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

# CAHPS® DatabaseResearch 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, hospitals) voluntarily submit data to the CAHPS Databases, the data do not constitute a nationally representative sample. Replication of statistics published in the *CAHPS Health Plan Survey Chartbook* or the *CAHPS Clinician & Group Survey Chartbook* may not be possible as not all participating organizations permit inclusion of their data in the research data files.

## Date of Request

|       |
| --- |

## 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.

[ ] **CAHPS Clinician & Group Survey** (data only available for 2010-2019)

[ ]  Adult [ ]  Child

Year(s):       Survey Version:

[ ] **CAHPS Health Plan Survey**

[ ]  Adult Medicaid [ ]  Child Medicaid [ ]  CHIP

Year(s):

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

Year(s):

## Contact Information

If Data Requester is a student, please also provide your supervisor’s contact information under “Other Contact/Supervisor 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 other individuals will be working with the data on this project, please provide their contact information as well.