

Agency for Healthcare Research and Quality (AHRQ)
CAHPS® Database
Research Abstract Form

Instructions

Please use this form to describe the research for which you require AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data. Save this completed form with your last name in the file name (e.g., "Smith CAHPS Research Abstract.doc") and submit to CAHPSDatabase@westat.com (Subject line: CAHPS Data Request).

Notes: Because participating organizations (e.g., health plans, medical groups, hospitals) voluntarily submit data to the CAHPS Databases, the data do not constitute a nationally representative sample. Replication of statistics published in the *CAHPS Health Plan Survey Chartbook*, *CAHPS Clinician & Group Survey Chartbook*, *CAHPS Child Hospital Survey Chartbook*, or *CAHPS Home & Community Based Services Chartbook* may not be possible as not all participating organizations permit inclusion of their data in the research data files.

Date Research Abstract Form Completed

Project Title

Purpose

Hypotheses

Methodology [Specify measures and proposed analyses, including level of analysis, i.e., respondent-level or organization-level]

Expected Project Timeline

Expected Outcomes of the Research/How Results will be Presented

Funding Sources [Include grant or contract number.]

Requested Database Year(s) Needed for Analyses Outlined Above.

[Include a rationale in the Hypotheses and Methodology sections if selecting more than one dataset]

Survey Type	Survey Population and Version	Database Years Available	Survey Administration Periods	Check Year(s) Requested
HCBS	Adult 1.0/Adult 1.0 with Employment Module Supplement	2025	Jan 1, 2024 – Dec 31, 2024	☐
		2024	Jan 1, 2023 – Dec 31, 2023	☐
		2023	Jan 1, 2022 – Dec 31, 2022	☐
Child Hospital	Child 1.0	2025	Jan 1, 2024 – Dec 31, 2024	☐
		2024	Jan 1, 2023 – Dec 31, 2023	☐
		2023	Jan 1, 2022 – Dec 31, 2022	☐
Health Plan*	Adult 5.0/5.1	2025	June 29, 2024 – June 27, 2025	☐
		2024	July 1, 2023 – June 28, 2024	☐
		2023	July 1, 2022 – June 30, 2023	☐
		2022	July 1, 2021 – June 30, 2022	☐
		2021	July 1, 2020 – June 30, 2021	☐
Health Plan*	Child 5.0/5.1	2025	June 29, 2024 – June 27, 2025	☐
		2024	July 1, 2023 – June 28, 2024	☐
		2023	July 1, 2022 – June 30, 2023	☐
		2022	July 1, 2021 – June 30, 2022	☐
		2021	July 1, 2020 – June 30, 2021	☐
Health Plan*	CHIP 5.0/5.1	2025	June 29, 2024 – June 27, 2025	☐
		2024	July 1, 2023 – June 28, 2024	☐
		2023	July 1, 2022 – June 30, 2023	☐
		2022	July 1, 2021 – June 30, 2022	☐
		2021	July 1, 2020 – June 30, 2021	☐
Clinician & Group**	Adult 3.0	2019	Jan 1, 2019 – June 30, 2020	☐
Hospital*	Adult 1.0	2007	Oct 1, 2006 – Sept 30, 2007	☐

* Data from years prior are available upon request. Please note the survey versions may be different.

** Data from years prior are available upon request. Please note the survey versions may be different. Adult Visit and Child Versions are also available upon request.

Contact Information

If Data Requester is a student, please also provide your supervisor's contact information under "Other Contact/Supervisor Information" below.

Primary Contact Information

Name:

Title:

Organization:

Address 1:

Address 2:

Phone:

City, State, Zip:

Country:

Email:

Link to CV/Website (optional):

Other Contact/Supervisor Information

Name:

Title:

Organization:

Address 1:

Address 2:

Phone:

City, State, Zip:

Country:

Email:

Link to CV/Website (optional):

If there are more individuals who will be working with the data on this project, please provide their contact information as well.