

Sample Telephone Script for the CAHPS® Surgical Care Survey

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Instructions for Vendor

- The scripts provided in this document use the questions from the CAHPS Surgical Care Survey.
- All questions should include a “DON’T KNOW” (DK) and “REFUSED” (REF) response option, either in a CATI program or on the interviewer’s manual notation sheet. Unless otherwise noted, “DK” and “REF” responses should follow the same skip pattern as the “NO” response option.
- Variables that should be filled in by CATI programming or by the interviewer from the case file appear in {UPPERCASE LETTERS AND ENCLOSED IN BRACES}.
- Please note that the telephone script omits the last two questions of the questionnaire that ask about receiving assistance in completing the questionnaire. These are not included because telephone interviews should not be conducted with proxy respondents.

Instructions for Interviewer

- Interviewer instructions appear in [UPPERCASE LETTERS ENCLOSED IN BRACKETS].
- Text in UPPERCASE LETTERS should not be read aloud. For example, “DK” and “REF” answer categories appear in uppercase and should not be read to the respondent, but may be used for coding a response.
- Interviewers should read aloud all text that appears in **bold, lowercase letters**.
- Interviewers should emphasize text that is underlined.

English Telephone Script

Hello, this is {INTERVIEWER NAME} calling from {DATA COLLECTION CONTRACTOR} on behalf of {PROVIDER ORGANIZATION}. May I please speak to {SAMPLE MEMBER'S NAME}?

[IF SPEAKING WITH SAMPLE MEMBER, GO TO INTRO1.]

[IF SAMPLE MEMBER IS NOT AVAILABLE, GO TO INTRO2.]

INTRO1. {DATA COLLECTION CONTRACTOR} is conducting a study for {PROVIDER ORGANIZATION} to learn about your experiences with {NAME OF SURGEON}. The results of this study will be used to help {PROVIDER ORGANIZATION} improve the quality of care and services it provides to people like you.

[GO TO CONSENT STATEMENTS BELOW.]

INTRO2. [SCHEDULE TIME TO CALL BACK.]

Can you tell me a convenient time to call back to speak with (him/her)?

[RECORD CALLBACK TIME ON CALL RECORD (IF CATI, ENTER ON CALLBACK/APPOINTMENT SCREEN).]

[CONSENT STATEMENTS]

We recently sent you a package of material about this study, but just in case you didn't receive it, let me tell you a little about the study before we continue. We have randomly selected you and other people to represent all the people who have had recent surgery. Your answers are very important to our study.

You may choose to do this interview or not – it is entirely optional. Whether you decide to be interviewed or not, the health care you receive will not be affected. If you do choose to participate, your responses will be kept private. Your surgeon will never know how you answered. The questions should take about {TIME} to answer.

I will ask about the health care you received from {NAME OF SURGEON} and how you feel about {NAME OF SURGEON}. Other people who have had recent surgery will be asked the same questions. {PROVIDER ORGANIZATION} will use this information to learn how well they have been doing in serving their patients and how they can improve their care and services.

I'd like to begin the interview now but, before we begin, do you have any questions about the survey?

[ANSWER ANY QUESTIONS, THEN GO TO QUESTION 1.]

[IF SAMPLE MEMBER DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, GO TO CALLBACK SCREEN AND ARRANGE AN APPOINTMENT TO CALL BACK.]

The first question asks about your surgeon.

1. Our records show that {NAME OF SURGEON} performed surgery on you on {DATE OF SURGERY}.

Is this right?

¹ ☐ YES → [IF YES, GO TO QUESTION 2]

² ☐ NO → [IF NO, GO TO QUESTION 38]

In the questions that I ask you, I will refer to {NAME OF SURGEON} as “this surgeon.” Please think of {NAME OF SURGEON} as you answer my questions.

The following questions ask about visits with your surgeon before your surgery.

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

Would you say... [READ LIST]

¹ ☐ None → [IF NONE, GO TO QUESTION 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?

Would you say... [READ LIST]

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?

Would you say... [READ LIST]

- 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?

Would you say... [READ LIST]

- 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?

Would you say... [READ LIST]

- 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?

Would you say... [READ LIST]

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

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

Would you say... [READ LIST]

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

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

Would you say... [READ LIST]

- 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?

Would you say... [READ LIST]

- 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 QUESTION 15.]

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

Would you say... [READ LIST]

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

The next questions ask about your surgery. Please refer only to your experience after you arrived at the hospital or surgical facility on the day of 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 QUESTION 17.]

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

Would you say... [READ LIST]

- 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

The next questions ask about your anesthesia on the day of your surgery.

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

- ¹ ☐ YES
² ☐ NO → [IF NO, GO TO QUESTION 26.]

- 19. Who gave you something so you would not feel pain during your surgery?
Was it an anesthesiologist or was it this surgeon?**

- ¹ ☐ AN ANESTHESIOLOGIST DID THIS
- ² ☐ THIS SURGEON DID THIS → [IF THIS SURGEON DID THIS, GO TO
QUESTION 26.]
- ³ ☐ DON'T KNOW → [IF DON'T KNOW, GO TO QUESTION 26.]

- 20. Did this anesthesiologist encourage you to ask questions?**

Would you say... [READ LIST]

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

- 21. Did you ask this anesthesiologist any questions?**

- ¹ ☐ YES
- ² ☐ NO → [IF NO, GO TO QUESTION 23.]

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

Would you say... [READ LIST]

- 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 QUESTION 25.]

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

Would you say... [READ LIST]

- 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
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 BEST

The next questions ask about care after your surgery.

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

Would you say... [READ LIST]

- 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?

Would you say... [READ LIST]

- 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?

Would you say... [READ LIST]

- 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?

Would you say... [READ LIST]

- 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 QUESTION 35.]

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

Would you say... [READ LIST]

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

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

Would you say... [READ LIST]

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

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

Would you say... [READ LIST]

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

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

Would you say... [READ LIST]

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

The next question is about 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
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 BEST

The next questions are about 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?

Would you say... [READ LIST]

- 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?

Would you say... [READ LIST]

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

These last questions are about you.

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

Would you say... [READ LIST]

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

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

Would you say... [READ LIST]

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

40. What is your age?

Is it... [READ LIST]

- 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. [IF NECESSARY, ASK. OTHERWISE, VERIFY.]

Are you male or female?

- ¹ ☐ MALE
- ² ☐ FEMALE

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

Is it... [READ LIST]

- 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?

Is it... [READ LIST]

- 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. I am now going to ask about your race. I will read you a list of choices. You may choose one or more.

	<u>YES</u>	<u>NO</u>
[A.] Are you White?	¹ <input type="checkbox"/>	² <input type="checkbox"/>
[B.] Are you Black or African-American?	¹ <input type="checkbox"/>	² <input type="checkbox"/>
[C.] Are you Asian?	¹ <input type="checkbox"/>	² <input type="checkbox"/>
[D.] Are you Native Hawaiian or other Pacific Islander?	¹ <input type="checkbox"/>	² <input type="checkbox"/>
[E.] Are you American Indian or Alaska Native?	¹ <input type="checkbox"/>	² <input type="checkbox"/>
[F.] Are you another race?	¹ <input type="checkbox"/>	² <input type="checkbox"/>

Those are all the questions that I have. Thank you very much for your help with this survey. Have a nice (day/evening). Goodbye.

Spanish Telephone Script

Hola, me llamo {INTERVIEWER NAME} y estoy llamando de {DATA COLLECTION CONTRACTOR} en nombre de {SPONSOR NAME}. ¿Puedo hablar con {SAMPLE MEMBER'S NAME}?

[IF SPEAKING WITH SAMPLE MEMBER, GO TO INTRO1.]

[IF SAMPLE MEMBER IS NOT AVAILABLE, GO TO INTRO2.]

INTRO1. {DATA COLLECTION CONTRACTOR} está realizando un estudio para {PROVIDER ORGANIZATION} para ver qué experiencias ha tenido usted con {NAME OF SURGEON}. Los resultados de este estudio se usarán para ayudarle a {PROVIDER ORGANIZATION} a mejorar la atención y los servicios que les prestan a personas como usted.

[GO TO CONSENT STATEMENTS BELOW.]

INTRO2. [SCHEDULE TIME TO CALL BACK:]

¿Puede decirme a qué hora es conveniente que yo vuelva a llamar para hablar con (él/ella)?

[RECORD CALLBACK TIME ON CALL RECORD (IF CATI, ENTER ON CALLBACK/APPOINTMENT SCREEN).]

[CONSENT STATEMENTS]

Hace poco le enviamos un paquete de material sobre este estudio, pero si no lo recibió permítame contarle un poco sobre el estudio antes de que continuemos. Lo hemos seleccionado al azar tanto a usted como a otras personas para que representen a todas las personas que han tenido cirugía recientemente. Sus respuestas son muy importantes para nuestro estudio.

Usted puede decidir si desea o no desea responder esta entrevista—es completamente opcional. Su decisión de participar en esta entrevista o no, no afectará la atención médica que usted reciba. Si participa, sus respuestas se mantendrán en privado. Su cirujano nunca se enterará de sus respuestas. Las preguntas que le vamos a hacer van a tomar más o menos {TIME}.

Le preguntaremos sobre la atención médica que usted recibió de {NAME OF SURGEON} y qué opina de {NAME OF SURGEON}. A otras personas que han

tenido cirugía recientemente también se les harán las mismas preguntas. {PROVIDER ORGANIZATION} utilizará esta información para ver qué tan bien han estado atendiendo a sus pacientes y para ver cómo pueden mejorar la atención médica y los servicios para pacientes.

Me gustaría comenzar la entrevista ahora, pero antes de que comencemos, dígame si tiene preguntas sobre la encuesta.

[ANSWER ANY QUESTIONS, THEN GO TO QUESTION 1.]

[IF SAMPLE MEMBER DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, GO TO CALLBACK SCREEN AND ARRANGE AN APPOINTMENT TO CALL BACK.]

<Insert Spanish items here using the English version as a template>