



## Patient Insights Satisfaction Research

### CAHPS Survey for ACO's – ACO-9

Note: The scale is Never/Sometimes/Usually/Always unless otherwise indicated. (This does not apply to the "About You" section)

#### YOUR PROVIDER

1. Our records show that in the last six months you visited a provider named [PROVIDER NAME]. Is that right? *(Yes/No: If No, skip to Q36)*
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? *(range from <6 months to 5+ years)*

#### YOUR CARE FROM THIS PROVIDER IN THE LAST 6 MONTHS

4. In the last 6 months, how many times did you visit this provider to get care for yourself? *(range from None to 10+ times; If None, skip to Q36)*
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, skip to Q7)*
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?
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, skip to Q9)*
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?
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, skip to Q11)*
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?
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, skip to Q13)*
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?
13. 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?
14. In the last 6 months, how often did this provider explain things in a way that was easy to understand?
15. In the last 6 months, how often did this provider listen carefully to you?
16. In the last 6 months, did you talk with this provider about any health questions or concerns? *(Yes/No: If No, skip to Q18)*
17. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?
18. In the last 6 months, how often did this provider seem to know the important information about your medical history?
19. In the last 6 months, how often did this provider show respect for what you had to say?
20. In the last 6 months, how often did this provider spend enough time with you?
21. In the last 6 months, did this provider order a blood test, x-ray, or other test for you? *(Yes/No: If No, skip to Q23)*
22. 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?
23. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine? *(Yes/No: If No, skip to Q27)*
24. Did you and this provider talk about the reasons you might want to take a medicine? *(Yes/No)*
25. Did you and this provider talk about the reasons you might not want to take a medicine? *(Yes/No)*
26. 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)*
27. In the last 6 months, did you and this provider talk about having surgery or any type of procedure? *(Yes/No: If No, skip to Q31)*
28. Did you and this provider talk about the reasons you might want to have the surgery or procedure? *(Yes/No)*
29. Did you and this provider talk about the reasons you might not want to have the surgery or procedure? *(Yes/No)*
30. When you and this provider talked about having surgery or a procedure, did this provider ask you what you thought was best for you? *(Yes/No)*
31. 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 and friends? *(Yes/No)*
32. 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)*
33. 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? *(0-10)*

### **CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE**

34. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?
35. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

### **YOUR CARE FROM SPECIALISTS IN THE LAST 6 MONTHS**

36. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is [PROVIDER NAME] a specialist? *(Yes/No: If No, skip to Q40)*
37. In the last 6 months, did you try to make any appointments with specialists? *(Yes/No: If No, skip to Q40)*
38. In the last 6 months, how often was it easy to get appointments with specialists?
39. In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?

### **ALL YOUR CARE IN THE LAST 6 MONTHS**

40. 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)*
41. 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)*
42. 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)*
43. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health? *(Yes/No)*
44. In the last 6 months, did you take any prescription medicine? *(Yes/No; If No, skip to Q46)*
45. In the last 5 months, did you and anyone on your health care team talk about how much your prescription medicines cost? *(Yes/No)*
46. 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)*
47. 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)*

### **ABOUT YOU**

48. In general, how would you rate your overall health? *(Excellent, Very Good, Good, Fair, Poor)*
49. In general, how would you rate your overall mental or emotional health? *(Excellent, Very Good, Good, Fair, Poor)*
50. 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, skip to Q52)*
51. Is this a condition or problem that lasted for at least 3 months? *(Yes/No)*
52. Do you now need or take medicine prescribed by a doctor? *(Yes/No: If No, skip to Q54)*
53. Is this medicine to treat a condition that has lasted for at least 3 months? *(Yes/No)*
54. During the last 4 weeks, how much of the time did your physical health interfere with your social activities like visiting friends, relatives, etc. *(All of the time, Most of the time, Some of the time, A little of the time, None of the time)*
55. What is your age?
56. Are you male or female?
57. What is the highest grade or level of school that you have completed?
58. How well do you speak English? *(Very well, Well, Not well, Not at all)*
59. Do you speak a language other than English at home? *(Yes/No: If No, skip to Q61)*
60. What is the language you speak at home?
61. Are you deaf or do you have serious difficulty hearing? *(Yes/No)*
62. Are you blind or do you have serious difficulty seeing, even when wearing glasses? *(Yes/No)*
63. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? *(Yes/No)*
64. Do you have serious difficulty walking or climbing stairs? *(Yes/No)*
65. Do you have difficulty dressing or bathing? *(Yes/No)*
66. Because of physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? *(Yes/No)*
67. Are you of Hispanic, Latino, or Spanish origin? *(Yes/No: If No, skip to Q69)*
68. Which group best describes you?
69. What is your race?
70. Did someone help you complete this survey? *(Yes/No)*
71. How did that person help you?