
CAHPS[®] Surgical Care Survey

Version: 2.0

Population: Adult

Language: English



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Instructions for Front Cover

- Replace the cover of this document with your own front cover. Include a user-friendly title and your own logo.
- Include this text regarding the confidentiality of survey responses:

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

What To Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [INSERT VENDOR ADDRESS].

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

Instructions for Format of Questionnaire

Proper formatting of a questionnaire improves response rates, the ease of completion, and the accuracy of responses. The CAHPS team's recommendations include the following:

- If feasible, insert blank pages as needed so that the survey instructions (see next page) and the first page of questions start on the right-hand side of the questionnaire booklet.
- Maximize readability by using two columns, serif fonts for the questions, and ample white space.
- Number the pages of your document, but remove the headers and footers inserted to help sponsors and vendors distinguish among questionnaire versions.

Additional guidance is available in **Preparing a Questionnaire Using the CAHPS Clinician & Group Surveys**:

https://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Admin_Survey/1032_cg_preparing_a_questionnaire.pdf

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes → **If Yes, go to #1 on page 1**

☐ No

Your Surgeon

1. Our records show that the surgeon named below performed surgery on you on the date listed below:

Name of surgeon label goes here
Date of surgery

Is this right?

- ¹ ☐ Yes
² ☐ No → **If No, go to #38 on page 6**

The questions in this survey will refer to the surgeon named in Question 1 as “this surgeon.” Please think of that surgeon as you answer the survey.

Before Your Surgery

2. Before your surgery, how many office visits did you have with this surgeon?

- ¹ ☐ None → **If None, go to #15**
² ☐ 1 visit
³ ☐ 2 visits
⁴ ☐ 3 visits
⁵ ☐ 4 to 6 visits
⁶ ☐ 7 or more visits

3. A health provider could be a doctor, nurse, or anyone else you would see for health care. Before your surgery, did anyone in this surgeon’s office give you all the information you needed about your surgery?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

4. Before your surgery, did anyone in this surgeon’s office give you easy to understand instructions about getting ready for your surgery?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

5. During your office visits before your surgery, did this surgeon tell you there was more than one way to treat your condition?

- ¹ ☐ Yes
² ☐ No

6. During your office visits before your surgery, did this surgeon ask which way to treat your condition you thought was best for you?

- ¹ ☐ Yes
² ☐ No

7. During your office visits before your surgery, did this surgeon talk with you about the reasons you might want to have the surgery?

¹ ☐ Not at all
² ☐ A little
³ ☐ Some
⁴ ☐ A lot

8. During your office visits before your surgery, did this surgeon talk with you about the reasons you might **not** want to have the surgery?

¹ ☐ Not at all
² ☐ A little
³ ☐ Some
⁴ ☐ A lot

9. During your office visits before your surgery, did this surgeon listen carefully to you?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

10. During your office visits before your surgery, did this surgeon spend enough time with you?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

11. During your office visits before your surgery, did this surgeon encourage you to ask questions?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

12. During your office visits before your surgery, did this surgeon show respect for what you had to say?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

13. During your office visits before your surgery, did anyone in this surgeon's office use pictures, drawings, models, or videos to help explain things to you?

¹ ☐ Yes
² ☐ No → **If No, go to #15**

14. Did these pictures, drawings, models, or videos help you better understand your condition and its treatment?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

Your Surgery

15. After you arrived at the hospital or surgical facility, did this surgeon visit you before your surgery?

¹ ☐ Yes
² ☐ No → **If No, go to #17**

16. Did this visit make you feel more calm and relaxed?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

17. Before you left the hospital or surgical facility, did this surgeon discuss the outcome of your surgery with you?

¹ ☐ Yes
² ☐ No
³ ☐ Don't know

Anesthesiology

18. Were you given something so you would not feel pain during your surgery?

¹ ☐ Yes
² ☐ No → **If No, go to #26**

19. Who gave you something so you would not feel pain during your surgery?

¹ ☐ An anesthesiologist did this
² ☐ This surgeon did this → **If This surgeon did this, go to #26**
³ ☐ Don't know who did this → **If Don't know who did this, go to #26**

20. Did this anesthesiologist encourage you to ask questions?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

21. Did you ask this anesthesiologist any questions?

¹ ☐ Yes
² ☐ No → **If No, go to #23**

22. Did this anesthesiologist answer your questions in a way that was easy to understand?

¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

23. After you arrived at the hospital or surgical facility, did this anesthesiologist visit you before your surgery?

¹ ☐ Yes

² ☐ No → **If No, go to #25**

24. Did talking with this anesthesiologist during this visit make you feel more calm and relaxed?

¹ ☐ Yes, definitely

² ☐ Yes, somewhat

³ ☐ No

25. Using any number from 0 to 10, where 0 is the worst anesthesiologist possible and 10 is the best anesthesiologist possible, what number would you use to rate this anesthesiologist?

☐ 0 Worst anesthesiologist possible

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best anesthesiologist possible

After Your Surgery

26. Did anyone in this surgeon's office explain what to expect during your recovery period?

¹ ☐ Yes, definitely

² ☐ Yes, somewhat

³ ☐ No

27. Did anyone in this surgeon's office warn you about any signs or symptoms that would need immediate medical attention during your recovery period?

¹ ☐ Yes, definitely

² ☐ Yes, somewhat

³ ☐ No

28. Did anyone in this surgeon's office give you easy to understand instructions about what to do during your recovery period?

¹ ☐ Yes, definitely

² ☐ Yes, somewhat

³ ☐ No

29. Did this surgeon make sure you were physically comfortable or had enough pain relief **after you left the hospital or surgical facility** where you had your surgery?

¹ ☐ Yes, definitely

² ☐ Yes, somewhat

³ ☐ No

30. After your surgery, did you talk with this surgeon by phone or visit the surgeon at his or her office?

¹ ☐ Yes

² ☐ No → **If No, go to #35**

31. After your surgery, did this surgeon listen carefully to you?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

32. After your surgery, did this surgeon spend enough time with you?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

33. After your surgery, did this surgeon encourage you to ask questions?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

34. After your surgery, did this surgeon show respect for what you had to say?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

Your Overall Care From This Surgeon

35. Using any number from 0 to 10, where 0 is the worst surgeon possible and 10 is the best surgeon possible, what number would you use to rate all your care from this surgeon?

- ☐ 0 Worst surgeon possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best surgeon possible

Clerks and Receptionists at This Surgeon's Office

36. During these visits, were clerks and receptionists at this surgeon's office as helpful as you thought they should be?
- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No
37. During these visits, did clerks and receptionists at this surgeon's office treat you with courtesy and respect?
- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

About You

38. In general, how would you rate your overall health?
- ¹ ☐ Excellent
² ☐ Very good
³ ☐ Good
⁴ ☐ Fair
⁵ ☐ Poor
39. In general, how would you rate your overall **mental or emotional** health?
- ¹ ☐ Excellent
² ☐ Very good
³ ☐ Good
⁴ ☐ Fair
⁵ ☐ Poor
40. What is your age?
- ¹ ☐ 18 to 24 years
² ☐ 25 to 34 years
³ ☐ 35 to 44 years
⁴ ☐ 45 to 54 years
⁵ ☐ 55 to 64 years
⁶ ☐ 65 to 74 years
⁷ ☐ 75 years or older
41. Are you male or female?
- ¹ ☐ Male
² ☐ Female

42. Not counting this surgery, about how many other surgeries have you had?

- ¹ ☐ None
- ² ☐ 1 surgery
- ³ ☐ 2 surgeries
- ⁴ ☐ 3 to 5 surgeries
- ⁵ ☐ 6 to 9 surgeries
- ⁶ ☐ 10 or more

43. What is the highest grade or level of school that you have completed?

- ¹ ☐ 8th grade or less
- ² ☐ Some high school, but did not graduate
- ³ ☐ High school graduate or GED
- ⁴ ☐ Some college or 2-year degree
- ⁵ ☐ 4-year college graduate
- ⁶ ☐ More than 4-year college degree

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

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

45. What is your race? Please mark one or more.

- ¹ ☐ White
- ² ☐ Black or African American
- ³ ☐ Asian
- ⁴ ☐ Native Hawaiian or Other Pacific Islander
- ⁵ ☐ American Indian or Alaska Native
- ⁶ ☐ Other

46. Did someone help you complete this survey?

- ¹ ☐ Yes
- ² ☐ No → **Thank you.**

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

47. How did that person help you? Mark all that apply.

- ¹ ☐ Read the questions to me
- ² ☐ Wrote down the answers I gave
- ³ ☐ Answered the questions for me
- ⁴ ☐ Translated the questions into my language
- ⁵ ☐ Helped in some other way

Please print: _____

Thank You.

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