**Supplemental Items for the CAHPS® Health Plan Survey 5.0**

**Topic: People with Mobility Impairments**

**Population Version: Adult**

**Language: English**

Users of the CAHPS® Health Plan Survey are free to incorporate supplemental items in order to meet the needs of their organizations, local markets, and/or audiences. Some items cover events that occur with low frequency in the general population. 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.

Learn more about [CAHPS supplemental items](https://www.ahrq.gov/cahps/surveys-guidance/item-sets/index.html).

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| **P-IM1.** In the last 12 months, did you visit your personal doctor for care?  1 Yes  2 No**→ If No, go to core question 17** | After core question 16  Note: Use P-IM1 if using P-IM2-IM9 |
| **P-IM2.** In the last 12 months, when you visited your personal doctor’s office, how often were you examined on the examination table?  1 Never  2 Sometimes  3 Usually  4 Always | After P-IM1  Note: Use with P-IM1 |
| **P-IM3.** In the last 12 months, when you visited your personal doctor's office, how often did someone weigh you?  1 Never  2 Sometimes  3 Usually  4 Always | After P-IM2  Note: Use with P-IM1 |
| **P-IM4.** In the last 12 months, when you visited your personal doctor's office, did you try to use the restroom?  1 Yes  2 No**→ If No, go to P-IM6** | After P-IM3  Note: Use with P-IM1 |
| **P-IM5.** In the last 12 months, how often was it easy to move around the restroom at your personal doctor’s office?  1 Never  2 Sometimes  3 Usually  4 Always | After P-IM4  Note: Use with P-IM4 |
| **P-IM6.** In the last 12 months, how often did pain limit your ability to do the things you needed to do?  1 Never**→ If Never, go to P-IM8**  2 Sometimes  3 Usually  4 Always | After P-IM5  Note: Use with P-IM1 |
| **P-IM7.** In the last 12 months, did your personal doctor ask about the impact of pain on your life?  1 Yes  2 No | After P-IM6  Note: Use with P-IM6 |
| **P-IM8.** In the last 12 months, how often did fatigue limit your ability to do the things you needed to do?  1 Never**→ If Never, go to core question 17**  2 Sometimes  3 Usually  4 Always | After P-IM7  Note: Use with P-IM1 |
| **P-IM9.** In the last 12 months, did your personal doctor ask about the impact of fatigue on your life?  1 Yes  2 No | After P-IM8  Note: Use with P-IM8 |
| **P-IM10.** In the last 12 months, did you need physical or occupational therapy?  1 Yes  2 No**→ If No, go to P-IM12** | After core question 26 |
| **P-IM11.** In the last 12 months, how often was it easy to get this kind of therapy?  1 Never  2 Sometimes  3 Usually  4 Always | After P-IM10  Note: Use with P-IM10 |
| **P-IM12.** In the last 12 months, did you need speech therapy?  1 Yes  2 No**→ If No, go to P-IM14** | After P-IM11 |
| **P-IM13.** In the last 12 months, how often was it easy to get speech therapy?  1 Never  2 Sometimes  3 Usually  4 Always | After P-IM12  Note: Use with P-IM12 |
| **P-IM14.** Mobility equipment includes things like a wheelchair, scooter, walker, or cane. In the last 12 months, have you used any mobility equipment?  1 Yes  2 No**→ If No, go to core question 27** | After P-IM13 |
| **P-IM15.** In the last 12 months, did you try to get your mobility equipment repaired?  1 Yes  2 No**→ If No, go to P-IM17** | After P-IM14  Note: Use with P-IM14 |
| **P-IM16.** In the last 12 months, how often was it easy to get your mobility equipment repaired?  1 Never  2 Sometimes  3 Usually  4 Always | After P-IM15  Note: Use with P-IM15 |
| **P-IM17.** In the last 12 months, did you try to get or replace any mobility equipment?  1 Yes  2 No**→ If No, go to core question 27** | After P-IM16  Note: Use with P-IM14 |
| **P-IM18.** In the last 12 months, how often was it easy to get or replace the mobility equipment that you needed?  1 Never  2 Sometimes  3 Usually  4 Always | After P-IM15  Note: Use with P-IM17 |
| **P-IM19.** A quarter mile is about 5 city blocks or 0.4 kilometers. In the last 12 months, were you able to walk that far?  1 Yes  2 No**→ If No, go to core question 33** | After core question 32 |
| **P-IM20.** In the last 12 months, did you have difficulty or need assistance walking that far?  1 Yes  2 No | After P-IM19  Note: Use with P-IM19 |