
CAHPS[®] Clinician & Group Surveys

Version: 12-Month Survey with Patient-Centered Medical Home (PCMH) Items

Population: Adult

Language: English

Response Scale: 4 points

Notes

- **Expanding on the 12-Month Survey:** This survey combines the Clinician & Group 12-Month Survey with the Patient-Centered Medical Home Item Set to address the domains of the medical home. The PCMH supplemental items are highlighted in yellow.

Survey users may add more questions to this survey. A document with supplemental items developed by the CAHPS Consortium and descriptions of major item sets are available at: [Clinician & Group Surveys and Instructions](#).
- **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 Surveys](#).
- **Never-to-Always response scale:** This survey employs a 4-point response scale – “Never/Sometimes/Usually/Always” – which is the standard frequency scale for CAHPS surveys. The CAHPS Consortium is currently awaiting National Quality Forum (NQF) review and endorsement of this 2.0 version of the survey with a 4-point scale.



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.

Additional guidance is available in [Preparing a Questionnaire Using the CAHPS Clinician & Group Survey](#).

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

Your Provider

1. Our records show that you got care from the provider named below in the last 12 months.

Name of provider label goes here

Is that right?

- ¹ Yes
² No → **If No, go to #44 on page 6**

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?

- ¹ Yes
² No

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

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

Your Care From This Provider in the Last 12 Months

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 12 months, how many times did you visit this provider to get care for yourself?

- None → **If None, go to #44 on page 6**
 1 time
 2
 3
 4
 5 to 9
 10 or more times

5. In the last 12 months, did you phone this provider’s office to get an appointment for an illness, injury or condition that **needed care right away**?

- ¹ Yes
² No → **If No, go to #8**

6. In the last 12 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?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

7. In the last 12 months, how many days did you usually have to wait for an appointment when you **needed care right away**?

- Same day
 1 day
 2 to 3 days
 4 to 7 days
 More than 7 days

8. In the last 12 months, did you make any appointments for a **check-up or routine care** with this provider?

- ¹ Yes
² No → **If No, go to #10**

9. In the last 12 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?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

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

- ¹ Yes
² No

11. In the last 12 months, did you need care for yourself during evenings, weekends, or holidays?

- ¹ Yes
² No → **If No, go to #13**

12. In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

13. In the last 12 months, did you phone this provider's office with a medical question during regular office hours?

- ¹ Yes
² No → **If No, go to #15**

14. In the last 12 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?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

15. In the last 12 months, did you phone this provider's office with a medical question **after** regular office hours?

- ¹ Yes
² No → **If No, go to #17**

16. In the last 12 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?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

17. Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits?

Yes

No

18. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider **within 15 minutes** of your appointment time?

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

Always

20. In the last 12 months, how often did this provider listen carefully to you?

Never

Sometimes

Usually

Always

21. In the last 12 months, did you talk with this provider about any health questions or concerns?

Yes

No → **If No, go to #23**

22. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?

Never

Sometimes

Usually

Always

23. In the last 12 months, how often did this provider seem to know the important information about your medical history?

Never

Sometimes

Usually

Always

24. In the last 12 months, how often did this provider show respect for what you had to say?

Never

Sometimes

Usually

Always

25. In the last 12 months, how often did this provider spend enough time with you?

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

26. In the last 12 months, did this provider order a blood test, x-ray, or other test for you?

- 1 Yes
- 2 No → **If No, go to #28**

27. In the last 12 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?

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

28. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?

- 1 Yes
- 2 No → **If No, go to #32**

29. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot

30. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might not want to take a medicine?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot

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

- 1 Yes
- 2 No

32. 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

33. 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 see a specialist for a particular health problem?

- 1 Yes
- 2 No → **If No, go to #35**

34. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

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

35. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?

- ¹ Yes
² No

36. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?

- ¹ Yes
² No

37. In the last 12 months, did you take any prescription medicine?

- ¹ Yes
² No → **If No, go to #39**

38. In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were taking?

- ¹ Yes
² No

39. In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

- ¹ Yes
² No

40. In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?

- ¹ Yes
² No

41. In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

- ¹ Yes
² No

Clerks and Receptionists at This Provider's Office

42. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

43. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

About You

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

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

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

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

46. 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

47. Are you male or female?

- ¹ Male
² Female

48. 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

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

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

50. 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 Alaskan Native
- ⁶ Other

51. Did someone help you complete this survey?

- ¹ Yes
- ² No → **Thank you.**

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

52. 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

Please print: _____

Thank you

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