**Agency for Healthcare Research and Quality (AHRQ)**

**CAHPS® Database**

# Research Abstract Form

## Instructions

Please use this form to describe the research for which you require AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data. Save this completed form with your last name in the file name (e.g., “Smith CAHPS Research Abstract.doc”) and submit to CAHPSDatabase@westat.com (Subject line: CAHPS Data Request).

**Notes**: Because participating organizations (e.g., health plans, medical groups, clinicians) voluntarily submit data to the CAHPS Database, the Data do not constitute a nationally representative sample. Replication of statistics published in the *CAHPS Health Plan or Clinician & Group* *Chartbooks* may not be possible due to post-hoc cleaning. Documentation of cleaning done after AHRQ releases the Database results will be provided with the de-identified research data files where applicable.)

## Date Requested

## Project Title [100 characters max.]

## Purpose

## Hypotheses

## Methodology [Specify measures and proposed analyses]

## Expected Project Timeline

## Expected Outcomes of the Research/How Results will be Presented

## Funding Sources [Include grant or contract number.]

## Requested Data Specifications

Select the survey data you are requesting. You can select more than one.

**[ ]** Clinician and Group (CG) CAHPS

[ ]  Adult [ ]  Child

Year(s):

Survey Version:

**[ ]** Health Plan (HP) CAHPS

[ ]  Adult Medicaid [ ]  Child Medicaid [ ]  CHIP

Year(s):

**[ ]** Hospital CAHPS (data only available for 2005-2007)

Year(s):

Contact Informatio**n**

If Data Requester is a student, please also provide Supervisor Contact Information below.

### Data Requester Contact Information

Name:

Title:

Organization:

Address 1:

Address 2:

Phone:

City, State, Zip:

Country:

Email:

Link to CV/Website (optional):

### Other Contact/Supervisor Information

Name:

Title:

Organization:

Address 1:

Address 2:

Phone:

City, State, Zip:

Country:

Email:

Link to CV/Website (optional):

If there are more individuals who will be working with the data on this project, please provide their contact information as well.