
CAHPS[®] Clinician & Group Surveys

Version: Visit Survey 2.0

Population: Adult

Language: English

Notes

- **Time referent:** The Visit Survey asks respondents about experiences during their most recent visit with a provider, as opposed to all of their visits with that provider in the last 12 months. However, most questions about access to care refer to experiences over the last 12 months.
- **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** (https://www.cahps.ahrq.gov/Surveys-Guidance/CG/-/media/Files/SurveyDocuments/CG/12%20Month/Admin_Survey/1032_cg_preparing_a_questionnaire.pdf).
- **Supplemental items:** CAHPS supplemental items for this survey are currently in development. In the meantime, users can adapt some supplemental items developed for the 12-Month Survey that are available in the **Clinician & Group Surveys and Instructions** (<https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-Surveys-and-Instructions.aspx>). For assistance, please contact the CAHPS Help Line at cahps1@ahrq.gov or 1-800-492-9261.
- **Assessing domains of the Patient-Centered Medical Home (PCMH):** To evaluate the domains of a medical home, survey users are encouraged to use the CAHPS Clinician & Group 12-Month Survey with the Patient-Centered Medical Home items rather than the Visit Survey. A pre-assembled survey that combines the 12-Month Survey with the PCMH supplemental items is available in the **Clinician & Group Surveys and Instructions** (<https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-Surveys-and-Instructions.aspx>).



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 Surveys** (https://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Admin_Survey/1032_cg_preparing_a_questionnaire.pdf).

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.

Name of provider label goes here

Is that right?

- ¹ Yes
² No → **If No, go to #29 on page 5**

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 #29 on page 5**
 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 #7**

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, did you make any appointments for a **check-up or routine care** with this provider?
- ¹ Yes
² 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 provider, how often did you get an appointment as soon as you needed?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
9. 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 #11**
10. 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
11. 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 #13**
12. 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
13. 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?
- ¹ Never
² Sometimes
³ Usually
⁴ Always

Your Care From This Provider During Your Most Recent Visit

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

- 14.** How long has it been since your most recent visit with this provider?
- ¹ Less than 1 month
- ² At least 1 month but less than 3 months
- ³ At least 3 months but less than 6 months
- ⁴ At least 6 months but less than 12 months
- ⁵ 12 months or more
- 15.** Wait time includes time spent in the waiting room and exam room. During your most recent visit, did you see this provider **within 15 minutes** of your appointment time?
- ¹ Yes
- ² No
- 16.** During your most recent visit, did this provider explain things in a way that was easy to understand?
- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No
- 17.** During your most recent visit, did this provider listen carefully to you?
- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No
- 18.** During your most recent visit, did you talk with this provider about any health questions or concerns?
- ¹ Yes
- ² No → **If No, go to #20**
- 19.** During your most recent visit, did this provider give you easy to understand information about these health questions or concerns?
- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No
- 20.** During your most recent visit, did this provider seem to know the important information about your medical history?
- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No
- 21.** During your most recent visit, did this provider show respect for what you had to say?
- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No
- 22.** During your most recent visit, did this provider spend enough time with you?
- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No

23. During your most recent visit, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No → **If No, go to #25**

24. Did someone from this provider’s office follow up to give you those results?

- Yes
- No

25. 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

26. Would you recommend this provider’s office to your family and friends?

- Yes, definitely
- Yes, somewhat
- No

Clerks and Receptionists at This Provider’s Office

27. During your most recent visit, were clerks and receptionists at this provider’s office as helpful as you thought they should be?

- Yes, definitely
- Yes, somewhat
- No

28. During your most recent visit, did clerks and receptionists at this provider’s office treat you with courtesy and respect?

- Yes, definitely
- Yes, somewhat
- No

About You

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

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

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

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

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? Mark one or more.

- ¹ White
 ² Black or African American
 ³ Asian
 ⁴ Native Hawaiian or Other Pacific Islander
 ⁵ American Indian or Alaska 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 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.