

Guidelines for Using the CAHPS® Clinician & Group Survey

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Introduction

This document explains how to prepare the CAHPS Clinician & Group Survey instrument for your organization, administer the survey, and use the survey results to report patient experience measures. It replaces the set of individual instructional materials previously available for the Clinician & Group Survey.

Users of this survey may also want to review the following information:

Survey instruments: Versions of the [Clinician & Group Survey](#) for adults and parents/guardians of children, available in English and Spanish.

- Clinician & Group Survey 3.0
- Clinician & Group Survey 3.1
- Clinician & Group Visit Survey 4.0 (beta)

Supplemental items: Hundreds of optional [supplemental items](#) that can be added to the 3.0 and 3.1 versions of the survey.

Materials available for all CAHPS surveys:

- [Analyzing CAHPS Survey Data](#): Free programs for analyzing the data, guidance on preparing survey results for analysis, and instructions for using the CAHPS Analysis Program.
- [Translating Surveys and Other Materials](#): Guidelines for translating surveys and selecting translators and translation reviewers.

All documents are available on the [Agency for Healthcare Research and Quality's website](#). For assistance in accessing these documents, please contact the CAHPS Help Line at 800-492-9261 or cahps1@westat.com.

Section 1: Preparing a Questionnaire Using the CAHPS Clinician & Group Survey

This section explains how to use the core and supplemental items from the CAHPS Clinician & Group Survey to construct a questionnaire that meets your needs. It focuses on steps you can take when preparing a questionnaire to ensure that it is consistent with your project's objectives and will generate useful information. These steps include—

- Incorporating supplemental questions
- Translating the questionnaire
- Formatting the questionnaire

Incorporating Supplemental Questions

Like most CAHPS surveys, the Clinician & Group Survey includes core items and supplemental items.

Core Items

Core items are questions that are **included in every questionnaire** to ensure standardization and comparability. They are applicable across various kinds of medical practices, including primary care and specialty care, and patient populations. For information on the topics covered by these items, refer to [Appendix A: Differences between the Core Items in 3.0, 3.1 and Visit 4.0 \(beta\) versions of the Adult Clinician & Group Survey.](#)

Supplemental Items

Supplemental items are questions that may be added to the core items to customize the questionnaire to meet users' specific needs. Users of the CAHPS Clinician & Group Survey are free to incorporate supplemental items in order to meet the needs of their organizations, local markets, and/or audiences. CAHPS supplemental items address issues of interest to certain provider types and audiences, such as questions about other doctors and providers, shared decision making, health information technology, patient-centered medical homes, and health literacy. Some supplemental items for the Clinician & Group Survey are intended to be administered together. Learn more about these item sets:

- [Patient Narratives](#)
- [Patient-Centered Medical Home](#)
- [Health Literacy](#)
- [Health Information Technology](#)

Some physician practices and groups choose to add items to better understand what is driving their performance on core composite measures. For example, patients'

responses to questions about their clinicians' use of health information technology can pinpoint specific issues that may be undermining communication between providers and their patients. In addition, some users add items so that they can satisfy multiple reporting requirements with one survey. For example, medical groups may want to incorporate questions from the [CAHPS Survey for Accountable Care Organizations \(ACOs\)](#) that is used by the Centers for Medicare & Medicaid Services (CMS).

If you are interested in adding topics to your Clinician & Group Survey, you can browse and select items from a catalog of [CAHPS supplemental items](#). For support with adapting and inserting items into version 4.0 of the survey, please contact the CAHPS User Network at cahps1@westat.com or 1-800-492-9261.

Some supplemental items cover events that occur with low frequency in the general population, such as the use of interpreter services. You should include them only if your sample design is likely to yield a sufficient number of responses to those questions for statistical analysis and reporting. To learn more about the minimum number of responses needed and the implications for sample size, refer to the [Sampling Guidelines](#) in **Section 2: Fielding the CAHPS Clinician & Group Survey**.

You also have the option of adding your own items to the core questionnaire. Please follow the instructions provided in the next section for placement of these items in your survey.

Placement of Supplemental Items

The lists of supplemental items available for this survey include detailed instructions for placing items in the Clinician & Group Survey. These instructions were designed to ensure consistency across surveys in the location and order of items and to support survey users in creating questionnaires that flow in a fashion that is consistent with how respondents think about the topics.

Whenever you add items, be sure to:

- **Renumber** the supplemental item and **ALL** subsequent items so that they are consecutive. Each questionnaire should start with question #1 and continue sequentially. Do not start renumbering within sections or any other place in the survey. Use integers only and not letters (e.g., 5a, 5b, AH1, AH2).
- **Revise ALL skip instructions** in the questionnaire to make sure they point respondents to the correct item number. Make sure you have already renumbered the survey items consecutively, then update the skip instructions to match the new survey item numbering.
 - Skip instructions may change from what is indicated in the item based on other supplemental items that are used.
 - Skip instructions should be formatted consistently.

- Skip instructions in the formatted items often refer to “[core question] #x” where x represents an item number from the core survey. Be sure to delete “core question” and make sure the item number in the skip instructions is correct after renumbering.
- Format the items as needed to fit into the two-column format if you are preparing the survey to be mailed.

For example, supplemental item PCMH1 ask whether respondents received information about what to do if they needed care during evenings, weekends, or holidays; the instructions say to insert this question after the item numbered 8 in the core survey:

Original core and supplemental items:

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?

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

- PCMH1. Did this provider’s office give you information about what to do if you needed care during evenings, weekends, or holidays?

- ¹ Yes
- ² No

9. In the last 6 months, did you contact this provider’s office with a medical question during regular office hours?

- ¹ Yes
- ² No → **If No, go to #11**

Same items when renumbered:

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?

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

9. Did this provider’s office give you information about what to do if you needed care during evenings, weekends, or holidays?

- ¹ Yes
- ² No

10. In the last 6 months, did you contact this provider’s office with a medical question during regular office hours?

- ¹ Yes
- ² No → **If No, go to #12**

If you plan to add your own questions, append them in a new section **before** the “About You” section. Adding new items prior to core items is strongly discouraged as it creates a different context around the core items and may influence responses to the core items.

Referring to Providers Instead of Doctors

The Clinician & Group Survey refers to “this provider” rather than “this doctor.” This language enables survey users to gather information about patients’ experiences with physicians as well as other types of health care providers, such as physician assistants (PAs) and nurse practitioners (NPs).

If you are assessing patients’ experiences with physicians only, you have the option of changing the survey to refer to “this doctor” instead of “this provider.” Be sure to apply this change consistently in all items, including any supplemental items you have added.

Please note that the term you choose (provider or doctor) has implications for other language in the survey (for example, text that defines a health care provider) and the sampling methods you should use. For guidance, please contact the CAHPS User Network at cahps1@westat.com or 1-800-492-9261.

Translating CAHPS Surveys Into Other Languages

To help identify and reduce ethnic and racial disparities in health care, survey users may want to field translations of the survey that assess the experiences of individuals who are not fluent in English. Spanish translations of the core surveys are available from AHRQ; translations in other languages would have to be developed by surveys users and/or their vendors.

The AHRQ website offers guidance on [translating surveys and other materials](#) into a language other than English or Spanish. To translate CAHPS surveys into another language, the recommended approach is for two translators to each produce a forward translation. Another bilingual reviewer then reviews the two forward translations against each other and compares them to the original English survey to develop the final translated survey.

Formatting CAHPS Surveys

To ensure consistency across surveys, please observe the following guidelines when formatting your survey to be administered by mail, telephone, and/or the web. Survey users should carefully consider which mode(s) would be the most desirable and appropriate for their patient population. For guidance on survey modes, please refer to [Recommended Data Collection Modes](#) in **Section 2: Fielding the CAHPS Clinician & Group Survey**.

Formatting the Questionnaire for Mail Surveys

The CAHPS team strongly recommends taking steps to maximize the visual appeal and readability of mailed questionnaires. A well-formatted questionnaire contributes to response rates, completion rates, and the accuracy of responses.

The surveys available from the AHRQ website are formatted to be self-administered mail questionnaires that are explicitly designed to be easy to read. Important elements include the two-column format, the use of white space, and the font size and type (12-point Times New Roman). Please retain these elements if you add supplemental items to your questionnaire. Exhibit 1.1 below provides detailed recommendations for formatting the survey.

To minimize the number of pages required to print the questionnaire, survey users are often tempted to orient response options horizontally instead of vertically, especially for the 0-10 ratings items. However, research has shown that respondents are often confused by the horizontal orientation, which can lead to invalid responses. Therefore, the CAHPS team strongly recommends maintaining the vertical orientation that is shown in the formatted questionnaires.

Exhibit 1.1. Guidelines for Questionnaire Formatting

Element	General recommendation	Rationale
General		
Layout	2 columns with line separating columns	Makes survey navigation easier for respondents
Margins	Top & Bottom = 1 inch; Left & Right = .75 inch; Header = .5 inch; Footer = .4 inch	Makes navigation easier for respondents
Orientation	Vertical	Avoids the confusion cause by the horizontal orientation of response options
Section Headings		
Font Size	Should appear slightly larger than item text. Use 13 pt as a guide (although font sizes can vary in actual size)	Minimum size necessary to ensure readability.
Font style	Any sans serif font (e.g., Arial), title case, bold, with line above and line below to separate heading from item text	Provides contrast to serif font and style used for text
Spacing	Double space before box and single space after box	Provides white space around heading
Item Text		
Font size	Minimum 12 pt.	Minimum size necessary to ensure readability
Font style	Any serif font (e.g., Times New Roman)	Improves readability

Element	General recommendation	Rationale
Visual emphasis	Item number bold, item text not bold; bold to emphasize individual words (instead of underlining)	Improves readability, facilitates identification of key words in item
Spacing	Single space (plus 6 pts. at end of item)	Improves readability
Hanging indent and tab after item number	0.4 inch	Improves readability
Response Options		
Font size	Minimum 12 pt. (Can use 12 pt. as a rough guide since size varies with style)	Minimum size required for readability
Font style	Any serif font (same as item font)	Improves readability
Spacing	Half line between item text and responses	Improves readability
Skip instructions	Bold	Emphasizes instruction to go to an item that is not sequential
Spacing between response and new item	Single plus additional 6 pts.	Improves readability
Indentation	Use vertical alignment of response options	Creates white space and improves readability
Precodes		
Use of precodes	Optional	Facilitates data entry
Location and style	Left of check box as superscript	De-emphasizes code for respondent
0-10 responses	Do not use precodes on 0-10 responses	Redundant with response options
Responses that are numbers	Do not use precodes on responses that are numbers	Minimizes possibility that respondents confuse precodes for response options

Formatting the Front Cover

The front cover of the formatted questionnaires is designed to identify the questionnaire for survey users and vendors; it is not intended for distribution to patients. The CAHPS team recommends developing a customized cover that explains the purpose of the survey and identifies its sponsor. Be sure to include—

- The name of the survey sponsor.
- The sponsor’s logo, if appropriate.
- A statement about the voluntary nature of the survey and the confidentiality of all responses. Please use or adapt the statement provided with the questionnaires.

Respondents may not recognize the names of some survey sponsors, such as community alliances or collaboratives. In those cases, consider including the name of

an entity that is more familiar to respondents, such as the provider's practice. This tactic increases the likelihood that the respondent will complete the survey.

Formatting for Telephone Surveys

If you are planning to implement telephone surveys, please keep the following guidelines in mind:

- If you include CAHPS supplemental items in your survey, follow the placement instructions provided with the items.
- If you add questions to the survey, adapt them to the format used in your script. For instance, for all questions that use the "How Often" response scale, the interviewer should say "Would you say..." before reading the response options to the respondent.
- Include a "DON'T KNOW" (DK) and "REFUSED" (REF) response option in the Computer Assisted Telephone Interview (CATI) program or other data collection tool. "DON'T KNOW" and "REFUSED" responses would typically not be read aloud on the telephone. Unless otherwise noted, "DON'T KNOW" and "REFUSED" responses should follow the same skip pattern as the "NO" response option.
- Omit the last two questions of the core survey that ask about receiving assistance in completing the questionnaire. These are not included in telephone scripts because interviews should not be conducted with proxy respondents.

Formatting Web-Based Surveys

Web-based surveys can offer convenience to respondents and cost-effectiveness to survey users. However, it is important to keep in mind that not all patients are equally likely or able to respond to a web survey. Survey users need to carefully consider whether the web is an appropriate mode for their patient population. Web surveys may be more appropriate for populations that use a patient portal or routinely communicate with their health care provider via email.

If you determine that a web-based survey is appropriate for you, please consider the following guidelines:

- Keep the screen design simple so that the survey experience is similar across a range of Internet browsers, e.g., Chrome, Firefox, Safari, and platforms, including personal computers, Macs, tablets, and smart phones.
- Work with your vendor or in-house survey team to test the survey on multiple browsers and platforms. When testing the survey in different browsers and platforms, check for consistency in:
 - The presentation of images, colors, and fonts.

- Functionality (i.e., all features operate as intended).
- Usability, particularly on mobile devices.
- Avoid large logos or design elements at the top of the page as this increases the need for scrolling.
- Use a font type that promotes readability on a Web page.
- Provide a welcome screen that emphasizes the ease of response, is motivational, and instructs the user on how to proceed to the survey.
- Use a single column and display all questions in a section or topic on one screen to make it easier for respondents to follow skip patterns and to complete the survey on mobile devices.
- Follow the general formatting guidelines provided for the print version (with respect to spacing, vertical response options, etc.). If using both mail and web versions of the survey, keep the survey formats as consistent as possible to reduce the potential for differences between modes due to formatting.

Section 2: Fielding the CAHPS Clinician & Group Survey

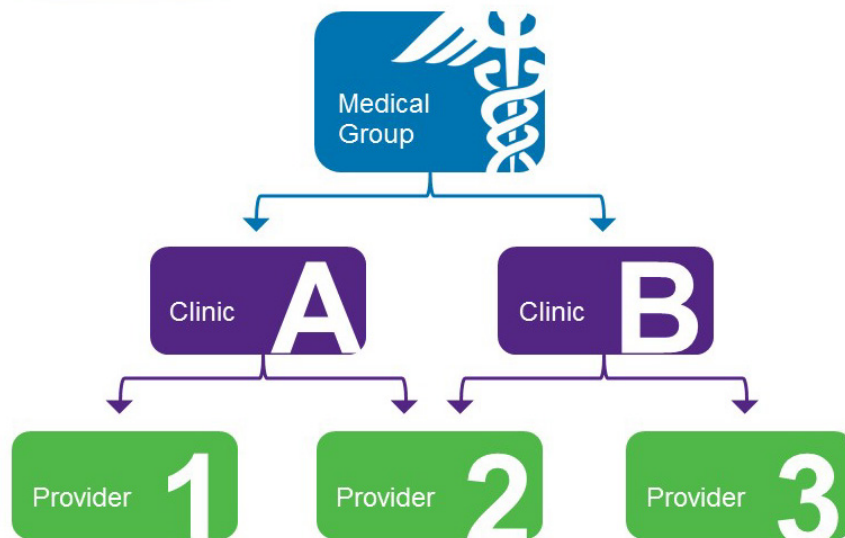
This section explains how to field the CAHPS Clinician & Group Survey and gather the data needed for analysis and reporting. It provides instructions and advice related to the following topics:

- Constructing the sampling frame.
- Choosing the sample.
- Maintaining confidentiality.
- Collecting the data.
- Tracking returned questionnaires.
- Calculating the response rate.

These instructions apply to the Adult and Child versions of this survey.

The CAHPS Clinician & Group Survey can be used to assess care at three levels: the medical group, the practice/clinic, or the provider. As illustrated in Exhibit 2.1 below, a practice or clinic is based on a single geographic location. A medical group may contain multiple practices or clinics and is defined by a specific list of providers.

Exhibit 2.1. Three Levels of Sampling



Sampling Guidelines

The following guidelines will help you understand who is eligible to be included in the sample frame for a CAHPS Clinician & Group Survey. They also explain how to select a sample. By following these guidelines, you can be confident that your results will be comparable to those produced by other vendors and survey sponsors (organizations that fund or oversee the administration of the survey).

Exhibit 2.2 provides an overview of the sampling recommendations.

Exhibit 2.2. Summary of Key Recommendations for Administering a Clinician & Group Survey

Administration	To generate the standardized data necessary for valid comparisons, the survey should be conducted by a third-party vendor according to the CAHPS guidelines specified in this document.
Sampling frame	Age (Adult: 18 and over; Child: 17 and under) and had a visit with an individual provider, practice or medical group.
Collection mode	Mail, telephone, email (with mail or telephone), or mixed mode protocols
Sample size	Varies, depending on whether sampling is done at the level of the individual provider, practice, or medical group. In general, to produce statistically valid comparisons, the sample needs to be large enough to yield 50 completed questionnaires per provider or 300 completed questionnaires per medical group. The recommended sample size when sampling at the practice level depends on the number of providers at each site; see Exhibit 2.4 for specific recommendations.

Defining the Sample Frame: Eligibility Guidelines

The sample will be drawn from a list of individuals (adults age 18 and older, or children 17 and younger) who have received care from a given provider, practice, or medical group during the specified time interval. The list is called a sample frame.

The best source of sample information for a given survey sponsor depends on which data source has the most accurate and complete data. Health plans or purchasers of care may have administrative or billing data to identify individual patients. In some instances, the data to identify individual patients may be found only in the records of medical practices. It may be necessary to pull data from two or more sources to have both up-to-date contact information and the ability to connect the visit to a specific provider.

Connecting health care received to a specific provider is necessary even if you are only interested in assessing patients' experiences with a practice, clinic, or medical

group. This information is used in the first question on the survey to define “this provider” for the respondent to assess. If the source of the sampling frame does not accurately identify the provider that the patient saw, you may want to oversample to account for errors. Such errors can occur if, for example, you use administrative billing data for the sampling frame and visits with physician assistants or nurse practitioners are billed under the supervisory physician.

Please review these guidelines for determining whom to include in your sample frame:

- Include only patients who have had **at least one visit to the selected provider/practice in the target time frame.**
 - The target time frame, or look-back period, for versions 3.0 and 3.1 of the Clinician & Group Survey is 6 months. This target time frame is intended to make the sample frame as inclusive as possible and to standardize data collection for comparisons of results.
 - The Clinician & Group Visit Survey 4.0 (beta) asks about the most recent visit, whether in-person, by phone, or by video. It is best to include patients with a recent visit (e.g, in the prior 6 months) to improve recall and reporting.
- To determine the look-back period for your sampling frame, use the anticipated start date of data collection. For example, if you are using a look-back period of 6 months and your anticipated start date is September 1, 2021, include all those who have had at least one visit since March 1, 2021.
- The sampling frame is a person-level list rather than a visit-level list. Therefore, patients should appear only once in the sampling frame regardless of how many visits they have had in the look-back period. Use their most recent visit for inclusion in the sampling frame.
- If you are administering the Adult Survey, include all adults 18 years or older.
- If you are administering the Child Survey, include all children 17 years or younger.
- Draw the sample irrespective of the reason for the visit and the duration of the patient-provider relationship so that the full range of patients is represented.
- Include patients with any type of synchronous visit, whether in-person, by phone, or by video. Do not include patients who only had asynchronous encounters such as emails or communications through a portal.
- Include all patients who meet the sampling criteria even if they are no longer currently receiving care from the practice/clinic or provider. Similarly, it is not required that the patient have the same insurance coverage the patient had at the time of the visit, even if the health plan is providing data for the sampling frame. Therefore, a patient who has disenrolled from the health plan

can be included in the sampling frame as long as the patient meets the other sampling criteria.

- Allow the **sample frame** to include multiple individuals from the same household, but do not include more than one person (adult or child) per household in the **final sample** for which the survey will be administered. In other words, be sure to de-duplicate the sample to ensure that only one person per household receives a survey.

To ensure that results are comparable, do not target specific patient populations, such as patients with particular conditions or experiences, when you draw the sample. All CAHPS survey items have been designed for the general population. The survey includes appropriate screening items for questions that are designed to assess a specific experience. If you need to analyze data results by a specific patient population and do not expect to get a sufficient number of responses for that subgroup, then you can supplement your general population sample with a targeted oversample. But you must pull a general population sample first, before any oversampling is done.

Exhibit 2.3 lists the information (data elements) that should be included in the sample frame that a survey sponsor provides to the vendor.

Exhibit 2.3. Sample Frame Elements

Adult Survey	Child Survey
Unique patient ID	Unique patient ID
Name of person (first and last names in separate fields)	Name of child (first and last names in separate fields)
Date of birth	Date of birth of child
	Parent or guardian’s name
Gender	Gender of parent or guardian
Complete address (includes street address, city, state, and ZIP Code each in a separate field)	Complete address of parent or guardian (includes street address, city, state, and ZIP Code each in a separate field)
Telephone number with area code (if available)	Parent or guardian's telephone number with area code (if available)
Email address (if available)	Parent or guardian’s email address (if available)
Indicate if Spanish-language materials are required (if known)	Indicate if Spanish-language materials are required (if known)
Name and unique ID of medical group	Name and unique ID of medical group
Name and unique ID of provider seen	Name and unique ID of provider seen

Adult Survey	Child Survey
Name and unique ID of site where patient was seen	Name and unique ID of site where patient was seen
Indicate if the physician is the patient's assigned primary care provider (optional)	Indicate if the physician is the child's assigned primary care provider (optional)
Date of most recent visit	Date of most recent visit

Recommended Number of Completes

The level of sampling determines how many completed questionnaires are required to obtain usable information. (“Questionnaires” are the survey instruments that have been mailed or are administered by telephone or online. [Appendix B](#) explains how to determine whether the returned questionnaire is “complete.”) A minimum number of completed questionnaires are required for each level to ensure that the results are statistically reliable:

- **Individual providers: 50 completed questionnaires per provider.**
At least 50 completed questionnaires per provider are recommended if the survey will be used to report or assess performance for individual providers.
- **Practice or clinic: Varies by the number of providers.**
For the practice or clinic level, the recommended number of completed questionnaires is based on the number of providers at the practice, as shown in Exhibit 2.4.

Exhibit 2.4. Number of Completed Questionnaires Required for Practices or Clinics

Number of Providers	Number of Completed Questionnaires
1	50
2	100
3	150
4-9	175
10-13	200
14-19	250
20 or more	300

- **Medical group: 300 completed questionnaires.**
For applications of the survey intended to report or assess performance for a larger entity, such as a multi-site medical group, with no interest in assessing

individual physicians or practices, a minimum of 300 completed questionnaires per medical group is recommended.

The recommendations regarding the number of completed questionnaires per provider, practice, and group apply to the survey with **core items only**. If your survey includes supplemental items, which often apply to a relatively small subset of the overall sample, a higher number of completed questionnaires may be needed to generate enough responses to those items for the purposes of analysis and reporting. Generally, to achieve a level of reliability for supplemental items that is consistent with that of the core items, at least 100 responses per item are needed at the group level and 50 responses per item are needed at the individual physician level.

Reasoning behind the recommendations. These recommendations are based on studies of the number of completed questionnaires necessary to achieve adequate provider-level, practice-level, or group-level reliability for a measure. That is, how many completed questionnaires are needed to reliably distinguish among different units of measurement (such as individual providers or practices)? The recommendations for the number of completed questionnaires are based on the likelihood of achieving sufficient reliability across most scenarios of survey implementation.

Once a survey sponsor has experience with a particular level of sampling, it may be possible to aim for somewhat smaller numbers of completed questionnaires per unit by computing the number of “completes” required to achieve unit-level reliability of 0.70 or higher for each composite and item-level measure. If the highest number of completed questionnaires needed to achieve 0.70 reliability across each composite and item-level measure is less than the number of completed questionnaires recommended in this document, the user may consider reducing the sample size for future survey administration at that sampling level. One caveat is that the number of completed questionnaires needed to achieve 0.70 reliability generally increases over time as a result of reduced variation among units as their performance improves. Therefore, users may want to choose a sample size that is slightly higher than the number obtained in the reliability calculation.

Calculating the Starting Sample Size

The starting sample size you need to achieve the desired number of completed questionnaires should take several factors into account:

- The anticipated response rate.
- The accuracy of the contact information.
- The mode or modes of data collection.
- Any prior surveys of the same or similar populations.
- Expectations about the number of individuals who may be identified as ineligible.

Your response rate will depend in large part on the accuracy of the sampling frame. If you anticipate that inaccuracies in the sample frame, such as poor contact information (addresses and phone numbers), will decrease the number of questionnaires that reach the sampled individuals, you may need to start with a larger sample size than suggested below. [Appendix C](#) includes further information about the importance of up-to-date contact information and suggests methods for increasing the number of responses.

A low response rate affects the ultimate sample size, but it is of concern primarily because the lower the response rate, the less confident one can be that the sample is representative of the underlying population. Differences in response rates across units of interest (individual providers, practices, or medical groups) are also a concern, because the sampling bias may differ across units. Survey users should track the unit-level response rate as well as the overall response rate as they field the survey.

Sample Size Calculation: Individual Providers

To have a sufficient number of responses for analysis and reporting, you need to start with enough individuals in the sample to obtain approximately 50 completed questionnaires per provider. Assuming a response rate of 40 percent, you would need to a minimum sample size of 125 patients per provider. Exhibit 2.5 shows this calculation.

Exhibit 2.5. Calculation of Estimated Sample Size Needed To Assess Individual Providers

Goal	50 completed questionnaires
Anticipated response rate	40 percent (0.40)
Minimum sample size needed	$(50/0.40) = 125$ per provider

Because response rates can vary, a sponsor may field as few as 90 or as many as 150 questionnaires. If a provider does not have a patient base large enough to draw the required sample size, the sample will be all patients who meet all the eligibility criteria. But even under these circumstances, the sample may include only one adult per household. Careful consideration must be given to reporting or using provider-level data that is based on fewer than 50 completed questionnaires.

Sample Size Calculation: Practices or Clinics

As previously described, the number of completed questionnaires sufficient for reporting results at the practice level varies by the number of providers at the practice. Practices with more providers will need a greater number of completed questionnaires. Refer to Exhibit 2.4 to see how the number of completed questionnaires rises as the number of providers increases.

Assuming a practice has three providers and a response rate of 40 percent, you would need to start with a minimum sample size of 375 to achieve the recommended target of 150 completed questionnaires. Exhibit 2.6 shows this calculation.

Exhibit 2.6. Calculation of Estimated Sample Size Needed To Assess Practices or Clinics

Number of Providers	3
Goal	150 completed questionnaires
Anticipated response rate	40 percent (0.40)
Minimum sample size needed	$(150/0.40) = 375$ for the practice

If you are sampling for multiple practices, each practice may have a different starting sample size depending on the number of providers at each of practice.

If a practice does not have a patient base large enough to draw the required sample size, the sample will be all patients who meet all the eligibility criteria. But even under these circumstances, the sample may include only one adult per household. Careful consideration must be given to reporting or using practice-level data that is based on fewer than the recommended number of completed questionnaires.

Sample Size Calculation: Medical Groups

To have a sufficient number of responses for analysis and reporting, you need to select enough individuals to obtain approximately 300 completed questionnaires per group. Assuming a response rate of 40 percent, you would need to start with a minimum sample size of 750. Exhibit 2.7 shows this calculation.

Exhibit 2.7. Calculation of Estimated Sample Size Needed To Assess Medical Groups

Goal	300 completed questionnaires
Anticipated response rate	40 percent (=0.40)
Minimum sample size needed	$(300/0.40) = 750$ per group

If a group does not have a patient base large enough to draw the required sample size, the sample will be all patients who meet all the eligibility criteria. But even under these circumstances, the sample may include only one adult per household. Careful consideration must be given to reporting or using group-level data that is based on fewer than 300 completed questionnaires.

Preparing Sample Files for Data Collection

Once the sample has been selected, the vendor assigns a unique identification (ID) number to each sampled person. This unique ID number should **not** be based on an

existing identifier such as a Social Security number or a patient ID number. This number will be used **only** to track the respondents during data collection.

As previously noted, some sample frames may not include complete and accurate contact information, requiring the combination of information from two (or more) sources – such as administrative records from a health plan and contact records from the medical group or provider office. When information from two sources differs, survey sponsors and their vendors should consult with each other to decide which sources of information are most accurate and should be used. This may be a complex, multistep process that requires time and rigorous quality control. In addition, because the survey sponsor may be responsible for some elements of this process and the vendor for others, it is important to carefully coordinate this process.

The pieces of information that are most critical to the success of data collection are accurate and complete names for patients [parents/guardians] and providers and contact information appropriate for the mode of administration (i.e., addresses for mail surveys, telephone numbers for telephone administration, and email addresses for online administration). When you have incomplete address information or have reason to believe that this information may be inaccurate, survey sponsors and/or vendors may be able to use other sources to clean the sample file, such as Internet directories.

Maintaining Confidentiality

Privacy assurances are central to encouraging respondent participation. Survey vendors should have standard procedures in place for maintaining the confidentiality of respondents' names and minimizing the extent to which identifying information, such as names and addresses, are linked to the actual survey responses. For example, the individual ID numbers that are used to track the survey must not be based on existing identifiers, such as Social Security numbers or employee ID numbers. Many survey vendors require employees to sign statements of confidentiality ensuring that they will not reveal the names of respondents or any results linked to specific individuals.

There are several opportunities during the survey process to explain to respondents that their responses are kept strictly confidential. The key avenues are the advance and cover letters and interviewer assurances during telephone interviews.

Recommended Data Collection Modes

Based on field test results, the CAHPS team recommends the following modes for the Clinician & Group Survey:

- Mixed mode (mail and telephone, email and mail, or email and telephone)
- Mail only
- Telephone only

This section provides protocols for collecting responses by mail with telephone followup and email with mail followup. You can adapt these protocols for mail-only, telephone-only, or email with telephone followup. At this time, an email-only mode is not recommended as it has not been shown to be effective with all types of patients. If you choose to deviate from these protocols (for example, by mixing mail and another mode or by omitting the postcard reminder), it is important to conduct sufficient followup – i.e., additional attempts to obtain a completed questionnaire – to maximize the number of responses and reach a representative population.

Each survey sponsor will need to choose the data collection mode that is most likely to reach their specific patient population and maximizes the response rate at an acceptable cost. Costs associated with administering the Clinician & Group Survey will vary depending on the mode or mix of modes.

The time required to administer the Clinician & Group Survey is approximately 12 to 15 minutes. This estimate is based on tests of telephone administration as well as data on the self-administration of CAHPS surveys of similar length.

On average, survey field periods are 10-14 weeks. Since different sponsors will require more or less time to implement their data collection modes and achieve the desired response rate, there is no specific cut-off point for the field period. Additionally, data collection should not be stopped if the target number of completed questionnaires is achieved. The data collection protocol should be completed as planned to ensure comparability of the results with the highest possible response rate.

Alternative Data Collection Modes

Recognizing that many organizations are interested in using different modes to administer a patient survey, the CAHPS team has conducted preliminary testing of alternative modes, specifically text prompt, in-office distribution, and interactive voice response (IVR, also known as telephone audio computer-assisted self-interviewing, or T-ACASI). Further study is required before any of these modes can be recommended.

Users should also be aware that use of text prompts may be regulated at the state-level, so adherence with local laws and regulations is essential.

Multiple studies of in-office distribution found that the survey results were not comparable to those collected with recommended modes.¹ The investigators observed incomplete distribution rates, lower response rates, and declining distribution rates. Finally, there were significant mode-physician interaction effects, which suggests that data cannot be pooled then adjusted to account for the differences.

Because the implications of using these modes are not yet fully known, they should be used with caution. If a sponsor uses one of these modes to collect data, the ability to compare survey results across users may be limited.

Mail Protocol

This section reviews the basic steps for collecting data through the mail and offers some advice for making this process as effective as possible.²

- **Set up a toll-free number** and publish it in all correspondence with respondents. Assign a trained project staff member to respond to questions on that line. It is useful to maintain a log of these calls and review them periodically.
- **Send the respondent the questionnaire with a cover letter and a postage-paid envelope.** A well-written, persuasive letter authored by a recognizable organization will increase the likelihood that the recipient of the questionnaire will complete and return it within the deadline. The cover letter should include instructions for completing and returning the questionnaire. For an example, refer to [Appendix D: Sample Notification Letters and Emails](#).

Tips for the letter:

- Tailor the letter, including language that explains the purpose of your survey, the voluntary nature of participation, and the confidentiality of responses.

¹ For one example, see: Anastario MP, Rodriguez HP, Gallagher PM, Cleary PD, Shaller D, Rogers WH, Bogen K, Safran DG. A Randomized Trial Comparing Mail versus In-Office Distribution of the CAHPS Clinician and Group Survey. *Health Services Research*. 2010;45:1345–1359.

² Adapted from McGee J, Goldfield N, Riley K, and Morton J. *Collecting Information from Health Care Consumers*, Rockville, MD: Aspen Publications, 1996.

- Note that a refusal to participate will not affect an individual's health care.
- Personalize the letter with the name and address of the intended recipient.
- Have it signed by a representative of the sponsoring organization(s).
- Spend some time on the cover letter, checking it for brevity, clarity, and typographical errors.

Tips for the outside envelope:

- Make the envelope look “official.” It should not look like junk mail.
 - Place a recognizable name—such as the name of a health system, medical group, or government agency—above the return address.
- **Send a postcard reminder to nonrespondents 10 days after sending the questionnaire.** Some vendors prefer sending a reminder postcard to all respondents 3 to 5 days after mailing the questionnaire instead of sending a postcard only to nonrespondents 10 days after the questionnaire is mailed. Their reminder postcards serve as a thank you to those who have returned their questionnaires and as a reminder to those who have not. The reminder postcard is an inexpensive way to increase your response rate. [Appendix D](#) includes a sample reminder card.
 - **Send a second questionnaire with a reminder letter** and a post-paid envelope to those still not responding 3 weeks after the first mailing. [Appendix D](#) includes a sample reminder letter.

Telephone Protocol

The Clinician & Group Survey must be modified for telephone administration.³

- **Check telephone numbers.** Check the telephone numbers of sample respondents for out-of-date area codes and partial or unlikely telephone numbers. All survey vendors should have standard automated procedures for checking and updating telephone numbers before beginning data collection.

After extensive tracking, you may still be left with some respondents who do not have a working telephone number, or for whom you have only an address. Delivery of a package containing the questionnaire by an overnight service, such as a Priority Mail or Federal Express, can be an effective method of drawing attention to the need to complete the questionnaire.

³ Research conducted in collaboration with the CAHPS team indicates that telephone-only administration is associated with more positive reports and ratings of care. The direction of this effect is not uncommon in comparisons of mail-only and telephone-only survey administration.

- **Train the interviewers before they begin interviewing.** The interviewer should not bias survey responses or affect the survey results. (See the box below for advice regarding the training of interviewers.)
- **Begin contacting nonrespondents.** If following up on an email or a mailed questionnaire, initiate telephone contact with nonrespondents 3 weeks after sending the second questionnaire. You may want to send a letter to respondents in advance to let them know that you will be contacting them by telephone. An example of an advance letter is provided in [Appendix D](#).
- **Attempt to contact each respondent by telephone at least six times.** The vendor should make at least six attempts unless the respondent explicitly refuses to complete the survey. These attempts must be on different days of the week (both weekdays and weekends), at different times of the day, and in different weeks.

Training Interviewers

The CAHPS team recommends the following key procedures for conducting standardized, nondirective interviews:

- Interviewers should read questions exactly as worded so that all respondents are answering the same question. When questions are reworded, it can have important effects on the resulting answers.
- When a respondent fails to give a complete or adequate answer, interviewer probes should be nondirective. That is, interviewers should use probes that do not increase the likelihood of one answer over another. Good probes simply stimulate the respondent to give an answer that meets the question's objectives.
- Interviewers should maintain a neutral and professional relationship with respondents. It is important that they have a positive interaction with respondents, but there should not be a personal component. The primary goal of the interaction from the respondent's point of view should be to provide accurate information. The less interviewers communicate about their personal characteristics and, in particular, their personal preferences, the more standardized the interview experience becomes across all interviewers.
- Interviewers should record only answers that the respondents themselves choose. The CAHPS instrument is designed to minimize decisions that interviewers might need to make about how to categorize answers.

Training and supervision are the keys to maintaining these standards. Although these principles may seem clear, it has been shown that training, which includes exercises and supervised role playing, is essential for interviewers to learn how to put these principles into practice. In addition, interviewers may not meet these standards unless their work is monitored. A supervisor should routinely monitor a sample of each interviewer's work to ensure that the interviewers are, in fact, carrying out interviews using prescribed standards and methods. When you are hiring a survey vendor, the protocol for training and supervision should be among the top criteria you consider when choosing among data collection organizations.

Email/Web Protocol

This section reviews the basic steps for contacting respondents via email to invite them to take an online survey and offers some advice for making this process as effective as possible. The CAHPS team does not recommend an email-only protocol at this time. Regardless of the response rate achieved through email alone, the email protocol must be followed by a full mail or telephone protocol for nonrespondents to ensure that all patients in the sample have an equal chance of completing the survey and that the respondents are representative of the patient population. For the same reason, the sample should not consist of only those patients for which you have an email address.

Note: This email protocol is also applicable when administering the survey through a patient portal or with an invitation sent by text message.

- **Set up an email address or toll-free telephone number** that respondents can contact with questions and publish it in all correspondence. Assign a trained project staff member to respond to questions that are submitted. It is useful to maintain a log of these emails/calls and review them periodically.
- **Send the respondent an invitation with a link to the online survey.** A well-written, persuasive message authored by a recognizable organization will increase the likelihood that the recipient of the survey invitation will complete it within the deadline. The invitation should be personalized and contain an individualized ID and password to access the survey as well as an individualized direct link. It should include instructions for completing the survey and explain whom to contact if recipients have questions. [Appendix D](#) includes examples of emails that can be adapted.

Tips for an email invitation message:

- Include information in the email message and subject line to convey to the respondent that the survey is about their experience: for example, “Tell us about your recent medical care.” Subject lines and email messages that request the recipient to “Please help” are not recommended because they do not provide clues to the content and purpose of the email and are more likely to be deleted.
- Tailor the email message and the subject line to the recipient. It can be helpful to personalize the email message with the name of the intended recipient. But be aware of confidentiality issues. In particular, do not include detailed personal information in the subject line.
- In the email message:
 - Include language that explains the purpose of your survey, the voluntary nature of participation, and the confidentiality of responses.
 - Include a brief description of the survey.

- Note that a refusal to participate will not affect an individual's health care.
 - To accommodate differing screen sizes, keep the email message itself shorter than a paper cover letter. Test it on multiple platforms and with different types of devices.
 - Spend some time on the message, checking it for brevity, clarity, and typographical errors.
 - Have the email electronically signed or sent by a representative of the sponsoring organization(s). Include the person's title in the signature.
- **Send a reminder to nonrespondents 7-10 days after sending the initial invitation.** The reminder serves as a thank you to those who have completed their survey and as a reminder or plea to those who have not. [Appendix D](#) includes a sample reminder that can be used as a template for an email reminder.
 - **Send a second reminder** to those still not responding 2-3 weeks after the initial invitation.
 - **Followup with nonrespondents by mail or telephone.** It is critical to initiate contact by either mail or telephone with everyone who has not completed the survey online. Since not all patients have access to or use email regularly, survey sponsors must follow the email protocol with either the full mail or telephone protocol for all nonrespondents to ensure that the final survey responses represent the patient population that was sampled.

Tracking Returned Questionnaires

Most vendors have established methods for tracking the sample and the returned questionnaires by the unique ID number that is assigned to each respondent in the sample. This ID number is typically placed on every questionnaire that is mailed, included in the call record of each telephone case, and incorporated into the unique link for online surveys.

To maintain respondent confidentiality, the tracking system should not contain any of the survey responses. The survey responses should be entered in a separate data file linked to the sample file by the unique ID number.

Each respondent in the tracking system will be assigned a survey result code that indicates whether the respondent:

- Returned the mail survey,
- Participated in the telephone interview,
- Participated in the online survey,
- Was ineligible to participate in the study,

- Could not be located,
- Is deceased, or
- Refused to respond.

The codes also indicate whether the questionnaire is complete, partially complete, or incomplete.

- **Complete questionnaire:** A questionnaire is considered complete if responses are available for at least half of the key survey items and at least one reportable item.
- **Partially completed questionnaire:** A questionnaire is considered partially complete if responses are available for at least one reportable item, but less than half of the key items. It is important to keep track of partially completed questionnaires because they should be included for analysis and reporting.
- **Incomplete questionnaire:** A questionnaire is incomplete if the individual did not answer at least one reportable item.

For more information about the key and reportable items in the Clinician & Group Survey, see [Appendix B](#) of this document.

The tracking system should also include the date the questionnaire was returned (for mail surveys) or answered (for telephone and online surveys). The interim result code reflects the status of the case during the different rounds of data collection; the final result code reflects the status at the end of data collection. These result codes are used to calculate the response rate as shown in the next section.

Calculating the Response Rate

In its simplest form, the response rate is the total number of completed questionnaires divided by the total number of individuals selected for the sample. Calculating your response rate is helpful in determining a more accurate starting sample size for future survey administration.

To calculate the response rate, use the following formula:

$$\frac{\text{Number of completed questionnaires}}{\text{Total number of individuals surveyed} - (\text{deceased} + \text{ineligible})}$$

Listed below is an explanation of the categories included and excluded in the denominator of the response rate calculation.

Denominator Inclusions

The denominator should include:

- **Respondents.** The individual returned a questionnaire, whether complete, incomplete, or partially complete.

- **Refusals.** The individual (or parent or guardian of the sampled child) refused to participate in writing or by phone.
- **Nonresponses.** The individual (or parent or guardian of the sampled child) is presumed to be eligible but did not complete the questionnaire for some reason (e.g., never responded, was unavailable at the time of the survey, was ill or incapable, had a language barrier).
- **Bad addresses/phone numbers/emails.** In either case, the sampled individual (or parent or guardian) is presumed to be eligible even if you are unable to locate them.

Denominator Exclusions

- **Deceased.** In some cases, a household or family member may inform you of the death of the sampled individual or child.
- **Ineligible.** The sampled individual or child did not receive care from the participating medical group or practice in the last 6 months.

Section 3: Patient Experience Measures from the CAHPS Clinician & Group Survey

This section reviews the types of patient experience measures associated with the CAHPS Clinician & Group Survey 3.0 and 3.1, lists the survey’s composite and rating measures, and offers basic guidance on reporting the survey results to consumers and other audiences.

Types of Measures

Like all CAHPS surveys, the CAHPS Clinician & Group Survey generates three types of measures for reporting purposes:

- **Rating measures** are based on items that use a scale of 0 to 10 to measure respondents’ assessments of their own or their child’s provider. This measure is sometimes referred to as the “global rating” or “overall rating.”
- **Composite measures** (also known as reporting composites) combine results for closely related items that have been grouped together. Composite measures are strongly recommended for both public and private reporting because they allow for reports that are comprehensive, yet of reasonable length. Psychometric analyses also indicate that composite measures from the core items⁴ in the survey are reliable and valid measures of patients’ experiences. To learn about the calculation of scores for composite measures, read about [analyzing CAHPS survey data](#).
- **Single-item measures** are individual survey questions that did not fit into composite measures. Both the core survey as well as the supplemental item sets contain many items that can be reported individually. These single-item measures are especially useful in reports for providers and other internal audiences that use the data to identify specific strengths and weaknesses. When reporting single-item measures, it is important to indicate that the measure reflects performance on just one survey question in contrast to the multiple questions represented by composite measures.

Measures from Core Survey Items

Versions 3.0 and 3.1 of the Clinician & Group Survey produce the following measures:

- Getting timely appointments, care, and information (composite of 3 items)
- How well providers communicate with patients (composite of 4 items)

⁴ Core items are survey questions that are always included in the instrument in order to ensure standardization and comparability across survey users. Supplemental items are optional questions that users can add to customize the instrument.

- Providers' use of information to coordinate patient care (composite of 3 items in the Adult Survey; composite of 2 items in the Child Survey)
- Helpful, courteous, and respectful office staff (composite of 2 items)
- Patients' rating of the provider (1 item)

These measures have been shown to have reliability at the practice level and are recommended for all types of reporting. Descriptions of these measures and lists of the survey questions included in each measure are provided in [Appendix E](#) for the Adult Survey and [Appendix F](#) for the Child Survey.

The measure names, or labels, listed above and in the appendices are recommended for use in both public and private reports. They are the product of expert input as well as extensive testing with consumers.

If your survey refers to “this doctor” instead of “this provider,” please reword the measure labels as well to refer to doctors rather than providers.

Measures from Supplemental Items

Most of the many [supplemental items available for the Clinician & Group Survey 3.0](#) are not designed to be combined into composite measures. However, some of the item sets that address specific topics generate a few additional composite measures that may be reported.

Patient-Centered Medical Home

The [Patient-Centered Medical Home Item Set 3.0](#) offers the following composite measures:

Adult Items

- Talking with you about taking care of your own health (2 items)

Child Items

- Provider's attention to your child's growth and development (4 items)
- Provider's advice on keeping your child safe and healthy (3 items)

Review the items in the [composite measures from the PCMH Item Set 3.0](#).

Health Literacy

The Adult version of the [Health Literacy Item Set](#) offers one composite measure: How Well Providers Communicate About Medicines (3 items).

Review the items in the [composite measure from the Health Literacy Item Set](#).

Health Information Technology

The [Health Information Technology Item Set](#) offers three composite measures and one single-item measure:

- Getting Timely Appointments Through E-mail or Website (1 item)
- Getting Timely Answers to Medical Questions by E-mail (2 items)
- Helpfulness of Provider’s Use of Computers During a Visit (2 items)
- Helpfulness of Provider’s Website in Giving You Information About Your Care and Tests (4 items)

Review the items in the [composite measure from the Health Information Technology Item Set](#).

Guidance on Reporting Clinician & Group Survey Measures

Users of the CAHPS Clinician & Group Survey may report the results of the survey publicly to inform health care consumers and/or privately to inform health care providers and other stakeholders and support their efforts to improve patients’ experiences with care. While the basic content included in these reports may be the same, the specific content should differ because the purposes differ.

In reports intended for consumers, the goal is to provide information that people can use to assess and compare the performance of providers and identify those that best meet their needs. Survey results are typically reported along with other measures of quality and safety. For that reason, the presentation of measures and scores must be concise and easily digestible. The use of composite measures rather than individual items is one way to avoid “information overload” among consumers.

Another strategy is to limit the number of patient experience measures in a report; all measures from the core survey are recommended for consumer reports, but the use of measures from the supplemental items should be carefully considered. Report sponsors have to weigh the trade-off between offering an array of performance scores and overwhelming consumers with more information than they can process.

For guidance on reporting results of the Clinician & Group Survey to consumers, refer to –

- [How To Report Results of the CAHPS Clinician & Group Survey](#) (Aligning Forces for Quality, Robert Wood Johnson Foundation)
- [Developing a Public Report for the CAHPS Clinician & Group Survey: A Decision Guide](#) (Aligning Forces for Quality, Robert Wood Johnson Foundation)
- [Aggregating and Analyzing CAHPS Clinician & Group Survey Results: A Decision Guide](#) (Aligning Forces for Quality, Robert Wood Johnson Foundation)

- [Reporting Results to Consumers](#) (AHRQ CAHPS Website)
- [TalkingQuality](#) (AHRQ Website)

A report intended for providers and other internal audiences must also be clear and concise, but can and should contain more information in order to support use of the results to identify relative strengths and weaknesses. These reports need to provide trend data (when available) and different kinds of comparators, such as local or State averages and percentiles. They can also provide a greater level of detail, such as results at the item level, results for any supplemental items, and the full range of survey responses (e.g., the percent that gave each possible response). Moreover, these reports can include measures from the supplemental item sets that did not achieve a high enough level of reliability at the suggested sample sizes to be recommended for public reporting. A high level of reliability is not necessary for a measure to provide useful information for quality improvement. With this information, providers are equipped to analyze their performance and take steps towards improving their patients' experiences.

Learn more about [improving patients' experiences with primary and specialty care](#).

Related resource: [The CAHPS Ambulatory Care Improvement Guide](#)

Appendices

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Appendix A: Differences between the Core Items in 3.0, 3.1, and Visit 4.0 (beta) versions of the Adult Clinician & Group Survey

Topic	Adult 3.0 Item	Adult 3.1 Item	Adult 4.0 (beta) Item	Description of Difference
Confirmation of provider	1. Our records show that you got care from the provider named below in the last 6 months. Is that right?	1. A health care provider can care for patients in person, by phone, or by video. Our records show that you got care from the provider named below in the last 6 months. Is that right?	1. Visits with a health care provider can be in person, by phone, or by video. Our records show that you had a recent visit with the provider named below. Is that right?	3.1 and 4.0 include new references to the type of visit. 3.0 and 3.1 use a 6-month lookback period; 4.0 asks about a single visit.
Provider identification	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?	The questions in this survey will refer to the provider named in Question 1 as “this provider.” As you answer these questions, please think of the in-person, phone, and video visits you had with that person in the last 6 months. 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?	Please think of this provider as you answer the survey. 2. Is this the provider you usually talk to if you need a check-up, want advice about a health problem, or get sick or hurt?	3.1 includes revised instructions re: visit modes. 4.0 includes simplified instructions. Also, Q2 references “talking to” the provider rather than “seeing.”
Length of relationship	3. How long have you been going to this provider?	3. How long have you been going to this provider?	(Not included)	This question is not included in 4.0.
Utilization	4. In the last 6 months, how many times did you visit this provider to get care for yourself?	4. In the last 6 months, how many times did you visit this provider to get care for yourself?	(Not included)	This question is not included in 4.0.

Guidelines for Using the CAHPS® Clinician & Group Survey

Topic	Adult 3.0 Item	Adult 3.1 Item	Adult 4.0 (beta) Item	Description of Difference
Time since recent visit	(Not included)	(Not included)	3. How long has it been since your most recent in-person, phone, or video visit with this provider?	This question is in 4.0 only.
Efficacy of visit technology	(Not included)	(Not included)	7. Did this provider's office give you all the instructions you needed to use video for this visit?	This question is in 4.0 only.
	(Not included)	(Not included)	8. During your most recent visit, was the video easy to use?	This question is in 4.0 only.
	(Not included)	(Not included)	10. During your most recent visit, were you and this provider able to hear each other clearly?	This question is in 4.0 only.
Access to care	6. In the last 6 months, when you contacted 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?	6. In the last 6 months, when you contacted 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?	12. Was that recent visit as soon as you needed?	3.0 and 3.1 ask about visits over a 6-month period; 4.0 asks about a single visit.
	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?	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?	(Not included)	This question is not included in 4.0.

Guidelines for Using the CAHPS® Clinician & Group Survey

Topic	Adult 3.0 Item	Adult 3.1 Item	Adult 4.0 (beta) Item	Description of Difference
	10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	(Not included)	This question is not included in 4.0.
	(Not included)	(Not included)	13. Did your most recent visit start on time?	This question is in 4.0 only.
Provider communication	11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?	11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?	14. During your most recent visit, did this provider explain things in a way that was easy to understand?	3.0 and 3.1 use a 6-month lookback period; 4.0 asks about a single visit.
	12. In the last 6 months, how often did this provider listen carefully to you?	12. In the last 6 months, how often did this provider listen carefully to you?	15. During your most recent visit, did this provider listen carefully to you?	3.0 and 3.1 use a 6-month lookback period; 4.0 asks about a single visit.
	14. In the last 6 months, how often did this provider show respect for what you had to say?	14. In the last 6 months, how often did this provider show respect for what you had to say?	16. During your most recent visit, did this provider show respect for what you had to say?	3.0 and 3.1 use a 6-month lookback period; 4.0 asks about a single visit.
	15. In the last 6 months, how often did this provider spend enough time with you?	15. In the last 6 months, how often did this provider spend enough time with you?	17. During your most recent visit, did this provider spend enough time with you?	3.0 and 3.1 use a 6-month lookback period; 4.0 asks about a single visit.
Care Coordination	13. In the last 6 months, how often did this provider seem to know the important information about your medical history?	13. In the last 6 months, how often did this provider seem to know the important information about your medical history?	18. During your most recent visit, did this provider have the medical information they needed about you?	3.0 and 3.1 ask about visits over a 6-month period; 4.0 asks about a single visit.

Guidelines for Using the CAHPS® Clinician & Group Survey

Topic	Adult 3.0 Item	Adult 3.1 Item	Adult 4.0 (beta) Item	Description of Difference
	17. 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?	17. 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?	20. Did someone from this provider's office follow up to give you those results?	3.0 and 3.1 ask about visits over a 6-month period; 4.0 asks about a single visit.
	20. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?	20. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?	(Not included)	This question is not included in 4.0.
Rating	18. 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?	18. 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?	21. Using any number from 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to rate your most recent visit?	In 3.0 and 3.1, patients rate the provider. In 4.0, patients rate the visit.
Staff at provider's office	21. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?	21. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?	23. Thinking about your most recent visit, was the staff from this provider's office as helpful as you thought they should be?	3.0 and 3.1 ask about staff interactions over a 6-month period; 4.0 asks about staff interactions related to a specific visit.
	22. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	22. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	24. Thinking about your most recent visit, did the staff from this provider's office treat you with courtesy and respect?	3.0 and 3.1 ask about staff interactions over a 6-month period; 4.0 asks about staff interactions related to a specific visit.

Appendix B: Determining Whether a Survey Response Is Complete

To determine if a questionnaire is complete, the first step is to flag the key and reportable items in the core survey. Supplemental items are **not** included in the definition of a completed questionnaire.

What are key items? Key items are the survey questions that **all** respondents should answer, including:

- Questions confirming eligibility for the survey.
- The screeners for the questions included in the core composites measures.
- The primary rating question.
- Demographic and other background items.

Table B.1 lists the key items from the 3.0 versions of the CAHPS Clinician & Group Survey.

What are reportable items? Reportable items are the questions included in the composite and rating measures. For a list of the reportable items in the core survey, refer to [Appendix E](#) (Adult) and [Appendix F](#) (Child).

Number of key items needed for a complete questionnaire. A questionnaire is considered complete if it has responses for at least 50 percent of the key items and 1 reportable item. The number of key items needed for each version of the survey is as follows:

- Version 3.0 and 3.1 Adult Survey: At least 13 key items
- Version 3.0 and 3.1 Child Survey: At least 15 key items
- Version 4.0 (beta) Adult Survey: At least 11 key items

Table B.1. Key Questions from the CAHPS Clinician & Group Survey

Short Item Title	Item Number in 3.0/3.1 Adult Survey	Item Number in 3.0/3.1 Child Survey	Item Number in 4.0 (beta) Adult Survey
Patient/[Child]* received care from provider named below	1	1	1
Patient/[Child] usually sees this provider for care	2	2	2
How long patient/[child] has been going to this provider	3	3	--
How long since most recent visit	--	--	3
Was most recent visit in-person	--	--	4
Number of times patient/[child] visited this provider for care in last 6 months	4	4	--
Respondent stayed in exam room with child	--	5	--
Provider told respondent about follow-up care for child	--	10	--
Patient/[Respondent] contacted provider's office to make an appointment for urgent care [for the child]	5	12	11
Patient/[Respondent] made an appointment for non-urgent care [for the child]	7	14	--
Patient/[Respondent] contacted provider's office with a medical question [about child] during regular hours	9	16	--
Most recent visit started on time	--	--	13
Provider explained things in a way that was easy to understand	11	18	14
Provider listened carefully to patient/[respondent]	12	19	15

Short Item Title	Item Number in 3.0/3.1 Adult Survey	Item Number in 3.0/3.1 Child Survey	Item Number in 4.0 (beta) Adult Survey
Provider knew important information about patient's/[child's] medical history	13	20	18
Provider showed respect for what patient/[respondent] had to say	14	21	16
Provider spent enough time with patient/[child]	15	22	17
Provider ordered blood test, x-ray, or other test	16	23	19
Rating of provider/visit	18	25	21
Patient took prescription medicine	19	--	--
Talked with staff from providers office about most recent visit	--	--	22
Clerks and receptionists were helpful	21	26	--
Clerks and receptionists were courteous and respectful	22	27	--
Rating of [child's] overall health	23	28	25
Rating of [child's] overall mental or emotional health	24	29	26
Age [child]	--	30	--
Male or female [child]	--	31	--
Hispanic or Latino [child]	--	32	--
Race [child]	--	33	--
Age of patient/[respondent]	25	34	27
Patient/[Respondent] male or female	26	35	28

Short Item Title	Item Number in 3.0/3.1 Adult Survey	Item Number in 3.0/3.1 Child Survey	Item Number in 4.0 (beta) Adult Survey
Highest grade level completed [respondent]	27	36	29
Hispanic or Latino	28	--	30
Race	29	--	31
Respondent's relationship to child	--	37	--
Someone helped patient/[respondent] complete survey	30	38	32
Total number of key items	25	29	22
Number of items needed to be a complete survey	13	15	11

* The text in brackets refers to language that appears in in the Child Survey.

Appendix C: Methods for Increasing the Number of Responses

Out-of-date mailing and email addresses, inaccurate telephone numbers, voicemail, gatekeepers, and frequent travel by respondents are common problems. To maximize the number of responses, sponsors and vendors can:

- Improve initial contact rates by making sure that addresses, phone numbers, and email addresses are current and accurate (e.g., identify sources of up-to-date sample information, run a sample file through a national change-of-address database, send a sample to a phone number look-up vendor).
- Take steps to improve contact rates after data collection has begun (e.g., increase the maximum number of calls, ensure that calls take place at different day and evening times over a period of days, mail second reminders, use experienced and well-trained interviewers).
- Consider using a mixed-mode protocol involving email, mail, and telephone data collection procedure. In field tests, the combined approach was more likely to achieve a desired response rate than either mode alone.
- Train interviewers on how to deal with gatekeepers.
- Train interviewers on refusal aversion/conversion techniques.

These methods will add to the costs of conducting a survey, but users need to weigh these extra costs against the risk of obtaining low response rates and less representative data.

Once the vendor reaches the potential respondent, other challenges await: people throw away the envelope, sometimes unopened, or set aside the questionnaire but then never complete it. These responses draw attention to the importance of effectively communicating why the person should complete the questionnaire. In addition to persistent followup, make sure that the outside envelope, cover letter, and questionnaire are as attractive and compelling as possible.

It is especially important to interview or receive returned questionnaires from those individuals who might be difficult to reach. They are likely to be different from those individuals who immediately complete and return a questionnaire or who are easily interviewed. They may, for example, be chronically ill, have two jobs, or be different in some other way that is relevant to your results. Unless you maintain a high response rate overall and make efforts to reach them, their views and experiences will be underrepresented.

Sponsors and vendors should discuss this possibility in advance and consider plans to do extensive telephone tracking and locating. You may also want to talk about the timing of interviews. Because the Clinician & Group Survey is a survey of respondents at their homes, interviewers typically work in the evenings and on weekends. However, the survey vendor should provide at least one interviewer during

the daytime to maintain appointments made with respondents during the day and try to reach those respondents who do not answer during the evenings (e.g., those who have evening shift jobs). Interviewing during the daytime on weekdays is especially effective and appropriate for surveys of seniors and surveys that include children in the sample frame.

You are likely to encounter certain types of problems with which you should be familiar. Sponsors and vendors should discuss these issues and agree on appropriate procedures.

Common Problems	Some Guidance
The interviewer reaches a voicemail.	There is some debate about how often it is best to leave a message; unfortunately, there is no right answer to this question. However, you cannot assume that a respondent will call back, so survey vendors should continue to make an effort to reach the respondent. In essence, when an interviewer reaches answering machine or voicemail, it should be handled as though the person were not at home.
The telephone number for the sampled individual is incorrect.	The vendor should make every effort to find the right number: <ul style="list-style-type: none"> • If the person answering the telephone knows how to reach the sampled individual, use that information. • If there is no information about the sampled individual at the provided number, use directory assistance. • If the vendor cannot find a correct telephone number for the individual, and the sponsor has agreed to both mail and telephone methods of data collection, mail the questionnaire.
The sampled person has moved and the address in the sample is incorrect.	The vendor should make every effort to track down the sampled person. Stamp all mail “Address Service Requested” so that undelivered mail gets returned. If the mail gets returned, refer to sources like Internet directories or national change of address directories to obtain the new address.
The sampled person is temporarily away.	The protocol for this situation will depend somewhat on the data collection schedule. If the person will become available before data collection is scheduled to be concluded, the right procedure is to call back later.
The sampled person does not speak English.	If the questionnaire has not been translated into the respondent’s language, an interview cannot be conducted. For the purposes of calculating response rates, these cases should be considered as “nonresponse” and cannot be excluded from the response rate formula’s denominator.
The sampled person is temporarily ill.	Contact the person again before the end of data collection to determine if he/she has recovered and can participate.

Common Problems	Some Guidance
The sampled person has a condition that prevents being interviewed, such as having a visual, hearing, or cognitive impairment.	This person becomes a nonrespondent by virtue of their condition.

Appendix D: Sample Letters and Emails

This appendix contains sample letters, emails, and reminder postcards in both English and Spanish that you can customize to suit your survey project. These letters and emails can be used with any version of the Clinician & Group Survey. Sponsors and vendors are urged to use these letters and/or emails, as they are a critical part of the survey protocol. In addition, the instructions provided in this document offer helpful tips for maximizing response rates and obtaining responses from a representative sample of patients.

Instructions for Customizing Letters and Emails in English and Spanish

The sample letters, postcards, and emails that follow have been provided to help you draft your own material. The following tips can help you customize the text to suit your particular needs:

1. If possible, personalize the letter and/or email. Whether you use a salutation with a Mr./Ms. (Sr./Sra.) or “first name, last name” depends on how the sample files have been maintained. A few survey sponsors have opted to address the respondent as “Dear Patient” (“Estimado/a paciente”). Respondents are more likely to complete the survey when they receive a personalized letter.
2. If you have an institutional review board (IRB) that reviews research involving human subjects, customize the privacy statement as appropriate to meet the requirements of the IRB. Some sponsors have revised the second paragraph to read as follows:

“The information that you provide will be kept completely private and confidential and your answers will never be matched with your name. Your individual answers will never be seen by your health care provider or anyone else involved with your care. *We will not share your information with anyone without your OK, except where the law may require it.*”

“La información que usted proporcione será completamente privada y confidencial y sus respuestas nunca se van a asociar con su nombre. Su profesional médico u otras personas que participen en su cuidado de salud jamás podrán ver sus respuestas individuales. *No vamos a compartir su información con nadie sin que usted nos dé permiso, excepto cuándo así lo requiera la ley.*”
3. Include a sentence or two on how the results will be used. This provides the respondent with a concrete reason for participating in the survey.

4. Depending on your schedule and when you expect to send out the survey, indicate the date by which the respondent should return the survey (for mail surveys) or fill out the survey (for online surveys).
5. If you are using a Child Survey, revise the letter and/or email appropriately. References to “your health” and “care you received,” for instance, should be changed to “your child’s health” and “care your child received.” The following is an example of an appropriately revised introductory paragraph:

“We at [NAME OF PROVIDER ORGANIZATION] need your help. Our records indicate that your child, [NAME OF CHILD], has visited [PROVIDER’S NAME] in the last 6 months, and we would like you to tell us about this child’s care. We are committed to providing your child with the best quality health care available, and your input will help us to achieve this goal. This brief survey should take about [TIME] minutes or less of your time.”

“[NAME OF PROVIDER ORGANIZATION] **necesita su ayuda.** Según nuestros registros, su niño fue a ver al Dr. [PROVIDER’S NAME] en los últimos 6 meses y nos gustaría que nos contara sobre la atención médica de su niño. Estamos comprometidos a proporcionarle a su niño la mejor atención médica posible y la información que usted nos dé nos ayudará a cumplir nuestra meta. Este breve cuestionario le va a tomar más o menos [TIME] minutos o menos de su tiempo.”

In addition, we recommend that you place the following instructions on the cover of the survey booklet for a mail survey and in the introduction section of an online survey:

“Please answer this survey for your child, [INSERT NAME].”

“Por favor conteste esta encuesta por su niño [INSERT NAME].”

6. The sample letter and/or email indicates the time required to complete the survey. Please fill in the amount of time needed for your CAHPS questionnaire. On average, the core survey takes less than 15 minutes. Adding supplemental questions will increase this time. We recommend that you test your survey to determine the time needed to complete it.

Instructions Specific to Mail and Telephone Surveys

1. Print the letter on the sponsor’s letterhead so that the respondent can easily identify the source of the survey. Letterhead also lends the study credibility and has a note of authority.
2. Use of a reminder postcard following the initial mailing has been shown to increase response rates. The postcard reminder is a cost-effective way to increase the number of surveys returned. Many IRBs do not allow for

health information to be on the postcard, so be careful not to reference care that the patient has received. Also, some organizations do not allow a postcard to be used as a reminder but will permit the use of a letter reminder. If you choose to use a letter reminder, you can use the second reminder letter as a template.

Instructions Specific to Online Surveys

1. Send an invitation to complete the survey. If administering the survey online, send the respondent an email or other electronic invitation to complete the survey.
2. Use a short and direct subject line for the email. The following subject line is recommended:
“Your Experience with [NAME OF PROVIDER ORGANIZATION]”
“Su experiencia con [NAME OF PROVIDER ORGANIZATION]”
3. Send the messages from an email address that references the sponsor’s organization so that the respondent can easily identify the source of the survey. The survey sponsor can be the practice itself or a larger organization conducting the survey on behalf of the practice. Response rates are higher when the respondent is accustomed to receiving email communication from the sponsor. It is also less likely that the email survey invitation will be tagged as junk email or spam.

Mail Survey: Initial Letter

Letter with first survey mailing

DATE

FIRST AND LAST NAME

LINE ONE OF ADDRESS

LINE TWO OF ADDRESS (IF ANY)

CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME],

We at [NAME OF PROVIDER ORGANIZATION] need your help. Our records indicate that you have visited [PROVIDER'S NAME] in the last 6 months, and we would like you to tell us about your care. We are committed to providing you with the best quality health care available, and your input will help us to achieve this goal. This brief survey should only take about [TIME] minutes or less of your time.

The information that you provide will be kept **completely private and confidential**. Your answers will never be matched with your name. No one involved in your care will see your individual answers. We have hired [NAME OF SURVEY VENDOR], an independent professional survey organization, to conduct the survey. [VENDOR] will combine your answers with those of other people who complete the survey to create a summary report that tells us about our patients' experiences with our providers and medical offices.

We hope you will take this chance to tell us about your experiences with health care. Please return the completed survey in the enclosed postage-paid envelope by [MONTH/DAY/YEAR]. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive. **If you choose not to participate, this will not affect the health care you get from your providers.**

If you have any questions about this survey, please call [CONTACT NAME] at [(XXX) XXX-XXXX]. All calls to this number are free. Thank you for helping to make health care at [NAME OF PROVIDER ORGANIZATION] better for everyone!

Sincerely,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Nota: Si quiere un cuestionario en español, por favor llame al [(XXX) XXX-XXXX].

Mail Survey: First Reminder

Postcard

[NAME OF SURVEY]

Hello!

Recently we sent you a survey. It should take only a few minutes to complete and your answers will help us improve the care that we provide.

When you have completed the survey, please mail it back in the postage-paid envelope that came with it.

If you have already sent back a completed survey, thank you!

If you did not get the survey or have lost it, please call [CONTACT NAME] toll-free at [(XXX) XXX-XXXX], and we'll send you another one. You can also call that number if you have any questions.

THANK YOU!

[NAME OF SPONSOR]

Mail Survey: Second Reminder

Mail with survey

DATE

FIRST AND LAST NAME

LINE ONE OF ADDRESS

LINE TWO OF ADDRESS (IF ANY)

CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME],

We at [NAME OF PROVIDER ORGANIZATION] need your help. Recently, we sent you a survey asking about your experiences with [PROVIDER'S NAME]. If you have already responded, we thank you for your feedback. If you have not had time to respond or you have lost the survey, please take a few minutes to complete the enclosed survey now. By answering the questions, you will help us to improve the quality of care we provide our patients. It should take only [TIME] minutes to answer these questions.

The information that you provide will be kept **completely private and confidential** and your answers will never be matched with your name. No one involved in your care will see your individual answers.

We hope you will take this chance to tell us about your experiences with health care. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive. **If you choose not to participate, this will not affect the health care you get from your providers.**

If you have any questions about this survey, please call [CONTACT NAME] at [(XXX) XXX-XXXX]. All calls to this number are toll-free. Thank you for helping to make health care at [NAME OF PROVIDER ORGANIZATION] better for everyone!

Sincerely,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Nota: Si quiere un cuestionario en español, por favor llame al [(XXX) XXX-XXXX].

Telephone Survey: Advance Letter

Letter prior to telephone interview

DATE

FIRST AND LAST NAME

LINE ONE OF ADDRESS

LINE TWO OF ADDRESS (IF ANY)

CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME],

We at [NAME OF PROVIDER ORGANIZATION] need your help. Our records indicate that you have visited [PROVIDER'S NAME] in the last 6 months, and we would like you to tell us about your care. We are committed to providing you with the best quality health care available, and your input will help us to achieve this goal.

Someone from [NAME OF SPONSOR'S VENDOR] will call you soon to ask you to take part in a telephone interview. The interviewer will ask questions about the care you got from [PROVIDER'S NAME]. To get accurate results, we need to get answers from you and other people we ask to take part in this survey. The interview will take only [TIME] minutes, and we hope you will take the time to answer our questions.

What you have to say is private. Your answers will be part of a pool of information from others like you. No one involved in your care will see your individual answers. You may choose to participate or not, but the more people who participate, the greater our ability to improve the quality of care you receive. **If you choose not to participate, this will not affect the health care you get from your providers.**

We hope you will take this chance to talk to us about your health care. If you have any questions, please call [CONTACT NAME] at [(XXX) XXX-XXXX]. You can also call this number to ask to be removed from the list. All calls to this number are free. Thanks in advance for your help!

Sincerely,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Nota: Si quiere responder a esta encuesta en español, por favor llame al [(XXX) XXX-XXXX].

Online Survey: Initial Email

Include direct link to survey

Dear {Mr./Ms.} [LAST NAME],

We at [NAME OF PROVIDER ORGANIZATION] need your help. Our records indicate that you have visited [PROVIDER'S NAME] in the last 6 months, and we would like you to tell us about your care. We are committed to providing you with the best quality health care available, and your input will help us to achieve this goal. This brief survey should only take about [TIME] minutes or less of your time.

Click the following link to be directed to the survey: [LINK TO SURVEY]. You will need a user name and password to submit your survey responses.

User Name:

Password:

The information that you provide will be kept **completely private and confidential**. Your answers will never be matched with your name. No one involved in your care will see your individual answers. We have hired [NAME OF SURVEY VENDOR], an independent professional survey organization, to conduct the survey. [VENDOR] will combine your answers with those of other people who complete the survey to create a report that tells us about our patients' experiences with our providers and medical offices.

We hope you will take this chance to tell us about your experiences with health care. Please complete your survey by [MONTH/DAY/YEAR]. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive. **If you choose not to participate in the survey, this will not affect the health care you get from your providers.**

If you have any questions about this survey, please call [CONTACT NAME] at [(XXX) XXX-XXXX]. You can also call this number if you do not wish to participate in the survey. All calls to this number are free. Thank you for helping to make health care at [NAME OF PROVIDER ORGANIZATION] better for everyone!

Sincerely,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Nota: Si quiere un cuestionario en español, por favor llame al [(XXX) XXX-XXXX].

Online Survey: First Reminder Email

Include direct link to survey

[NAME OF SURVEY]

Dear {Mr./Ms.} [LAST NAME],

Recently we emailed you a link to a survey about your health care provider. We hope you will take a few minutes to complete the survey to help us improve the care we provide.

If you have already submitted your survey responses, thank you!

If you have not had time to respond, please complete the survey now by clicking the following link: [LINK TO SURVEY]. You will need a user name and password to submit your survey responses.

User Name:

Password:

If you have any questions about this survey, please call [CONTACT NAME] at [(XXX) XXX-XXXX]. All calls to this number are free. Thank you for helping to make health care at [NAME OF PROVIDER ORGANIZATION] better for everyone!

Sincerely,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

THANK YOU!

[NAME OF SPONSOR]

Online Survey: Second Reminder Email

Include direct link to survey

Dear {Mr./Ms.} [LAST NAME],

We at [NAME OF PROVIDER ORGANIZATION] need your help. Recently, we sent you a link to a survey asking about your experiences with [PROVIDER'S NAME]. If you have already responded, we thank you for your feedback.

If you have not had time to respond, please complete the survey now by clicking the following link: [LINK TO SURVEY]. It should take only [TIME] minutes to answer these questions. **You will need a user name and password to submit your survey responses.**

User Name:

Password:

The information that you provide will be kept **completely private and confidential.** Your answers will never be matched with your name. No one involved in your care will see your individual answers.

We hope you will take this chance to tell us about your experiences with health care. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive. **If you choose not to participate in the survey, this will not affect the health care you get from your providers.**

If you have any questions about this survey, please call [CONTACT NAME] at [(XXX) XXX-XXXX]. All calls to this number are toll-free. Thank you for helping to make health care at [NAME OF PROVIDER ORGANIZATION] better for everyone!

Sincerely,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Nota: Si quiere un cuestionario en español, por favor llame al [(XXX) XXX-XXXX].

Mail Survey: Initial Letter

Mail with survey

DATE

FIRST AND LAST NAME

LINE ONE OF ADDRESS

LINE TWO OF ADDRESS (IF ANY)

CITY, STATE ZIP

Estimado/a {Sr./Sra.} [Last name]:

[NAME OF PROVIDER ORGANIZATION] necesita su ayuda. Según nuestros registros, usted fue a ver al [PROVIDER'S NAME] en los últimos 6 meses y nos gustaría que nos contara sobre su atención médica. Estamos comprometidos a proporcionarle la mejor atención médica disponible, y la información que usted no dé nos ayudará a cumplir nuestra meta. Este breve cuestionario solo va a tomar unos [TIME] minutos de su tiempo.

La información que usted proporcione será **completamente privada y confidencial**. Sus respuestas nunca se van a asociar con su nombre. Ninguna persona que participe en su cuidado de salud jamás podrá ver sus respuestas individuales. Hemos contratado a [NAME OF SURVEY VENDOR], una organización profesional independiente de encuestas, para llevar a cabo la encuesta. [VENDOR] va a combinar sus respuestas con las de otras personas que participen en la encuesta, para crear un resumen que nos dé información sobre las experiencias de los pacientes con nuestros profesionales médicos y con nuestros consultorios médicos.

Esperamos que aproveche esta oportunidad para contarnos sobre sus experiencias con la atención médica que recibe. Una vez que llene el cuestionario, por favor, mándenlo antes de {MONTH/DAY/YEAR} en el sobre adjunto con el porte o franqueo pagado. Usted es libre de decidir si quiere participar o no en la encuesta pero entre más gente participe, más aumenta nuestra habilidad de mejorar la calidad de los servicios de salud que recibe. **Si decide que no quiere participar, esto no afectará la atención médica que recibe de sus profesionales médicos.**

Si tiene alguna pregunta sobre este cuestionario, por favor llame a [CONTACT NAME] al [(XXX) XXX-XXXX]. Todas las llamadas a este número de teléfono son gratis. ¡Gracias por ayudar a mejorar los servicios de salud de [NAME OF PROVIDER ORGANIZATION] para todos!

Atentamente,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Mail Survey: First Reminder

Postcard

NAME OF SURVEY

¡Hola!

Hace poco le enviamos un cuestionario. Solo le va a tomar unos cuantos minutos llenar el cuestionario y sus respuestas nos ayudarán a mejorar los servicios de salud que proporcionamos.

Una vez que haya llenado el cuestionario, por favor mándenlo por correo en el sobre con el porte o franqueo pagado que venía con el cuestionario

Si ya envió su cuestionario completado, ¡muchas gracias!

Si no recibió el cuestionario o si lo perdió, por favor llame a [CONTACT NAME] al número gratuito [(XXX) XXX-XXXX] y le mandaremos otro. También puede llamar a este número si tiene alguna pregunta.

¡GRACIAS!

[NAME OF SPONSOR]

Mail Survey: Second Reminder

Mail with survey

DATE

FIRST AND LAST NAME

LINE ONE OF ADDRESS

LINE TWO OF ADDRESS (IF ANY)

CITY, STATE ZIP

Estimado/a {Sr./Sra.} [Last name]:

[NAME OF PROVIDER ORGANIZATION] **necesita su ayuda.** Hace poco, le enviamos un cuestionario sobre sus experiencias con el [PROVIDER'S NAME]. Si ya nos envió el cuestionario, le agradecemos su ayuda. Si no ha tenido tiempo de llenar el cuestionario o si lo perdió, por favor tome unos minutos ahora para completar el cuestionario adjunto. Al contestar estas preguntas, nos está ayudando a mejorar la calidad de la atención médica que le proporcionamos a nuestros pacientes. Solamente le va a tomar unos [TIME] contestar las preguntas del cuestionario.

La información que usted proporcione será **completamente privada y confidencial** y sus respuestas nunca se van a asociar con su nombre. Ninguna persona que participe en su cuidado de salud jamás podrá ver sus respuestas individuales.

Esperamos que aproveche esta oportunidad para contarnos sobre sus experiencias con la atención médica que recibe. Usted es libre de decidir si quiere participar o no en la encuesta pero entre más gente participe, más aumenta nuestra habilidad de mejorar la calidad de los servicios de salud que recibe. **Si decide que no quiere participar, esto no afectará la atención médica que recibe de sus profesionales médicos.**

Si tiene alguna pregunta sobre este cuestionario, por favor llame a [CONTACT NAME] al [(XXX) XXX-XXXX]. Todas las llamadas a este número de teléfono son gratis. ¡Gracias por ayudar a mejorar los servicios de salud de [NAME OF PROVIDER ORGANIZATION] para todos!

Atentamente,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Telephone Survey: Advance Letter

DATE

FIRST AND LAST NAME
LINE ONE OF ADDRESS
LINE TWO OF ADDRESS (IF ANY)
CITY, STATE ZIP

Estimado/a {Sr./Sra.} [Last name]:

[NAME OF PROVIDER ORGANIZATION] necesita su ayuda. Según nuestros registros, usted fue a ver al [PROVIDER'S NAME] en los últimos 6 meses y nos gustaría que nos contara sobre su atención médica. Estamos comprometidos a proporcionarle la mejor atención médica disponible, y la información que nos dé nos ayudará a cumplir nuestra meta.

Un entrevistador de [NAME OF SPONSOR'S VENDOR] le va a llamar pronto para pedirle que participe en una entrevista por teléfono. El entrevistador le hará preguntas sobre la atención médica que recibió de [PROVIDER'S NAME]. Para obtener resultados exactos, necesitamos que usted y las demás personas que seleccionemos tomen parte en la encuesta. La entrevista solo va a tomar unos [TIME] minutos, y esperamos que tome el tiempo de contestar nuestras preguntas.

La información que nos dé se mantendrá en privado. Sus respuestas se van a combinar con las respuestas de otras personas que tomen parte en el estudio. Ninguna persona que participe en su cuidado de salud podrá ver sus respuestas individuales. Usted es libre de decidir si quiere participar o no en la encuesta pero entre más gente participe, más aumenta nuestra habilidad de mejorar la calidad de la atención que recibe. **Si decide que no quiere participar, esto no afectará la atención médica que recibe de sus profesionales médicos.**

Esperamos que aproveche esta oportunidad para contarnos sobre sus experiencias con la atención médica que recibe. Si tiene alguna pregunta, por favor llame a [CONTACT NAME] al [(XXX) XXX-XXXX]. También puede llamar a este número si quiere que lo quitemos de la lista de la encuesta. Todas las llamadas a este número de teléfono son gratis. ¡Gracias de antemano por su ayuda!

Atentamente,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Online Survey: Initial Email

Include direct link to survey

Estimado/a {Sr./Sra.} [Last name]:

[NAME OF PROVIDER ORGANIZATION] **necesita su ayuda.** Según nuestros registros, usted fue a ver al [PROVIDER'S NAME] en los últimos 6 meses y nos gustaría que nos contara sobre su atención médica. Estamos comprometidos a proporcionarle la mejor atención médica disponible, y la información que nos dé nos ayudará a cumplir nuestra meta. Este breve cuestionario solamente le va a tomar unos [TIME] minutos o menos para completarlo.

Haga clic en el siguiente enlace para ir a la encuesta: [LINK TO SURVEY]. Necesitará un nombre de usuario y una contraseña para enviar sus respuestas.

Nombre de usuario:

Contraseña:

La información que usted proporcione será **completamente privada y confidencial.** Sus respuestas nunca se van a asociar con su nombre. Ninguna persona que participe en su cuidado de salud jamás podrá ver sus respuestas individuales. Hemos contratado a [NAME OF SURVEY VENDOR], una organización profesional independiente de encuestas, para llevar a cabo la encuesta. [VENDOR] va a combinar sus respuestas con las de otras personas que participen en la encuesta, para crear un resumen que nos dé información sobre las experiencias de los pacientes con nuestros profesionales médicos y con nuestros consultorios médicos.

Esperamos que aproveche esta oportunidad para contarnos sobre sus experiencias con la atención médica que recibe. Por favor complete su cuestionario antes del [MONTH/DAY/YEAR]. Usted es libre de decidir si quiere participar o no en la encuesta pero entre más gente participe más aumenta nuestra habilidad de mejorar la calidad de los servicios de salud que recibe. **Si decide que no quiere participar, esto no afectará la atención médica que recibe de sus profesionales médicos.**

Si tiene alguna pregunta sobre este cuestionario, por favor llame a [CONTACT NAME] al [(XXX) XXX-XXXX]. También puede llamar a este número si quiere que lo quitemos de la lista de la encuesta. Todas las llamadas a este número de teléfono son gratis. ¡Gracias por ayudar a mejorar los servicios de salud de [NAME OF PROVIDER ORGANIZATION] para todos!

Atentamente,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Online Survey: First Reminder Email

Include direct link to survey

[NAME OF SURVEY]

Estimado/a {Sr./Sra.} [Last name]:

Hace poco le enviamos un enlace a un cuestionario sobre sus experiencias con su profesional médico. Esperamos que tome unos cuantos minutos llenar el cuestionario para ayudarnos a mejorar los servicios de salud que proporcionamos.

Si ya completó su cuestionario, ¡muchas gracias!

Si no ha tenido tiempo de llenar el cuestionario, favor de completar el cuestionario ahora con hacer clic en este enlace: [LINK TO SURVEY]. Necesitará un nombre de usuario y contraseña para completar el cuestionario.

Nombre de usuario:

Contraseña:

Si tiene alguna pregunta sobre este cuestionario, por favor llame a [CONTACT NAME] al [(XXX) XXX-XXXX]. Todas las llamadas a este número de teléfono son gratis. ¡Gracias por ayudar a mejorar los servicios de salud de [NAME OF PROVIDER ORGANIZATION] para todos!

Atentamente,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

¡GRACIAS!

[NAME OF SPONSOR]

Online Survey: Second Reminder Email

Include direct link to survey

Estimado/a {Sr./Sra.} [Last name]:

[NAME OF PROVIDER ORGANIZATION] **necesita su ayuda.** Hace poco le enviamos un enlace a un cuestionario sobre sus experiencias con [PROVIDER'S NAME]. Si ya completó su cuestionario le agradecemos su ayuda.

Si no ha tenido tiempo de llenar el cuestionario, favor de completar el cuestionario ahora con hacer clic en este enlace: [LINK TO SURVEY]. Solamente le va a tomar unos [TIME] contestar las preguntas del cuestionario. Necesitará un nombre de usuario y contraseña para completar el cuestionario.

Nombre de usuario:

Contraseña:

La información que usted proporcione será **completamente privada y confidencial.** Sus respuestas nunca se van a asociar con su nombre. Ninguna persona que participe en su cuidado de salud jamás podrá ver sus respuestas individuales

Esperamos que aproveche esta oportunidad para contarnos sobre sus experiencias con la atención médica que recibe. Usted es libre de decidir si quiere participar o no en la encuesta pero entre más gente participe, más aumenta nuestra habilidad de mejorar la calidad de los servicios de salud que recibe. **Si decide que no quiere participar, esto no afectará la atención médica que recibe de sus profesionales médicos.**

Si tiene alguna pregunta sobre este cuestionario, por favor llame a [CONTACT NAME] al [(XXX) XXX-XXXX]. Todas las llamadas a este número de teléfono son gratis. ¡Gracias por ayudar a mejorar los servicios de salud de [NAME OF PROVIDER ORGANIZATION] para todos!

Atentamente,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Appendix E: Measures from the Adult Survey Versions 3.0 and 3.1

Organizations reporting the results of the CAHPS Clinician & Group Adult Survey can use the following labels and descriptions of the composite and rating measures in reports for consumers and other audiences.

Getting Timely Appointments, Care, and Information

The survey asked patients how often they got appointments for care as soon as needed and timely answers to questions when they contacted the office.

Q6	Patient got appointment for urgent care as soon as needed	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q8	Patient got appointment for non-urgent care as soon as needed	
Q10	Patient got answer to medical question the same day he/she contacted provider's office	

How Well Providers Communicate with Patients

The survey asked patients how often their providers explained things clearly, listened carefully, showed respect, and spent enough time with the patient.

Q11	Provider explained things in a way that was easy to understand	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q12	Provider listened carefully to patient	
Q14	Provider showed respect for what patient had to say	
Q15	Provider spent enough time with patient	

Providers' Use of Information to Coordinate Patient Care

The survey asked patients how often their providers knew their medical history, followed up to give results of tests, and asked about prescription medications being taken.

Q13	Provider knew important information about patient's medical history	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q17	Someone from provider's office followed up with patient to give results of blood test, x-ray, or other test	
Q20	Someone from provider's office talked about all prescription medications being taken	

Helpful, Courteous, and Respectful Office Staff

The survey asked patients how often office staff were helpful and treated them with courtesy and respect.

Q21	Clerks and receptionists were helpful	Response Options <ul style="list-style-type: none">• Never• Sometimes• Usually• Always
Q22	Clerks and receptionists were courteous and respectful	

Patients' Rating of the Provider

The survey asked patients to rate their provider on a scale of 0 to 10, with 0 being the worst and 10 being the best.

Q18	Rating of provider	Response Options <ul style="list-style-type: none">• 0-10
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Appendix F: Measures from the Child Survey Versions 3.0 and 3.1

Organizations reporting the results of the CAHPS Clinician & Group Child Survey can use the following labels and descriptions of the composite and rating measures in reports for consumers and other audiences.

Getting Timely Appointments, Care, and Information

The survey asked parents how often they got appointments for a child's care as soon as needed and timely answers to questions when they contacted the office.

Q13	Child got appointment for urgent care as soon as needed	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q15	Child got appointment for non-urgent care as soon as needed	
Q17	Respondent got answer to medical question the same day he/she contacted provider's office	

How Well Providers Communicate with Patients

The survey asked parents how often their providers explained things clearly, listened carefully, showed respect, and spent enough time with the child.

Q18	Provider explained things in a way that was easy to understand	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q19	Provider listened carefully to respondent	
Q21	Provider showed respect for what respondent had to say	
Q22	Provider spent enough time with child	

Providers' Use of Information to Coordinate Patient Care

The survey asked parents how often the providers knew their child's medical history and followed up to give results of tests.

Q20	Provider knew important information about child's medical history	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q24	Someone from provider's office followed up with respondent to give results of blood test, x-ray, or other test	

Helpful, Courteous, and Respectful Office Staff

The survey asked parents how often office staff were helpful and treated them with courtesy and respect.

Q26	Clerks and receptionists were helpful	Response Options <ul style="list-style-type: none">• Never• Sometimes• Usually• Always
Q27	Clerks and receptionists were courteous and respectful	

Patients' Rating of the Provider

The survey asked parents to rate their child's provider on a scale of 0 to 10, with 0 being the worst and 10 being the best.

Q25	Rating of provider	Response Options <ul style="list-style-type: none">• 0-10
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