
CAHPS[®] Clinician & Group Surveys

Version: Adult Primary Care Questionnaire 1.0

Language: English

Response Scale: 6 points

Note

- **Never-to-Always response scale:** This survey employs a 6-point response scale- “Never/Almost never/Sometimes/Usually/Almost always/Always.” The 1.0 version of the survey with a 6-point scale was endorsed by the National Quality Forum (NQF).

The 4-point scale, which omits “Almost never” and “Almost always,” is the standard frequency scale for CAHPS surveys. The CAHPS Consortium is currently awaiting NQF review and endorsement of the 2.0 version of this survey with a 4-point scale. That version is available in the **Clinician & Group Surveys and Instructions** at

<https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx>.



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/~media/Files/Surveys-and-Guidance/CGKit/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 Doctor

1. Our records show that you got care from the doctor named below in the last 12 months.

Name of doctor label goes here

Is that right?

- ¹ Yes
² No → **If No, go to #26 on page 5**

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

2. Is this the doctor you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- ¹ Yes
² No

3. How long have you been going to this doctor?

- ¹ Less than 6 months
² At least 6 months but less than 1 year
³ At least 1 year but less than 3 years
⁴ At least 3 years but less than 5 years
⁵ 5 years or more

Your Care From This Doctor in the Last 12 Months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 12 months, how many times did you visit this doctor to get care for yourself?

- ¹ None → **If None, go to #26 on page 5**

- ² 1 time
³ 2
⁴ 3
⁵ 4
⁶ 5 to 9
⁷ 10 or more times

5. In the last 12 months, did you phone this doctor’s office to get an appointment for an illness, injury or condition that **needed care right away**?

- ¹ Yes
² No → **If No, go to #7**

6. In the last 12 months, when you phoned this doctor’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you thought you needed?

- ¹ Never
² Almost never
³ Sometimes
⁴ Usually
⁵ Almost always
⁶ Always

7. In the last 12 months, did you make any appointments for a **check-up or routine care** with this doctor?

¹ Yes
² No → **If No, go to #9**

8. In the last 12 months, when you made an appointment for a **check-up or routine care** with this doctor, how often did you get an appointment as soon as you thought you needed?

¹ Never
² Almost never
³ Sometimes
⁴ Usually
⁵ Almost always
⁶ Always

9. In the last 12 months, did you phone this doctor's office with a medical question during regular office hours?

¹ Yes
² No → **If No, go to #11**

10. In the last 12 months, when you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?

¹ Never
² Almost never
³ Sometimes
⁴ Usually
⁵ Almost always
⁶ Always

11. In the last 12 months, did you phone this doctor's office with a medical question **after** regular office hours?

¹ Yes
² No → **If No, go to #13**

12. In the last 12 months, when you phoned this doctor's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

¹ Never
² Almost never
³ Sometimes
⁴ Usually
⁵ Almost always
⁶ Always

13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this doctor **within 15 minutes** of your appointment time?

¹ Never
² Almost never
³ Sometimes
⁴ Usually
⁵ Almost always
⁶ Always

14. In the last 12 months, how often did this doctor explain things in a way that was easy to understand?

- 1 Never
 2 Almost never
 3 Sometimes
 4 Usually
 5 Almost always
 6 Always

15. In the last 12 months, how often did this doctor listen carefully to you?

- 1 Never
 2 Almost never
 3 Sometimes
 4 Usually
 5 Almost always
 6 Always

16. In the last 12 months, did you talk with this doctor about any health problems or concerns?

- 1 Yes
 2 No → **If No, go to #18**

17. In the last 12 months, how often did this doctor give you easy to understand instructions about taking care of these health problems or concerns?

- 1 Never
 2 Almost never
 3 Sometimes
 4 Usually
 5 Almost always
 6 Always

18. In the last 12 months, how often did this doctor seem to know the important information about your medical history?

- 1 Never
 2 Almost never
 3 Sometimes
 4 Usually
 5 Almost always
 6 Always

19. In the last 12 months, how often did this doctor show respect for what you had to say?

- 1 Never
 2 Almost never
 3 Sometimes
 4 Usually
 5 Almost always
 6 Always

20. In the last 12 months, how often did this doctor spend enough time with you?

- 1 Never
 2 Almost never
 3 Sometimes
 4 Usually
 5 Almost always
 6 Always

21. In the last 12 months, did this doctor order a blood test, x-ray or other test for you?

- 1 Yes
 2 No → **If No, go to #23**

22. In the last 12 months, when this doctor ordered a blood test, x-ray or other test for you, how often did someone from this doctor’s office follow up to give you those results?

- ¹ Never
- ² Almost never
- ³ Sometimes
- ⁴ Usually
- ⁵ Almost always
- ⁶ Always

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

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

Clerks and Receptionists at This Doctor’s Office

24. In the last 12 months, how often were clerks and receptionists at this doctor’s office as helpful as you thought they should be?

- ¹ Never
- ² Almost never
- ³ Sometimes
- ⁴ Usually
- ⁵ Almost always
- ⁶ Always

25. In the last 12 months, how often did clerks and receptionists at this doctor’s office treat you with courtesy and respect?

- ¹ Never
- ² Almost never
- ³ Sometimes
- ⁴ Usually
- ⁵ Almost always
- ⁶ Always

About You

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

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

27. A health provider is a doctor, nurse or anyone else you would see for health care. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- 1 Yes
 2 No → **If No, go to #29**

28. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- 1 Yes
 2 No

29. Do you now need or take medicine prescribed by a doctor? Do **not** include birth control.

- 1 Yes
 2 No → **If No, go to #31**

30. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- 1 Yes
 2 No

31. What is your age?

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

32. Are you male or female?

- 1 Male
 2 Female

33. 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

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

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

35. 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 Alaskan Native
- ⁶ Other

36. Did someone help you complete this survey?

- ¹ Yes
- ² No → **Thank you.**

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

37. 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.