

CAHPS™ 2.0

**Medicare Managed Care
Questionnaire**

October, 1998

SURVEY INSTRUCTIONS

- ◆ Answer all the questions by checking 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 ***Go to Question 1***
No

{This box should be placed on the Cover Page}

All information that would let someone identify you or your family will be kept private. {SPONSOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call XXX.

1. Our records show that you are now in {product name} also called {health plan name}. Is that right?

¹ Yes **Go to Question 3**
This plan will be called {product name} for the rest of the survey.

² No

2. What is the name of your health plan? *(Please print)*

3. Is {product name} the health plan you use for all or most of your health care?

¹ Yes

² No

4. How many months or years in a row have you been in {product name}?

¹ Less than 6 months

² 6 up to 12 months

³ 12 up to 24 months

⁴ 2 up to 5 years

⁵ 5 up to 10 years

⁶ 10 or more years

YOUR PERSONAL DOCTOR OR NURSE

The next 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.

5. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When you joined {product name} or at any time since then, did you get a new personal doctor or nurse?

¹ Yes

² No **Go to Question 7**

6. With the choices {product name} gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

¹ A big problem

² A small problem

³ Not a problem

I didn't get a new personal doctor or nurse.

7. Do you have one person you think of as your personal doctor or nurse?

¹ Yes

² No **Go to Question 14 on page 3**

8. Is this person a general doctor, a specialist doctor, a physician assistant, or a nurse?

- 1 General doctor (Family Practice or Internal Medicine)
 - 2 Specialist doctor
 - 3 Physician assistant
 - 4 Nurse
- I don't have a personal doctor or nurse.

9. How many months or years have you been going to your personal doctor or nurse?

- 1 Less than 6 months
 - 2 6 up to 12 months
 - 3 12 up to 24 months
 - 4 2 up to 5 years
 - 5 5 years or more
- I don't have a personal doctor or nurse.

10. Does your personal doctor or nurse know the important facts and decisions about your health care?

- 1 Yes
 - 2 No
- I don't have a personal doctor or nurse.

11. Do you have a physical or medical condition that seriously interferes with your ability to work or manage your day-to-day activities?

- 1 Yes
 - 2 No
- Go to Question 13**

12. Does your personal doctor or nurse understand how any health problems you have affect your day-to-day life?

- 1 Yes
 - 2 No
- I don't have any health problems or I don't have a personal doctor or nurse.

13. We want to know your rating of your personal doctor or nurse.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?

0 Worst personal doctor or nurse possible

1

2

3

4

5

6

7

8

9

10 Best personal doctor or nurse possible

I don't have a personal doctor or nurse.

**GETTING HEALTH CARE
FROM A SPECIALIST**

6 10 or more

**When you answer the next questions
do not include dental visits.**

- 14. Specialists are doctors like
surgeons, heart doctors,
allergy doctors, skin doctors,
and others who specialize in
one area of health care.**

**In the last 6 months, did you or
a doctor think you needed to
see a specialist?**

- 1 Yes
2 No **Go to Question 16**

- 15. In the last 6 months, how much
of a problem, if any, was it to
get a referral to a specialist that
you needed to see?**

- 1 A big problem
2 A small problem
3 Not a problem
I didn't need to see a specialist
in the last 6 months.

- 16. In the last 6 months, how many
times did you go to specialists
for care for yourself?**

- None **Go to Question 19
on page 4**
- 1 1
2 2
3 3
4 4
5 5 to 9

- 17. We want to know your rating of the specialist you saw most often in the last 6 months, including a personal doctor if he or she is a specialist.**

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?

- 0 Worst specialist possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best specialist possible
- I didn't see a specialist in the last 6 months.

- 18. In the last 6 months, was the specialist you saw most often the same doctor as your personal doctor?**

- 1 Yes
 - 2 No
- I don't have a personal doctor or I didn't see a specialist in the last 6 months.

**CALLING FOR MEDICAL HELP
DURING THE WEEK**

19. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

1 Yes

2 No **Go to Question 21**

20. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?

1 Never

2 Sometimes

3 Usually

4 Always

I didn't call for help or advice during regular office hours in the last 6 months.

**YOUR HEALTH CARE
IN THE LAST 6 MONTHS**

21. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 6 months, did you make any appointments with a doctor or other health provider for regular or routine health care?

1 Yes

2 No **Go to Question 23**

22. In the last 6 months, when you needed regular or routine health care, how often did you get an appointment as soon as you wanted?

1 Never

2 Sometimes

3 Usually

4 Always

I didn't need an appointment for regular or routine care in the last 6 months.

23. In the last 6 months, did you have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

1 Yes

2 No **Go to Question 25
on page 5**

24. In the last 6 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

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

I didn't need care right away for an illness or injury in the last 6 months.

25. In the last 6 months, how many times did you go to an emergency room to get care for yourself ?

None

_____ Number of times
(Write in)

26. In the last 6 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

- None **Go to Question 37 on page 7**
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more

27. In the last 6 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?

- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
- I had no visits in the last 6 months.

28. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
- I had no visits in the last 6 months.

29. In the last 6 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I had no visits in the last 6 months.

30. In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

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

I had no visits in the last 6 months.

31. In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

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

I had no visits in the last 6 months.

32. In the last 6 months, how often did doctors or other health providers listen carefully to you?

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

I had no visits in the last 6 months.

33. In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?

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

I had no visits in the last 6 months.

34. In the last 6 months, how often did doctors or other health providers show respect for what you had to say?

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

I had no visits in the last 6 months.

35. In the last 6 months, how often did doctors or other health providers spend enough time with you?

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

I had no visits in the last 6 months.

36. We want to know your rating of all your health care in the last 6 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?

- 0 Worst health care possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best health care possible
- I had no visits in the last 6 months.

OTHER HEALTH SERVICES

The next questions ask about your experience with other types of health services you may have had in the last 6 months.

37. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment ?

- 1 Yes
- 2 No **Go to Question 39**

38. In the last 6 months, how much of a problem, if any, was it to get the special medical equipment you needed through {product name}?

- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
- I didn't need to get any special medical equipment in the last 6 months.

39. In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

- 1 Yes
- 2 No **Go to Question 41 on page 8**

40. In the last 6 months, how much of a problem, if any, was it to get the special therapy you needed through {product name}?

1 A big problem

2 A small problem

3 Not a problem

I didn't need special therapy in the last 6 months.

41. Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks.

In the last 6 months, did you need someone to come into your home to give you home health care or assistance?

1 Yes

2 No **Go to Question 43**

42. In the last 6 months, how much of a problem, if any, was it to get the care or assistance you needed through {product name}?

1 A big problem

2 A small problem

3 Not a problem

I didn't need home health care or assistance in the last 6 months.

43. In the last 6 months, did you get any new prescription medicine or refill a prescription?

1 Yes

1 No **Go to Question 46
on page 9**

44. In the last 6 months, how much of a problem, if any, was it to get your prescription medicine from {product name}?

1 A big problem

2 A small problem

3 Not a problem

I didn't get any prescriptions in the last 6 months.

45. In the last 6 months, how often did you get the prescription medicine you needed through {product name}?

1 Never

2 Sometimes

3 Usually

4 Always

I didn't get any prescriptions in the last 6 months.

YOUR HEALTH PLAN

The next questions ask about your experience with {product name}.

46. In the last 6 months, did you look for any information in written materials from {product name}?

1 Yes

2 No **Go to Question 48**

47. In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?

1 A big problem

2 A small problem

3 Not a problem

I didn't look for information from my health plan in the last 6 months.

48. In the last 6 months, did you call {product name}'s customer service to get information or help?

1 Yes

2 No **Go to Question 51**

49. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called {product name}'s customer service?

1 A big problem

2 A small problem

3 Not a problem

I didn't call my health plan's customer service in the last 6 months.

50. In the last 6 months, how often were people at {product name}'s customer service as helpful as they should be?

1 Never

2 Sometimes

3 Usually

4 Always

I didn't call my health plan's customer service in the last 6 months.

51. In the last 6 months, have you called or written {product name} with a complaint or a problem?

1 Yes

2 No **Go to Question 54 on page 10**

52. How long did it take for {product name} to resolve your complaint?

1 Same day

2 1 week

3 2 weeks

4 3 weeks

5 4 or more weeks

6 I am still waiting for it to be settled.

I didn't have any complaint or problem in the last 6 months.

53. Was your complaint or problem settled to your satisfaction?

1 Yes

2 No

3 I am still waiting for it to be settled.

I didn't have any complaint or

problem in the last 6 months.

54. Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.

In the last 6 months, did you have any experiences with paperwork for your health plan?

¹ Yes

² No **Go to Question 56**

55. In the last 6 months, how much of a problem, if any, did you have with paperwork for {product name}?

¹ A big problem

² A small problem

³ Not a problem

I didn't have any experience with paperwork for my health plan in the last 6 months.

56. We want to know your rating of all your experience with your health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

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

ABOUT YOU

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

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

58. Compared to one year ago, how would you rate your health in general now?

- 1 Much better now than one year ago.
- 2 Somewhat better now than one year ago.
- 3 About the same as one year ago.
- 4 Somewhat worse now than one year ago.
- 5 Much worse now than one year ago.

59. In the last 12 months, have you been a patient in a hospital overnight or longer?

- 1 Yes
- 2 No

60. Do you now have any physical or medical conditions that have lasted for at least 3 months?

- 1 Yes
- 2 No **Go to Question 62**

61. In the last 12 months, have you seen a doctor or other health provider more than twice for any of these conditions?

- 1 Yes
- 2 No

I have no conditions that have lasted 3 months.

62. Have you been taking prescription medicine for at least 3 months for any of these conditions?

- 1 Yes
- 2 No

I have no conditions that have lasted 3 months.

M63. Has a doctor ever told you that you had heart disease?

- 1 Yes
- 2 No

M64. Has a doctor ever told you that you had cancer?

- 1 Yes
- 2 No

M65. Has a doctor ever told you that you had a stroke?

- 1 Yes
- 2 No

M66. Has a doctor ever told you that you had COPD—chronic obstructive pulmonary disease?

- 1 Yes
- 2 No

M67. Has a doctor ever told you that you had diabetes?

- 1 Yes
- 2 No

68. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

- 1 Yes
- 2 No

69. Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1 Yes
- 2 No

70. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

- 1 Yes
- 2 No **Go to Question 72**

M71. In the last 6 months, did {product name} provide all the help, equipment, and services you thought you needed to help you have a good quality of life?

- 1 Yes
- 2 No

I have no condition that seriously interferes with my independence or quality of life.

M72. Did you get a flu shot last year, from September to December 1997?

- 1 Yes
- 2 No **Go to Question M74**
I don't remember.

M73. Did you get that flu shot either through {product name} or from your personal doctor?

- 1 Yes
- 2 No
I didn't get a flu shot last year.

M74. Did you get a flu shot this year, from September to December 1998?

- 1 Yes
- 2 No **Go to Question M76 on page 13**

I haven't got a flu shot yet this year.

M75. Did you get that flu shot either through {product name} or from your personal doctor?

- 1 Yes
- 2 No
I haven't got a flu shot yet this year.

M76. Have you ever had a pneumonia vaccination? This shot was first made available in 1977 and is usually given once in a person's lifetime.

- 1 Yes
- 2 No
Don't Know

M77. Have you ever smoked at least 100 cigarettes in your entire life?

- 1 Yes
- 2 No **Go to Question 81**
Don't know **Go to Question 81**

M78. Do you now smoke every day, some days, or not at all?

- 1 Every day **Go to Question 80**
- 2 Some days **Go to Question 80**
- 3 Not at all **Go to Question M79**
Don't know **Go to Question 81**

M79. How long has it been since you quit smoking cigarettes?

- 1 6 months or less
- 2 More than 6 months **Go to Question 81**
Don't know **Go to Question 81**

M80. In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

- None
- 1 1 visit
- 2 2 to 4 visits
- 3 5 to 9 visits
- 4 10 or more visits
I had no visits in the last 6 months.

81. What is your age now?

- 1 64 or younger
- 2 65 to 69
- 3 70 to 74
- 4 75 to 79
- 5 80 or older

82. Are you male or female?

- 1 Male
- 2 Female

83. 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

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

- 1 Hispanic or Latino
- 2 Not Hispanic or Latino

85. 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 Alaska Native

86. Did someone help you complete this survey?

- 1 Yes **Go to Question 87**
- 2 No **Please return the survey in the postage-paid envelope.**

87. How did that person help you? Please choose 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 me in some other way.
(Please print)

THANK YOU

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