

# Measure # 4a: Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Adult Primary Care 1.0

## Contact Information:

- Contact the CAHPS Help Line at [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov) or 1-800-492-9261 with questions or comments about the content or implementation of CAHPS surveys, the use of CAHPS surveys for consumer reporting or quality improvement, events sponsored by the CAHPS User Network, or the usability of the CAHPS Web site.

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## Additional Notes:

- To learn more about using the CAHPS “Clinician and Group Survey” instruments, visit:  
[https://www.cahps.ahrq.gov/content/products/CG/PROD\\_CG\\_CG40Products.asp?p=1021&s=213](https://www.cahps.ahrq.gov/content/products/CG/PROD_CG_CG40Products.asp?p=1021&s=213).

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# CAHPS<sup>®</sup> Clinician & Group Survey

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**Version: Adult Primary Care Questionnaire 1.0**

**Language: English**

**Response Scale: 4 points**

**Note regarding the Never-to-Always response scale:** This questionnaire employs a four-point response scale – “Never/Sometimes/Usually/Always” – which is the standard scale for CAHPS surveys. An alternative six-point scale adds “Almost never” and “Almost always” to the response options. Questionnaires with the six-point scale are available for downloading at <https://www.cahps.ahrq.gov/cahpskit/CG/CGChooseQX6p.asp>.

A version of the questionnaire with the six-point scale has been used by several early adopters of the survey; it is also the version that was endorsed by the National Quality Forum. The CAHPS Consortium is examining the performance of the two response scales in the context of this survey.



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Last updated: October 8, 2009

## 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:**

[https://www.cahps.ahrq.gov/cahpskit/files/32\\_CG\\_Preparing\\_a\\_Questionnaire.pdf](https://www.cahps.ahrq.gov/cahpskit/files/32_CG_Preparing_a_Questionnaire.pdf)

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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 Doctor

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

Name of doctor label goes here

Is that right?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to #26 on page 4**

The questions in this survey booklet will refer to the doctor named in Question 1 as “this doctor.” Please think of that doctor as you answer the survey.

2. Is this the doctor 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 doctor?

- <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 Doctor in the Last 12 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 12 months, how many times did you visit this doctor to get care for yourself?

<sup>1</sup>  None → **If None, go to #26 on page 4**

<sup>2</sup>  1 time

<sup>3</sup>  2

<sup>4</sup>  3

<sup>5</sup>  4

<sup>6</sup>  5 to 9

<sup>7</sup>  10 or more times

5. In the last 12 months, did you phone this doctor’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**

6. In the last 12 months, when you phoned this doctor’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you thought you needed?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #9**

8. In the last 12 months, when you made an appointment for a **check-up or routine care** with this doctor, how often did you get an appointment as soon as you thought you needed?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #11**

10. In the last 12 months, when you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #13**

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

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

16. In the last 12 months, did you talk with this doctor about any health problems or concerns?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #18**

17. In the last 12 months, how often did this doctor give you easy to understand instructions about taking care of these health problems or concerns?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #23**

22. In the last 12 months, when this doctor ordered a blood test, x-ray or other test for you, how often did someone from this doctor'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

23. Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?

0 Worst doctor possible

1

2

3

4

5

6

7

8

9

10 Best doctor possible

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## Clerks and Receptionists at This Doctor's Office

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24. In the last 12 months, how often were clerks and receptionists at this doctor'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

25. In the last 12 months, how often did clerks and receptionists at this doctor'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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26. 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

27. A health provider is a doctor, nurse or anyone else you would see for health care. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

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

28. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

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

29. Do you now need or take medicine prescribed by a doctor? Do **not** include birth control.

- <sup>1</sup> Yes  
 <sup>2</sup> No → **If No, go to #31**

30. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

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

31. What is your age?

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 or older

32. Are you male or female?

- 1 Male
- 2 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? Please 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

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 all that apply.

- 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.**

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# **CAHPS<sup>®</sup> Clinician & Group Survey**

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## **Supplemental Items for the Adult Primary Care Questionnaire 1.0**

**Language: English**

**Response Scale: 4 points**



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### Important instructions

**Placing Supplemental Items in the Core Questionnaires.** After you copy one or more supplemental items into the core questionnaire:

- **Fix the formatting** of the items as needed to fit into the two-column format.
- **Renumber** the supplemental item and **ALL** subsequent items so that they are consecutive.
- **Revise ALL skip instructions** in the questionnaire to make sure they point the respondent to the correct item number.

**Definition of Specialist.** If you choose to use one or more supplemental items that refer to specialists, please insert this definition before the first of these items: “Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.”

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## Addressing Health Literacy

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Insert HL1 – HL4 after core question 14.

Please note that HL1 was formerly C3. C3 was part of the Provider Communication supplemental items but has been updated as part of the Item Set for Addressing Health Literacy.

**HL1.** In the last 12 months, how often were the explanations this doctor gave you hard to understand because of an accent or the way the doctor spoke English?

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

**HL2.** In the last 12 months, how often did this doctor use medical words you did not understand?

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

**HL3.** In the last 12 months, how often did this doctor talk too fast when talking with you?

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

**HL4.** In the last 12 months, how often did this doctor use pictures, drawings, or models to explain things to you?

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

**Insert HL5 – HL9 after core question 15.**  
**Please note that HL5 was formerly C5.**

**HL5.** In the last 12 months, how often did this doctor ignore what you told him or her?

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

**HL6.** In the last 12 months, how often did this doctor interrupt you when you were talking?

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

**Please note that HL7 was formerly C7.**

**HL7.** In the last 12 months, how often did this doctor show interest in your questions and concerns?

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

**HL8.** In the last 12 months, how often did this doctor answer all your questions to your satisfaction?

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

**HL9.** In the last 12 months, how often did this doctor give you all the information you wanted about your health?

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

**Insert HL10 before core question 16.**  
**Please note that HL10 was formerly C1.**

**HL10.** In the last 12 months, how often did this doctor encourage you to talk about all your health problems or concerns?

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

**Insert HL11 – HL15 after core question 18.**

**HL11.** In the last 12 months, did you see this doctor for a specific illness or for any health condition?

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

**HL12.** In the last 12 months, how often did this doctor give you easy to understand instructions about what to do to take care of this illness or health condition?

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

**HL13.** In the last 12 months, how often did this doctor ask you to describe how you were going to follow these instructions?

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

**HL14.** Sometimes doctors give instructions that are hard to follow. In the last 12 months, how often did this doctor ask you whether you would have any problems doing what you need to do to take care of this illness or health condition?

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

**HL15.** In the last 12 months, how often did this doctor explain what to do if this illness or health condition got worse or came back?

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

**Insert HL16 after core question 19.**  
**Please note that HL16 was formerly C6.**

**HL16.** In the last 12 months, how often did this doctor use a condescending, sarcastic, or rude tone or manner with you?

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

**Insert HL17 – HL24 after core question 20.**

**HL17.** In the last 12 months, how often did you feel this doctor really cared about you as a person?

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

**HL18.** In the last 12 months, did this doctor prescribe any new medicines or change how much medicine you should take?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to core question 21**

**HL19.** In the last 12 months, how often did this doctor give you easy to understand instructions about how to take your medicines?

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

**HL20.** In the last 12 months, did this doctor explain the possible side effects of your medicines?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #HL22**

**HL21.** In the last 12 months, how often did this doctor explain the possible side effects of your medicines in a way that was easy to understand?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

**HL22.** In the last 12 months, other than a prescription, did this doctor give you written information or write down information about how to take your medicines?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #HL24**

**HL23.** In the last 12 months, how often was the written information you were given easy to understand?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

**HL24.** In the last 12 months, how often did this doctor suggest ways to help you remember to take your medicines?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

**Insert HL25 after core question 22. Core items 21-22 must be used prior to HL25.**

**Core question 21.** Did this doctor order a blood test, x-ray or other test for you?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 23**

**Core question 22.** When this doctor ordered a blood test, x-ray or other test for you, how often did someone from this doctor'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

**HL25.** In the last 12 months, how often were the results of your blood test, x-ray or other test easy to understand?

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

**Insert HL26 – HL30 after core question 23.**

**HL26.** In the last 12 months, did you have to fill out or sign any forms at this doctor's office?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to core question 24**

**HL27.** In the last 12 months, how often did someone explain the purpose of a form before you signed it?

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

**HL28.** In the last 12 months, how often were you offered help in filling out a form at this doctor's office?

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

**HL29.** In the last 12 months, how often were the forms that you got at this doctor’s office easy to fill out?

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

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### **After Hours E-Mail**

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**Insert AE1 – AE2 after core question 12.**

**AE1.** In the last 12 months, did you e-mail this doctor’s office with a medical question?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to core question 13**

**AE2.** In the last 12 months, when you e-mailed this doctor’s office, how often did you get an answer to your medical question as soon as you needed?

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

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### **Being Kept Informed About Appointment Start**

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**Insert KI1 after core question 13. In core question 13, add instruction at the “Always” response to skip over KI1 to core question 14.**

**KI1.** In the last 12 months, after you checked in for your appointment at this doctor’s office, were you ever kept informed about how long you would need to wait for your appointment to start?

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

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## Cost of Care (Prescriptions)

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Insert COC1 – COC3 after core question 20.

**COC1.** In the last 12 months, did you take any prescription medicine?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 21**

**COC2.** In the last 12 months, were you ever worried or concerned about the cost of your prescription medicine?

<sup>1</sup>  Yes

<sup>2</sup>  No

**COC3.** In the last 12 months, did you and this doctor talk about the cost of your prescription medicine?

<sup>1</sup>  Yes

<sup>2</sup>  No

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## Cost of Care (Tests)

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Insert COC4 – COC5 after core question 22.

**COC4.** In the last 12 months, were you ever worried or concerned about the cost of your blood tests, x-rays or other tests?

<sup>1</sup>  Yes

<sup>2</sup>  No

**COC5.** In the last 12 months, did you and this doctor talk about the cost of your blood tests, x-rays or other tests?

<sup>1</sup>  Yes

<sup>2</sup>  No

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## Doctor Role

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**Insert DR1 after core question 2.**

**DR1.** Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is this doctor a specialist?

<sup>1</sup>  Yes

<sup>2</sup>  No

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## Doctor Thoroughness

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**Insert DT1 – DT2 before core question 21.**

**DT1.** In the last 12 months did this doctor ever examine you?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 21**

**DT2.** In the last 12 months, how often was this doctor as thorough as you thought you needed?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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## Health Improvement

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**(Use only if sample will include elderly or individuals with chronic conditions.)**

**Insert HI1 after core question 17.**

**HI1.** In the last 12 months, did you and this doctor talk about specific things you could do to prevent illness?

<sup>1</sup>  Yes

<sup>2</sup>  No

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## Health Promotion and Education

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**Insert HP1 – HP6 after core question 17. If HP1 – HP6 are used, patients who did not talk with their doctor about any health problems or concerns should skip to HP1; this requires a change in the skip instructions for core question 16. Note: If “Health Improvement” is included, HP1 – 6 follow HI1.**

**HP1.** In the last 12 months, did you need this doctor’s help in making changes to prevent illness?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to question HP3**

**HP2.** In the last 12 months, did this doctor give you the help you needed to make changes to prevent illness?

<sup>1</sup>  Yes

<sup>2</sup>  No

**HP3.** In the last 12 months, did you and this doctor talk about a healthy diet and healthy eating habits?

<sup>1</sup>  Yes

<sup>2</sup>  No

**HP4.** In the last 12 months, did you and this doctor talk about the exercise or physical activity you get?

<sup>1</sup>  Yes

<sup>2</sup>  No

**HP5.** In the last 12 months, did you and this doctor talk about things in your life that worry you or cause you stress?

<sup>1</sup>  Yes

<sup>2</sup>  No

**HP6.** In the last 12 months, did this doctor ever ask you whether there was a period of time when you felt sad, empty or depressed?

<sup>1</sup>  Yes

<sup>2</sup>  No

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## Help With Problems or Concerns

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Insert HPC1 after core question 16.

**HPC1.** Did this doctor help you with these problems or concerns?

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

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## Other Doctors and Providers at Your Doctor's Office

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Insert OD1 – OD9 after core question 25. If this section is used, patients who had no visits with the sampled doctor should skip to OD1; this requires a change in the skip instructions for core question 4.

These questions ask about your experiences with other doctors and providers at this doctor's office. Please answer only for your own health care. Do not include dental care visits.

**OD1.** Sometimes when you go to this doctor's office, you might get care from another provider – for example, another doctor in the practice, a nurse, a nurse practitioner or a physician assistant.

In the last 12 months, were any of your appointments at this doctor's office with another doctor or other provider?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 26**

Please answer the following questions for the other doctors or providers you visited at this doctor's office.

**OD2.** In the last 12 months, how often did the other doctors or providers explain things in a way that was easy to understand?

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

**OD3.** In the last 12 months, how often did the other doctors or providers listen carefully to you?

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

**OD4.** In the last 12 months, did you talk with the other doctors or providers about any health problems or concerns?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to question OD6**

**OD5.** In the last 12 months, how often did the other doctors or providers give you easy to understand instructions about what to do to take care of these health problems or concerns?

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

**OD6.** In the last 12 months, how often did the other doctors or providers show respect for what you had to say?

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

**OD7.** In the last 12 months, how often did the other doctors or providers spend enough time with you?

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

**OD8.** In the last 12 months, how often did you feel that the other doctors or providers had all the information they needed to provide your care?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

**OD9.** Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate all your health care from the other doctors or providers you visited at this doctor's office in the last 12 months?

0 Worst care possible

1

2

3

4

5

6

7

8

9

10 Best care possible

---

## Provider Communication

---

Items C1, C3-C7 of the Provider Communication items have been updated and are now included in the Item Set for Addressing Health Literacy. This item set also includes additional items that address Provider Communication.

Insert C2 after core question 14. In core question 14, add instruction at the “Usually” and “Always” responses to skip over C2 to core question 15.

C2 was designed for and tested with a commercial health plan population using primarily a self-administered format. Item wording and format may not be appropriate for other modes of administration or other populations (e.g., Medicaid, Medicare, low literacy).

C2. In the last 12 months, were the explanations this doctor gave you about each of the following hard to understand?

	<u>Yes</u>	<u>No</u>	<u>Does Not Apply</u>
a) What was wrong with you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) The reason for a treatment?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) What a medicine was for?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) How to take a medicine?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) Results of a blood test, x-ray or other test?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) What to do if a condition got worse or came back?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g) Something else?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

*Please specify:* \_\_\_\_\_

\_\_\_\_\_

**Insert C8 before core question 21. If items SD1 – SD3 are used, C8 should follow SD3.**

**C8 and C9 were designed for and tested with a commercial health plan population using primarily a self-administered format. Item wording and format may not be appropriate for other modes of administration or other populations (e.g., Medicaid, Medicare, low literacy).**

**C8.** In the last 12 months, during any of your visits, did this doctor:

	<u>Yes</u>	<u>No</u>	Does Not <u>Apply</u>
a) Listen to your reasons for the visit?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Show concern for your physical comfort?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Describe his or her physical findings?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) Explain the reason for any additional tests?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) Describe the next steps for your care or treatment?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Insert C9 before core question 21. If items SD1 – SD3 are used, C9 should follow SD3. If item C8 is used, C9 should follow C8.**

**C9.** In the last 12 months, did this doctor give you complete and accurate information about:

	<u>Yes</u>	<u>No</u>	Does Not <u>Apply</u>
a) Tests?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Choices for your care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Treatment?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) Plan for your care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) Medications?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) Follow-up care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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## Provider Knowledge of Specialist Care

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Insert PK1 – PK2 after core question 20.

**Note:** These items are recommended for use only if the sampled provider is not a specialist.

If C1 is included, insert PK1 – PK2 after C1.

Please refer to instructions at the front of this document about defining “specialists.”

**PK1.** In the last 12 months, did this doctor suggest you see a specialist for a particular health problem?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 21**

**PK2.** In the last 12 months, how often did the doctor 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

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## Recommend Doctor

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Insert RC1 – RC2 after core question 23.

**RC1.** Would you recommend this doctor to your family and friends?

<sup>1</sup>  Definitely yes

<sup>2</sup>  Somewhat yes

<sup>3</sup>  Somewhat no

<sup>4</sup>  Definitely no

**RC2.** Please tell us how this doctor’s office could have improved the care and services you received in the last 12 months.

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## Shared Decision Making

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**Insert SD1 – SD3 before core question 21.**

**SD1.** Choices for your treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did this doctor tell you there was more than one choice for your treatment or health care?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 21**

**SD2.** In the last 12 months, did this doctor talk with you about the pros and cons of each choice for your treatment or health care?

<sup>1</sup>  Yes

<sup>2</sup>  No

**SD3.** In the last 12 months, when there was more than one choice for your treatment or health care, did this doctor ask which choice you thought was best for you?

<sup>1</sup>  Yes

<sup>2</sup>  No

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## Wait Time for Urgent Care

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**Insert WU1 after core question 6.**

**WU1.** In the last 12 months, when you contacted this doctor's office to get an appointment for care you needed right away, how long did you usually have to wait between trying to get an appointment and actually seeing someone?

<sup>1</sup>  Same day

<sup>2</sup>  1 day

<sup>3</sup>  2-3 days

<sup>4</sup>  4-7 days

<sup>5</sup>  8-14 days

<sup>6</sup>  15 days or longer

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## Your Care from Specialists in the Last 12 Months

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Insert SC1 – SC8 after question 25. If this section is used, patients who have no visits with the sampled doctor should skip to SC1; this requires a change in the skip instructions at question 4.

Note: If “Other Doctors and Providers at Your Doctor’s Office” items are included, change the skip at OD1 to SC1.

Please refer to instructions at the front of this document about defining “specialists.”

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.

**SC1.** In the last 12 months, did you try to make any appointments to see a specialist?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 26**

**SC2.** In the last 12 months, how often was it easy to get appointments with specialists?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

**SC3.** In the last 12 months, did you and this doctor talk about the cost of seeing a specialist?

<sup>1</sup>  Yes

<sup>2</sup>  No

**SC4.** In the last 12 months, were you ever worried or concerned about the cost of seeing a specialist?

<sup>1</sup>  Yes

<sup>2</sup>  No

**SC5.** How many specialists have you seen in the last 12 months?

- None → **If None, go to core question 26**
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

**SC6.** In the last 12 months, how often did the specialists you saw seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

**SC7.** 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 that specialist?

- 0 Worst specialist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best specialist possible

**SC8.** Was the specialist you saw most often in the last 12 months the doctor named in Question 1?

- Yes
- No

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## Your Most Recent Visit

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Insert RV1 – RV11 after core question 25.

These questions ask about your most recent visit with this doctor. Please answer only for your own health care.

**RV1.** During your most recent visit with this doctor, were you kept informed about how long you would need to wait for your appointment to start?

<sup>1</sup>  Yes

<sup>2</sup>  No

**RV2.** Wait time includes time spent in the waiting room and exam room. During your most recent visit with this doctor, did you see this doctor **within 15 minutes** of your appointment time?

<sup>1</sup>  Yes

<sup>2</sup>  No

**RV3.** During your most recent visit, did this doctor explain things in a way that was easy to understand?

<sup>1</sup>  Yes

<sup>2</sup>  No

**RV4.** During your most recent visit, did you talk with this doctor about any health problems or concerns?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to question RV6**

**RV5.** During your most recent visit, did this doctor give you easy to understand instructions about what to do to take care of these health problems or concerns?

<sup>1</sup>  Yes

<sup>2</sup>  No

**RV6.** During your most recent visit, did this doctor seem to know the important information about your medical history?

<sup>1</sup>  Yes

<sup>2</sup>  No

**RV7.** During your most recent visit, did this doctor show concern about your health and how you were feeling?

<sup>1</sup>  Yes

<sup>2</sup>  No

**RV8.** During your most recent visit, did this doctor spend enough time with you?

<sup>1</sup>  Yes

<sup>2</sup>  No

**RV9.** During your most recent visit, did clerks and receptionists at this doctor's office treat you with courtesy and respect?

<sup>1</sup>  Yes

<sup>2</sup>  No

**RV10.** Using any number from 0 to 10, where 0 is the worst medical care possible and 10 is the best medical care possible, what number would you use to rate the medical care you received during your most recent visit with this doctor?

0 Worst medical care possible

1

2

3

4

5

6

7

8

9

10 Best medical care possible

**RV11.** Please tell us how this doctor's office could have improved the care and services you received at your most recent visit.

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