited the provider named below in the last 6 months.

Name of provider label goes here

Is that right?

Yes

No → **If No, go to #44**

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?

Yes

No

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

Less than 6 months

At least 6 months but less than 1 year

At least 1 year but less than 3 years

At least 3 years but less than 5 years

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 times you went for a dental care visit.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

None → **If None, go to #44**

1 time

2

3

4

5 to 9

10 or more times

5. In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that **needed care right away**?

Yes

No → **If No, go to #7**

6. In the last 6 months, when you phoned 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?

Never

Sometimes

Usually

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

Yes

No → **If No, go to #11**

10. In the last 6 months, when you phoned 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

11. In the last 6 months, did you phone this provider's office with a medical question **after** regular office hours?

Yes

No → **If No, go to #13**

12. In the last 6 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

Never

Sometimes

Usually

Always

13. Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any **reminders** from this provider's office between visits?

Yes

No → **If No, go to #15**

14. In the last 6 months, did this provider's office contact you to remind you to **make an appointment** for tests or treatment?

Yes

No

15. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider **within 15 minutes** of your appointment time?

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

Always

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

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, did you talk with this provider about any health questions or concerns?

- Yes
- No → **If No, go to #20**

19. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

21. When you visited this provider in the last 6 months, how often did he or she have your medical records?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **If No, go to #26**

25. 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?

- Never
- Sometimes
- Usually
- Always

26. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

- Yes
- No → **If No, go to #35**

27. Did you and this provider talk about the reasons you might want to take a medicine?

- Yes
- No

28. Did you and this provider talk about the reasons you might **not** want to take a medicine?

- Yes
- No

29. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?

- Yes
- No

**30.** After you and this provider talked about starting or stopping a prescription medicine, did you **start** a prescription medicine?

Yes

No → **If No, go to #35**

**31.** In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?

Never

Sometimes

Usually

Always

**32.** In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines?

Yes

No → **If No, go to #34**

**33.** Was the written information this provider gave you easy to understand?

Yes

No

**34.** In the last 6 months, did this provider suggest ways to help you remember to take your medicines?

Yes

No

**35.** In the last 6 months, did you and this provider talk about having surgery or any type of procedure?

Yes

No → **If No, go to #39**

**36.** Did you and this provider talk about the reasons you might want to have the surgery or procedure?

Yes

No



**37.** Did you and this provider talk about the reasons you might **not** want to have the surgery or procedure?

Yes

No

**38.** When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?

Yes

No

**39.** In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?

Yes

No

**40.** In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?

Yes

No

**41.** 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

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## Clerks and Receptionists at This Provider's Office

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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## Your Care From Specialists in the Last 6 months

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44. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?

- Yes → **If Yes, go to #48**
- No

45. In the last 6 months, did you try to make any appointments with specialists?

- Yes
- No → **If No, go to #48**

46. In the last 6 months, how often was it easy to get appointments with specialists?

- Never
- Sometimes
- Usually
- Always

47. In the last 6 months, how often did the **specialist you saw most** seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

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### All Your Care in the Last 6 Months

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These questions ask about **all your** health care. Include all the providers you saw for health care in the last 6 months. Do **not** include the times you went for dental care visits.

48. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?

- Yes
- No

49. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?

- Yes
- No

50. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?

- Yes
- No

51. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?

- Yes
- No

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

Yes

No → **If No, go to #55**

53. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?

Never

Sometimes

Usually

Always

54. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

Yes

No

55. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?

Yes

No

56. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?

Yes

No

57. **Since August 1, 2013**, did anyone on your health care team...

- |  |     |    |
|--|-----|----|
| a. Remind you to get a flu shot?             | Yes | No |
| b. Ask if you got a flu shot somewhere else? | Yes | No |
| c. Give you a flu shot?                      | Yes | No |

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## About You

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

60. In the **last 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 #62**

61. Is this a condition or problem that has lasted for at least 3 months?

- Yes
- No

62. Do you now need or take medicine prescribed by a doctor?

- Yes
- No → **If No, go to #64**

63. Is this medicine to treat a condition that has lasted for at least 3 months?

- Yes
- No

**64.** During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

**65.** What is your age?

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 69

70 to 74

75 to 79

80 to 84

85 or older

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

Male

Female

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

8<sup>th</sup> 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

68. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

69. Do you speak a language other than English at home?

- Yes
- No → **If No, go to #71**

70. What is the language you speak at home?

- Spanish
- Chinese
- Korean
- Russian
- Vietnamese
- Some other language

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

71. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

72. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

73. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

74. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

75. Do you have difficulty dressing or bathing?

Yes

No

76. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes

No

77. Are you of Hispanic, Latino, or Spanish origin?

Yes, Hispanic, Latino, or Spanish

No, not Hispanic, Latino, or Spanish → **If No, go to #79**

78. Which group best describes you?

Mexican, Mexican American, Chicano → **Go to #79**

Puerto Rican → **Go to #79**

Cuban → **Go to #79**

Another Hispanic, Latino, or Spanish origin → **Go to #79**

79. What is your race? Mark one or more.

White

Black or African American

American Indian or Alaska Native

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander



**80.** Did someone help you complete this survey?

Yes

No → **Thank you. Please return the completed survey in the postage-paid envelope.**

**81.** 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:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you**

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

[VENDOR NAME AND ADDRESS HERE]