
CAHPS[®] Cancer Care Survey

Version: Drug Therapy

Language: English

Notes

- **Supplemental items:** Survey users may add questions to this survey. Supplemental items approved by the CAHPS Consortium for use with this survey are available on the Agency for Healthcare Research and Quality's Web site: www.ahrq.gov/cahps/.

For assistance with this survey, please contact the CAHPS Help Line at 800-492-9261 or cahps1@westat.com.

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 Cancer Care Survey**.

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
- No → **If No, go to #1 on page 3**

1. Our records show that you received care from the hospital or clinic listed below.

Label with name of facility goes here

Is that right?

- ¹ Yes
² No → **If No, go to #48 on page 6**

The remaining questions in this survey will refer to the hospital or clinic named in Question 1 as “this cancer center.” Please think of that facility as you answer the survey.

2. Has a doctor, nurse or other health care professional ever told you that you have cancer?

- ¹ Yes
² No → **If No, go to #48 on page 6**

3. Drug therapy for cancer involves taking medicine to treat cancer. Examples of drug therapy are chemotherapy, immunotherapy, and hormonal therapy. Drug therapy does not include radiation therapy or surgery. Have you ever received drug therapy from this cancer center?

- ¹ Yes
² No → **If No, go to #48 on page 6**

4. Is this cancer center the place you usually go to if you need a check-up, want advice about a health problem, or get sick or hurt?

- ¹ Yes
² No

5. How long have you been treated at this cancer center for cancer?

- ¹ Less than 6 months
² At least 6 months but less than 1 year
³ At least 1 year but less than 2 years
⁴ 2 years or more

6. When were you first diagnosed with your cancer?

- ¹ Less than 6 months ago
² 6 months to 11 months ago
³ 1 year to 2 years ago
⁴ More than 2 years ago

Contacting Your Drug Therapy Team

7. Drug therapy team refers to the doctors, nurses, therapists, technicians, and their support staff involved with your drug therapy through this cancer center. Since it was decided that you would have drug therapy, did your drug therapy team encourage you to contact them with questions between visits?

- ¹ Yes, definitely
² Yes, somewhat
³ No

8. Since it was decided that you would have drug therapy, did your drug therapy team tell you to call them immediately if you have certain symptoms or side effects?

- ¹ Yes, definitely
² Yes, somewhat
³ No

9. Since it was decided that you would have drug therapy, did your drug therapy team give you clear instructions about how to contact them after regular office hours?
- ¹ Yes, definitely
² Yes, somewhat
³ No
10. Since it was decided that you would have drug therapy, did your drug therapy team involve your family members or close friends in discussions about your cancer or cancer care as much as you wanted?
- ¹ Yes, definitely
² Yes, somewhat
³ No
11. When was the last time you received drug therapy for cancer from this cancer center?
- ¹ In the last 6 months
² More than 6 months ago → **If more than 6 months ago, go to #48 on page 6**

Your Care from This Cancer Center

12. In the last 6 months, how many times did you visit this cancer center to get care from your drug therapy team? Do not include telephone calls or emails.
- ⁰ None → **If None, go to #48 on page 6**
¹ 1 to 5 times
² 6 to 10 times
³ 11 or more times
13. In the last 6 months, did you contact this cancer center to get an appointment for an illness, injury, or condition that **needed care right away**?
- ¹ Yes
² No → **If No, go to #15**
14. In the last 6 months, when you contacted this cancer center 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
15. In the last 6 months, did you make any appointments for a **check-up or routine care** at this cancer center?
- ¹ Yes
² No → **If No, go to #17**

16. In the last 6 months, when you made an appointment for a **check-up or routine care** at this cancer center, how often did you get an appointment as soon as you needed?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

17. In the last 6 months, did you contact this cancer center with a medical question during regular office hours?

- 1 Yes
 2 No → **If No, go to #19**

18. In the last 6 months, when you contacted this cancer center 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

Your Drug Therapy Team

19. Drug therapy team refers to the doctors, nurses, therapists, technicians, and their support staff involved with your drug therapy through this cancer center. In the last 6 months, how often did your drug therapy team explain things in a way that was easy to understand?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

20. In the last 6 months, how often did your drug therapy team listen carefully to you?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

21. In the last 6 months, how often did your drug therapy team seem to know the important information about your medical history?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

22. In the last 6 months, how often did your drug therapy team show respect for what you had to say?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

23. In the last 6 months, how often did your drug therapy team spend enough time with you?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
24. In the last 6 months, did your drug therapy team order a blood test, x-ray, or other test for you? Do not include drug therapy.
- ¹ Yes
² No → **If No, go to #26**
25. In the last 6 months, when you had blood tests, x-rays, or other tests as part of your cancer treatment, how often did someone from this cancer center follow up to give you those results?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
26. In the last 6 months, did you take any prescription medicine?
- ¹ Yes
² No → **If No, go to #28**
27. In the last 6 months, how often did you and your drug therapy team talk about all the prescription medicines you were taking?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
28. In the last 6 months, did you and your drug therapy team talk about pain related to your cancer or drug therapy?
- ¹ Yes
² No
29. In the last 6 months, were you bothered by pain from your cancer or drug therapy?
- ¹ Yes
² No → **If No, go to #31**
30. In the last 6 months, did your drug therapy team advise you about or help you deal with this pain?
- ¹ Yes, definitely
² Yes, somewhat
³ No
31. In the last 6 months, did you and your drug therapy team talk about any changes in your energy levels related to your cancer or drug therapy?
- ¹ Yes
² No
32. In the last 6 months, were you bothered by changes in your energy levels related to your cancer or drug therapy?
- ¹ Yes
² No → **If No, go to #34**
33. In the last 6 months, did your drug therapy team advise you about or help you deal with these changes in your energy levels?
- ¹ Yes, definitely
² Yes, somewhat
³ No

34. In the last 6 months, did you and your drug therapy team talk about any emotional problems, such as anxiety or depression, related to your cancer or drug therapy?

- ¹ Yes
² No

35. In the last 6 months, were you bothered by any emotional problems, such as anxiety or depression, related to your cancer or drug therapy?

- ¹ Yes
² No → **If No, go to #37**

36. In the last 6 months, did your drug therapy team advise you about or help you deal with these emotional problems?

- ¹ Yes, definitely
² Yes, somewhat
³ No

37. Additional services to manage your cancer care at home include home health care, special medical equipment, or special supplies. In the last 6 months, did you and your drug therapy team talk about these additional services?

- ¹ Yes
² No

38. In the last 6 months, did you and your drug therapy team talk about things you can do to maintain your health during cancer treatment such as what to eat and what exercises to do?

- ¹ Yes, definitely
² Yes, somewhat
³ No

39. Using any number from 0 to 10, where 0 is the worst drug therapy team possible and 10 is the best drug therapy team possible, what number would you use to rate your drug therapy team?

- 0 Worst drug therapy team possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best drug therapy team possible

40. An interpreter is someone who helps you talk with others who do not speak your language. Interpreters can include staff from this cancer center, telephone interpreters, friends, or family members. In the last 6 months, was there any time when you needed an interpreter at this cancer center?

- ¹ Yes
² No → **If No, go to #42**

41. In the last 6 months, when you needed an interpreter to speak with your drug therapy team, how often did you get one?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

42. Considering all your cancer care at this cancer center, using any number from 0 to 10, where 0 is the worst overall cancer care experience possible and 10 is the best overall cancer care experience possible, what number would you use to rate your overall cancer care experience?

- 0 Worst overall cancer care experience possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best overall cancer care experience possible

Clerks and Receptionists at This Cancer Center

43. In the last 6 months, how often were clerks and receptionists at this cancer center as helpful as you thought they should be?

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

44. In the last 6 months, how often did clerks and receptionists at this cancer center treat you with courtesy and respect?

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

About You

45. Besides drug therapy, did you receive other types of cancer treatments or services from this cancer center?

- ¹ Yes
- ² No

46. How do you prefer to make decisions about your cancer treatment?

- ¹ **You** prefer to mainly make the decisions
- ² You prefer for **you and your doctor** to make the decisions together
- ³ You prefer for **your doctor** to mainly make the decisions

47. In the last 6 months, did you have an overnight hospital stay for your cancer?

- ¹ Yes
- ² No

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

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

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

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

50. What is your age?

- ¹ 18 to 20
² 21 to 24
³ 25 to 34
⁴ 35 to 44
⁵ 45 to 54
⁶ 55 to 64
⁷ 65 to 74
⁸ 75 or older

51. Are you male or female?

- ¹ Male
² Female

52. 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

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

- ¹ Yes, Hispanic or Latino
² No, not Hispanic or Latino

54. 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

55. Did someone help you complete this survey?

- ¹ Yes
² No → **Thank you.**

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

56. 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

Thank you.

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