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# CAHPS<sup>®</sup> Clinician & Group Survey

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**Version: 3.0**

**Population: Child**

**Language: English**

## Notes

- **References to “this provider” rather than “this doctor:”** This survey uses “this provider” to refer to the individual specifically named in Question 1. A “provider” could be a doctor, nurse practitioner, physician assistant, or other individual who provides clinical care. Survey users may change “provider” to “doctor” throughout the questionnaire. For guidance, please see **Preparing a Questionnaire Using the CAHPS Clinician & Group Survey**.
- **Supplemental items:** Survey users may add questions to this survey. Documents with supplemental items developed by the CAHPS Consortium and descriptions of major item sets are available on the Agency for Healthcare Research and Quality’s Web site: [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov).

For assistance with this survey, please contact the CAHPS Help Line at 800-492-9261 or [cahps1@westat.com](mailto:cahps1@westat.com).

## Documents Available for the CAHPS Clinician & Group Survey

This document is part of a comprehensive set of instructional materials that address implementing the Clinician & Group Survey, analyzing the data, and reporting the results. All documents are available on the Agency for Healthcare Research and Quality's Web site: [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov). For assistance in accessing these documents, please contact the CAHPS Help Line at 800-492-9261 or [cahps1@westat.com](mailto:cahps1@westat.com).

For descriptions of these documents, refer to: *What's Available for the Clinician & Group Survey*.

### Questionnaires

- *CAHPS Clinician & Group Survey: Overview of the Questionnaires*
- *Clinician & Group Survey 3.0* (Adult and Child, English and Spanish)
- *Clinician & Group Survey 2.0* (Adult and Child, English and Spanish)
  - *12-Month Survey 2.0*
  - *Patient-Centered Medical Home Survey 2.0*
  - *Visit Survey 2.0*

### Supplemental Items

- *Supplemental Items for the Adult Survey*
- *Supplemental Items for the Child Survey*
- *About the Health Literacy Item Set for Clinicians & Groups*
- *About the Cultural Competence Item Set*
- *About the Health Information Technology Item Set*
- *About the Patient-Centered Medical Home (PCMH) Item Set*

### Survey Administration Guidelines

- *Preparing a Questionnaire Using the CAHPS Clinician & Group Survey*
- *Fielding the CAHPS Clinician & Group Survey*
- *Sample Notification Letters and Emails for the CAHPS Clinician & Group Survey*
- *Sample Telephone Script for the CAHPS Clinician & Group Survey*
- *Translating CAHPS Surveys*

### Data Analysis Program and Guidelines

- *CAHPS Analysis Program (SAS)*
- *Preparing and Analyzing Data from the CAHPS Clinician & Group Survey*
- *Instructions for Analyzing Data from CAHPS Surveys*

### Reporting Measures and Guidelines

- *Patient Experience Measures for the CAHPS Clinician & Group Survey*

## 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.

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Additional guidance is available in **Preparing a Questionnaire Using the CAHPS Clinician & Group Survey**.

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## 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

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

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### Your Child's Provider

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1. Our records show that your child got care from the provider named below in the last 6 months.

Name of provider label goes here

Is that right?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to #28 on page 5**

The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

2. Is this the provider you usually see if your child needs a check-up, has a health problem, or gets sick or hurt?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

3. How long has your child been going to this provider?

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

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### Your Child's Care From This Provider in the Last 6 Months

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These questions ask about **your child's** health care. Do **not** include care your child got when he or she stayed overnight in a hospital. Do **not** include the times your child went for dental care visits.

4. In the last 6 months, how many times did your child visit this provider for care?

- None → **If None, go to #28 on page 5**  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

5. In the last 6 months, did you ever stay in the exam room with your child during a visit to this provider?

- <sup>1</sup>  Yes → **If Yes, go to #7**  
<sup>2</sup>  No

6. Did this provider give you enough information about what was discussed during the visit when you were not there?

- <sup>1</sup>  Yes → **If Yes, go to #10**  
<sup>2</sup>  No → **If No, go to #10**

7. Is your child able to talk with providers about his or her health care?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to #10**

8. In the last 6 months, how often did this provider explain things in a way that was easy for **your child** to understand?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

9. In the last 6 months, how often did this provider listen carefully to **your child**?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

10. Did this provider tell you that you needed to do anything to follow up on the care your child got during the visit?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to #12**

11. Did this provider give you enough information about what you needed to do to follow up on your child's care?

- <sup>1</sup> Yes
- <sup>2</sup> No

12. In the last 6 months, did you contact this provider's office to get an appointment for your child for an illness, injury, or condition that **needed care right away**?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to #14**

13. In the last 6 months, when you contacted this provider's office to get an appointment for **care your child needed right away**, how often did you get an appointment as soon as your child needed?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

14. In the last 6 months, did you make any appointments for a **check-up or routine care** for your child with this provider?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to #16**

15. In the last 6 months, when you made an appointment for a **check-up or routine care** for your child with this provider, how often did you get an appointment as soon as your child needed?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

16. In the last 6 months, did you contact this provider's office with a medical question about your child during regular office hours?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to #18**

17. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

18. In the last 6 months, how often did this provider explain things about your child's health in a way that was easy to understand?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

19. In the last 6 months, how often did this provider listen carefully to you?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

20. In the last 6 months, how often did this provider seem to know the important information about your child's medical history?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

21. In the last 6 months, how often did this provider show respect for what you had to say?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

22. In the last 6 months, how often did this provider spend enough time with your child?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

23. In the last 6 months, did this provider order a blood test, x-ray, or other test for your child?

- 1  Yes
- 2  No → **If No, go to #25**

24. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you those results?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

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

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

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**Clerks and Receptionists at This Provider's Office**

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26. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

27. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always



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**About Your Child and You**

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28. In general, how would you rate your child's overall health?

- <sup>1</sup> Excellent
- <sup>2</sup> Very Good
- <sup>3</sup> Good
- <sup>4</sup> Fair
- <sup>5</sup> Poor

29. In general, how would you rate your child's overall **mental or emotional** health?

- <sup>1</sup> Excellent
- <sup>2</sup> Very Good
- <sup>3</sup> Good
- <sup>4</sup> Fair
- <sup>5</sup> Poor

30. What is **your child's** age?

Less than 1 year old

\_\_\_\_\_ YEARS OLD (*write in*)

31. Is your child male or female?

- <sup>1</sup> Male
- <sup>2</sup> Female

32. Is your child of Hispanic or Latino origin or descent?

- <sup>1</sup> Yes, Hispanic or Latino
- <sup>2</sup> No, not Hispanic or Latino

33. What is your child's race? Mark one or more.

- <sup>1</sup> White
- <sup>2</sup> Black or African American
- <sup>3</sup> Asian
- <sup>4</sup> Native Hawaiian or Other Pacific Islander
- <sup>5</sup> American Indian or Alaska Native
- <sup>6</sup> Other

34. What is **your** age?

- <sup>0</sup> Under 18
- <sup>1</sup> 18 to 24
- <sup>2</sup> 25 to 34
- <sup>3</sup> 35 to 44
- <sup>4</sup> 45 to 54
- <sup>5</sup> 55 to 64
- <sup>6</sup> 65 to 74
- <sup>7</sup> 75 or older

35. Are you male or female?

- <sup>1</sup> Male
- <sup>2</sup> Female

36. What is the highest grade or level of school that you have completed?

- <sup>1</sup> 8th grade or less
- <sup>2</sup> Some high school, but did not graduate
- <sup>3</sup> High school graduate or GED
- <sup>4</sup> Some college or 2-year degree
- <sup>5</sup> 4-year college graduate
- <sup>6</sup> More than 4-year college degree

37. How are you related to the child?

- <sup>1</sup> Mother or father
- <sup>2</sup> Grandparent
- <sup>3</sup> Aunt or uncle
- <sup>4</sup> Older brother or sister
- <sup>5</sup> Other relative
- <sup>6</sup> Legal guardian
- <sup>7</sup> Someone else

38. Did someone help you complete this survey?

- <sup>1</sup> Yes
- <sup>2</sup> No → **Thank you.**

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

39. How did that person help you? Mark one or more

- <sup>1</sup> Read the questions to me
- <sup>2</sup> Wrote down the answers I gave
- <sup>3</sup> Answered the questions for me
- <sup>4</sup> Translated the questions into my language
- <sup>5</sup> Helped in some other way

**Thank you.**

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