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

Data Requester Contact Information	**Other Contact/Supervisor Information**
Name:	Name:
Title:	Title:
Organization:	Organization:
Address 1:	Address 1:
Address 2:	Address 2:
Phone:	Phone:
City, State, Zip:	City, State, Zip:
Country:	Country:
Email:	Email:
Link to CV/Website (optional):	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.