

**CAHPS<sup>®</sup> Survey for Accountable Care Organizations  
(ACOs) Participating in Medicare Initiatives**

**2018 CAHPS for ACOs Survey  
(English)**

# Medicare Provider Experience Survey

## Survey Instructions

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [VENDOR NAME].

Answer all the questions by putting an "X" in the box to the left of your answer, like this:

Yes

Be sure to read all the answer choices given before marking your answer.

You are sometimes told not to answer 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:

[➔ If No, Go to Question 3]. See the example below:

### EXAMPLE

1. Do you wear a hearing aid now?

Yes

No ➔ If No, Go to Question 3

2. How long have you been wearing a hearing aid?

Less than one year

1 to 3 years

More than 3 years

I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

Yes

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 #24**

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 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 #24**  
 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**?
- Yes  
 No → **If No, go to #7**
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?
- 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 contact 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 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

11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?
- Never
  - Sometimes
  - Usually
  - Always
12. In the last 6 months, how often did this provider listen carefully to you?
- Never
  - Sometimes
  - Usually
  - Always
13. In the last 6 months, how often did this provider seem to know the important information about your medical history?
- Never
  - Sometimes
  - Usually
  - Always
14. In the last 6 months, how often did this provider show respect for what you had to say?
- Never
  - Sometimes
  - Usually
  - Always
15. In the last 6 months, how often did this provider spend enough time with you?
- Never
  - Sometimes
  - Usually
  - Always

16. 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 #18**

17. 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

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

- Yes
- No → **If No, go to #20**

19. 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

20. 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

21. 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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22. 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

23. 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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24. 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, Please include this provider as you answer these questions about specialists**
- No
25. In the last 6 months, did you try to make any appointments with specialists?
- Yes
- No → **If No, go to #27**
26. In the last 6 months, how often was it easy to get appointments with specialists?
- 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.

27. 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 a healthy diet and healthy eating habits?
- Yes
- No
28. 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
29. In the last 6 months, did you take any prescription medicine?
- Yes
- No → **If No, go to #32**
30. 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

31. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?
- Yes  
 No
32. 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
33. 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

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## About You

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34. In general, how would you rate your overall health?
- Excellent  
 Very good  
 Good  
 Fair  
 Poor
35. In general, how would you rate your overall **mental or emotional** health?
- Excellent  
 Very good  
 Good  
 Fair  
 Poor
36. 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 #38**
37. Is this a condition or problem that has lasted for at least 3 months?
- Yes  
 No
38. Do you now need or take medicine prescribed by a doctor?
- Yes  
 No → **If No, go to #40**

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

- Yes
- No

40. 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

41. 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

42. Are you male or female?

- Male
- Female

43. 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

44. How well do you speak English?

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

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

- Yes
- No → **If No, go to #47**

46. What is the language you speak at home?

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



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

47. Are you deaf or do you have serious difficulty hearing?
- Yes  
 No
48. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- Yes  
 No
49. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- Yes  
 No
50. Do you have serious difficulty walking or climbing stairs?
- Yes  
 No
51. Do you have difficulty dressing or bathing?
- Yes  
 No
52. 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

53. Do you ever use the internet at home?
- Yes  
 No
54. Are you of Hispanic, Latino, or Spanish origin?
- Yes, Hispanic, Latino, or Spanish  
 No, not Hispanic, Latino, or Spanish  
→ If No, go to #56
55. Which group best describes you?
- Mexican, Mexican American, Chicano  
→ Go to #56  
 Puerto Rican → Go to #56  
 Cuban → Go to #56  
 Another Hispanic, Latino, or Spanish origin → Go to #56
56. 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

57. Did someone help you complete this survey?

Yes

No → **Thank you.**

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

58. 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]

# Medicare Provider Experience Survey

Alternative survey instructions for use with a scannable form that uses bubbles rather than boxes for answer choices.

## Survey Instructions

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Answer all the questions by filling in the circle to the left of your answer, like this:

- Yes

Be sure to read all the answer choices given before marking your answer.

You are sometimes told not to answer 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:

[→ If No, Go to Question 3]. See the example below:

### EXAMPLE

- |   |   |
|---|---|
| <p>1. Do you wear a hearing aid now?</p> <ul style="list-style-type: none"><li><input type="radio"/> Yes</li><li><input checked="" type="radio"/> No → If No, Go to Question 3</li></ul> <p>2. How long have you been wearing a hearing aid?</p> <ul style="list-style-type: none"><li><input type="radio"/> Less than one year</li><li><input type="radio"/> 1 to 3 years</li><li><input type="radio"/> More than 3 years</li><li><input type="radio"/> I don't wear a hearing aid</li></ul> | <p>3. In the last 6 months, did you have any headaches?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul> |
|---|---|