

# CAHPS® Clinician & Group Surveys: Overview of the Questionnaires

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## Available Surveys

The CAHPS Clinician & Group Surveys currently include the following surveys:

- 12-Month Survey 2.0 (Adult and Child)
- Patient-Centered Medical Home Survey 2.0 (also referred to as the Expanded 12-Month Survey with Patient-Centered Medical Home (PCMH) Item Set) (Adult and Child)
- Visit Survey 2.0 (Adult and Child)
- Adult Primary Care Survey 1.0

Read about these surveys at

<https://www.cahps.ahrq.gov/Surveys-Guidance/CG/About-CG.aspx>.

The **12-Month Survey** uses a 4-point frequency scale of “Never, Sometimes, Usually, and Always” – the standard CAHPS response scale. The 1.0 version of the CAHPS Clinician & Group Surveys also included a 6-point frequency scale (adding “Almost never” and “Almost always” to the response options). Since this is the version that was endorsed by the National Quality Forum (NQF), the Adult Primary Care Survey 1.0 with the 6-point response scale will remain available until the NQF extends endorsement to the updated 2.0 versions. If desired, users can adapt the 2.0 versions of the survey to use the 6-point response scale.

The **Visit Survey** asks about patients’ experiences with their most recent visit as well as their experiences with access to health care providers in the last 12 months. Based on early testing of the Visit Survey, the access items performed better using the 12-month timeframe rather than a timeframe specific to the most recent visit. The Visit Survey uses the standard 4-point response scale for the items pertaining to access and a 3-point expanded Yes/No scale for the items that are specific to the most recent visit.

All questionnaires are available in both English and Spanish and formatted in a manner suitable for mailing. To learn more about the recommended format of a CAHPS questionnaire, please refer to *Preparing a Questionnaire Using the CAHPS*

## Summary of What’s New

The following changes have been made to the CAHPS Clinician & Group Surveys since the previous release in 2007:

- Update of the CAHPS Clinician & Group Surveys to the 2.0 version. The section below spells out the specific changes to the core surveys.
- Inclusion of new surveys and item sets:
  - Visit Survey
  - Patient-Centered Medical Home (PCMH) Item Set
  - Health Information Technology (HIT) Item Set
- Update of the Adult Supplemental Items to the 2.0 version. For now, the Child Supplemental Items have minor updates only (referred to as version 1.1). All supplemental items are available in separate documents rather than in the same document as the core questionnaires.

*Clinician & Group Surveys:* [https://www.cahps.ahrq.gov/~media/Files/Surveys-and-Guidance/CGKit/1032\\_CG\\_Preparing\\_a\\_Questionnaire.pdf](https://www.cahps.ahrq.gov/~media/Files/Surveys-and-Guidance/CGKit/1032_CG_Preparing_a_Questionnaire.pdf).

## Core Items

The survey versions listed above include core items only, which means that the questions are consistent across the surveys. The use of core items ensures standardization and comparability across survey versions. The core items are applicable across various kinds of medical practices, including primary care and specialty care, and across a variety of patient populations.

There are a few slight differences in the core items across the Clinician & Group Surveys:

- **Time Referent:** The communication and office staff core items in the Visit Survey ask about experiences with the most recent visit; the 12-Month Survey asks about experiences in the last 12 months. The access items in both surveys are identical.
- **Child Versus Adult:** The core items in the child questionnaires differ from those in the adult questionnaires in three ways:
  - The core items in the child questionnaires ask parents or guardians about the health care experiences of children 17 and younger, while the core items for adults ask respondents 18 and older about their own experience with care.
  - The core items for the child questionnaires include additional items to capture demographic information about the child as well as the respondent.
  - The core items for the child questionnaires include items about experiences with developmental care, preventive care, and communication between the provider and child.

**Exhibit 1** lists the topics covered in the Adult 12-Month Survey, the Adult Visit Survey, and the Child 12-Month Survey.

## Supplemental Items

The Clinician & Group Surveys also include an extensive list of supplemental items so that users can customize a survey to meet their specific needs. Supplemental items are questions that address specific areas of interest, such as experiences with prescription medicines or shared decisionmaking. These items are available for both the adult and child surveys:

- Adult Supplemental Items 2.0
- Child Supplemental Items 1.1 (Note: These items are currently being updated.)



At this time, the supplemental items are applicable for use with the 12-Month Survey only. If you are interested in using supplemental items for the Visit Survey, please contact the CAHPS User Network at [cahps1@ahrq.com](mailto:cahps1@ahrq.com) or 1-800-492-9261.

**Exhibit 2** lists the topics covered by the Adult Supplemental Items 2.0.

**Exhibit 3** lists the topics covered by the Child Supplemental Items 1.1.

To learn about incorporating supplemental items into your questionnaire, refer to *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](https://www.cahps.ahrq.gov/~media/Files/Surveys-and-Guidance/CGKit/1032_CG_Preparing_a_Questionnaire.pdf).

## What's Different About Version 2.0 of the Core Surveys?

The CAHPS Clinician & Group Surveys 1.0 were released in 2007. Since that time, the CAHPS Consortium has learned from users and stakeholders as they implemented the surveys and also from further item development and testing. Based on these findings, the surveys have been updated to ensure that the CAHPS Clinician & Group Surveys reflect the most current survey development science. However, no changes made in the 2.0 versions would significantly affect trending.

The following changes were made for the 2.0 version of the core surveys:

- **The Adult Visit Survey was finalized.** It is available at <https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx>.
- **All items refer to “this provider” rather than “this doctor.”** In response to user and stakeholder requests, the focus of the Clinician & Group Surveys has been changed from “this doctor” to “this provider.” This change allows for the inclusion of other types of providers, such as physicians’ assistants and nurse practitioners. The term “this provider” was tested with patients to ensure that they interpreted the term as intended. Users can still use the term “this doctor,” but all items in the Clinician & Group Surveys 2.0 refer to “this provider.”

- **The items about access to urgent and non-urgent appointments** were modified to ask respondents if they were able to get an appointment as soon as they needed, as opposed to as soon as they *thought* they needed. This revision simplifies the items and makes them consistent with other CAHPS surveys.
- **The item asking whether the respondent got easy to understand instructions about taking care of health problems or concerns** was modified to address whether the respondent got easy to understand information about health *questions* or concerns. This revision acknowledges that not all patients receive instructions about caring for health problems but most patients receive information about health questions or concerns.
- **The chronic condition screening items** have been moved from the core items to the supplemental items. This revision shortens the length of the core survey.
- **The item asking whether respondents have seen a doctor or other health provider 3 or more times for the same health problem or condition** was simplified to ask respondents whether they got health care 3 or more times for the same health problem or condition. The simplified wording eliminates the need to define health providers.
- **An item asking about overall mental or emotional health status** was added to the core items in recognition of the importance of mental or emotional health in addition to physical health.. Testing has confirmed that the performance of this item is similar to the overall health status item already included in the core items.
- **The Child 12-Month Survey** that was formerly released as a beta version has been finalized. In addition to the other changes listed above:
  - A new prevention item addresses whether the respondent and the provider talked about how much time the child spends on a computer or in front of the TV. This item is also part of the composite measure on prevention. For more information on the composite measures, please refer to *Patient Experience Measures for the CAHPS Clinician & Group Surveys*: [http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Survey\\_Results/1309\\_cg\\_measures.pdf](http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Survey_Results/1309_cg_measures.pdf)
  - The development and prevention items were changed from asking about whether the respondent and the provider talked about specific topics to whether anyone in the provider’s office talked with the respondent about specific topics. This change addresses the fact that communication about development and prevention is often the responsibility of members of the practice team other than the focal provider, such as nurse educators.
  - The item that confirms whether “this provider” is the child’s usual source of care was revised to make it more similar to the adult version. The term

“or want advice about a health problem” was revised to “has a health problem.”

## Development of the Survey

During the first phase of the CAHPS program (1996-2000), the CAHPS Consortium began work on a standardized, evidence-based instrument that would allow physicians and medical group administrators to assess and improve patients' experiences with their care. Working in collaboration with the Pacific Business Group on Health (PBGH), the Consortium developed a preliminary instrument known as the CAHPS Group Practice Survey (G-CAHPS).

The Consortium used that instrument as a starting point for its development of the CAHPS Clinician & Group Survey during the second phase of the CAHPS program. Steps in the development process of the new instrument included the following:

- Interviews with stakeholders about their experiences with the Health Plan Survey and their information needs with respect to both physicians and groups.
- Consultation with PBGH and Massachusetts Health Quality Partners, both of which had fielded their own group-level surveys.
- The establishment of the Ambulatory CAHPS Advisory Group, a diverse panel of experts who have provided input on issues related to survey content and administration.
- The publication of a “Call for Measures” in the June 10, 2004, edition of the *Federal Register*. This allowed the Consortium to review the relevant work done by other organizations and assess potential domains to cover in the Clinician & Group Survey.
- Field testing with over a dozen organizations, including health plans, large medical groups, purchaser groups, physician boards, and others.
- Cognitive interviewing in English and Spanish to determine how potential respondents understood and reacted to survey questions.
- Several rounds of revision of the draft instrument based on feedback from field tests, cognitive interviews, and stakeholders.
- Endorsement of the instrument by the National Quality Forum (NQF) as well as the Ambulatory Quality Alliance.

In the fall of 2008, in response to feedback from stakeholders and the NQF, the CAHPS Consortium released an expanded beta version of the Child Primary Care Questionnaire. This version included two new composites for developmental care and preventive care, as well as some minor changes to existing items.

The CAHPS Consortium continued to work with stakeholders and users to understand their needs. Additionally, development work continued on several supplemental item sets. In 2011, the CAHPS Consortium made some minor changes to the core surveys

to reflect the most updated survey development science. The result is the CAHPS Clinician & Group Surveys 2.0, which included final versions of the Visit Survey and the expanded Child Survey.

To learn more, go to **Development of the CAHPS Clinician & Group Surveys:**  
<https://www.cahps.ahrq.gov/Surveys-Guidance/CG/About-CG/Develop-CG-Surveys.aspx>.

**Exhibit 1: Topics Covered by the Core Items in the Adult 12-Month and Visit Surveys 2.0 and the Child 12-Month Survey 2.0**

Topic	Short Item Title	Item # Adult 12-Mon	Item # Adult Visit	Item # Child 12-Mon
<b>Confirmation of doctor</b>	Patient/[Child]* received care from provider named below	1	1	1
<b>Personal doctor identification</b>	Patient/[Child] usually sees this provider for care	2	2	2
<b>Length of relationship</b>	How long patient/[child] has been going to this provider	3	3	3
<b>Utilization</b>	Number of times patient/[child] visited this provider for care in last 12 months	4	4	4
<b>Access to care</b>	Patient/[Child] got appointment for urgent care as soon as needed [for the child]	6	6	13
	Patient/[Child] got appointment for non-urgent care as soon as needed [for the child]	8	8	15
	• Getting Needed Care Patient/[Respondent] got answer to medical question the same day he/she phoned provider's office	10	10	17
	• Getting Care Quickly Patient/[Respondent] got answer to medical question as soon as he/she needed when phoned provider's office after hours	12	12	19
	Patient/[Child] saw provider within 15 minutes of appointment time	13	13	20
<b>Most recent visit</b>	Time since most recent visit	--	14	--
	Patient saw provider within 15 minutes of appointment time for most recent visit	--	15	--
<b>Provider communication with child</b>	Provider explained things in a way that was easy for child to understand	--	--	8
	Provider listened carefully to child	--	--	9
<b>Provider communication</b>	Provider gave respondent enough information about child's visit if respondent not in exam room with child	--	--	6
	Provider gave respondent enough information about what to do to follow up with child's care	--	--	11

\* The text in brackets refers to language that appears in the Child version of these questions.

Topic	Short Item Title	Item # Adult 12-Mon	Item # Adult Visit	Item # Child 12-Mon
	Provider explained things in a way that was easy to understand	14	16	21
	Provider listened carefully to patient/[respondent]	15	17	22
	Provider gave easy to understand information about health questions or concerns	17	19	24
	Provider knew important information about patient's/[child's] medical history	18	20	25
	Provider showed respect for what patient/[respondent] had to say	19	21	26
	Provider spent enough time with patient/[child]	20	22	27
	Someone from provider's office followed up with patient/[respondent] to give results of blood test, x-ray, or other test	22	24	29
<b>Development</b>	Respondent and provider talked about child's learning ability	--	--	30
	Respondent and provider talked about age-appropriate behaviors	--	--	31
	Respondent and provider talked about child's physical development	--	--	32
	Respondent and provider talked about child's moods and emotions	--	--	33
	Respondent and provider talked about how child gets along with others	--	--	40
<b>Prevention</b>	Respondent and provider talked about injury prevention	--	--	35
	Provider gave information on injury prevention	--	--	36
	Respondent and provider talked about how much time child spends on a computer and in front of TV	--	--	37
	Respondent and provider talked about child's eating habits	--	--	38
	Respondent and provider talked about child's physical activity	--	--	39

Topic	Short Item Title	Item # Adult 12-Mon	Item # Adult Visit	Item # Child 12-Mon
	Respondent and provider talked about any problems in the household that might affect child	--	--	41
<b>Rating</b>	Rating of provider	23	25	30
<b>Recommend</b>	Would recommend provider to family and friends	--	26	--
<b>Clerks and receptionists at provider's office</b>	Clerks and receptionists helpful	24	27	42
	Clerks and receptionists courteous and respectful	25	28	43
<b>Health status</b>	Rating of [child's] overall health	26	29	44
<b>Mental and emotional health status</b>	Rating of [child's] overall mental or emotional health	27	30	45
<b>Demographic items</b>	Age [child]	--	--	46
	Male or female [child]	--	--	47
	Hispanic or Latino [child]	--	--	48
	Race [child]	--	--	49
	Age of patient [respondent]	28	31	50
	Patient/[Respondent] male or female	29	32	51
	Highest grade level completed [respondent]	30	33	52
	Hispanic or Latino	31	34	--
	Race	32	35	--
	Respondent's relationship to child	--	--	53
<b>Proxy respondent items</b>	Someone helped patient/[respondent] complete survey	33	36	54
	How that person helped	34	37	55

**Exhibit 2: Topics Covered by the Adult Supplemental Items 2.0**

Topic	Short Item Title	Item Number
<b>After hours care</b>	Got care from provider's office after regular office hours	AH2
<b>Being informed about appointment start</b>	Patient was informed about length of wait time at provider's office after checking in for appointment	KI1
<b>Chronic conditions</b>	Patient got health care 3 or more times for the same condition or problem	CC1
	Condition has lasted for at least 3 months	CC2
	Patient needs or takes prescription medicine	CC3
	Medicine was for condition that lasted for at least 3 months	CC4
<b>Communication with providers</b>	Provider encouraged patient to ask questions	PC1
	Provider listened to reasons for patient's visit	PC2
	Provider gave easy to understand explanations about next steps for patient's health questions or concerns	PC3
	Provider showed concern for patient's physical comfort	PC5
	Provider described what was seen or found when patient was examined	PC6
	Provider explained the reason for ordering additional blood tests, x-rays, or other tests	PC8
<b>Cost of care (prescriptions)</b>	Patient took prescription medicine	COC1
	Patient was worried or concerned about cost of prescription medicine	COC2
	Patient and provider talked about cost of prescription medicine	COC3
<b>Cultural competence</b>	Explanations provider gave were hard to understand because of accent or the way the provider spoke English	CU1
	Provider used medical words patient did not understand	CU2
	Provider talked too fast	CU3
	Provider ignored what patient told him or her	CU4
	Provider interrupted patient when patient was talking	CU5
	Provider showed interest in patient's questions or concerns	CU6

Topic	Short Item Title	Item Number
	Provider answered all patient's questions to patient's satisfaction	CU7
	Provider used a condescending, sarcastic, or rude tone or manner with patient	CU8
	Provider asked if patient used an acupuncturist or an herbalist to help with an illness or to stay healthy	CU11
	Provider asked if patient used natural herbs	CU13
	Patient treated unfairly at provider's office because of race or ethnicity	CU14
	Patient treated unfairly at provider's office because of health insurance	CU15
	Patient could tell provider anything	CU16
	Patient could trust provider with medical care	CU17
	Provider always told patient truth about health	CU18
	Provider cared as much as patient about health	CU19
	Provider cared about patient as a person	CU20
	Rating of how much patient trusts provider	CU21
	Patient's preferred language	CU22
	How well patient speaks English	CU23
	Patient treated unfairly at provider's office because patient did not speak English very well	CU24
	Patient needed an interpreter at provider's office	CU25
	Patient was told that an interpreter was available free of charge	CU26
	Patient used an interpreter to talk with the provider	CU27
	Interpreter provided by the office	CU28
	Interpreter treated patient with courtesy and respect	CU29
	Rating of interpreter	CU30
	Patient's appointments started late because patient was waiting for an interpreter	CU32
	Patient used a friend or family member as an interpreter because that was what patient preferred	CU34

Topic	Short Item Title	Item Number
<b>Health improvement</b>	Provider talked about specific things patient could do to prevent illness	HI1
<b>Health information technology</b>	Patient got an appointment using e-mail or website as soon as needed	HIT3
	Patient got an answer to an e-mailed medical question as soon as needed	HIT5
	All of the questions in patient's e-mail were answered	HIT6
	Provider used a computer or handheld device to look up test results or other information about patient	HIT8
	Provider used a computer or handheld device to show information to patient	HIT9
	Provider used a computer or handheld device to order prescription medicines for patient	HIT10
	Provider's use of computer or handheld device was helpful to patient	HIT11
	Provider's use of computer or handheld device made it harder or easier to talk with him or her	HIT12
	Lab or other test results were easy to find on website	HIT15
	Lab or other test results were put on website as soon as needed	HIT16
	Lab or other test results were presented in a way that was easy to understand	HIT17
	Visit notes were easy to understand	HIT21
<b>Health literacy</b>	Provider's explanations hard to understand because of provider's accent or way of speaking English	HL1
	Provider used medical words patient did not understand	HL2
	Provider talked too fast	HL3
	Provider used pictures, drawings, models, or videos to explain things	HL4
	Provider ignored what patient told him or her	HL5
	Provider interrupted patient	HL6
	Provider showed interest in patient's questions and concerns	HL7

Topic	Short Item Title	Item Number
	Provider answered all patient's questions satisfactorily	HL8
	Provider gave all the health information patient wanted	HL9
	Provider encouraged patient to discuss health questions or concerns	HL10
	Provider gave instructions about taking care of a specific illness or health condition	HL12
	Provider gave easy to understand instructions about taking care of illness or health condition	HL13
	Provider asked patient to describe how patient was going to follow instructions	HL14
	Provider asked if patient would have a problem taking care of illness or health condition	HL15
	Provider explained what to do if illness or health condition got worse or came back	HL16
	Provider used condescending, sarcastic, or rude tone or manner with patient	HL17
	Blood test, x-ray, or other test results were easy to understand	HL18
	Provider gave instructions about taking medicines	HL20
	Provider gave easy to understand instructions about taking medicines	HL21
	Provider gave easy to understand explanations about possible side effects of medicines	HL23
	Provider gave easy to understand written information about medicines	HL25
	Provider suggested ways to help patient remember to take medicines	HL26
	Someone explained the purpose of a form before patient signed it	HL28
	Provider's office offered patient help in filling out form	HL30
	Forms at provider's office were easy for patient to fill out	HL31

Topic	Short Item Title	Item Number
<b>Health promotion and education</b>	Provider gave patient help needed to make changes to prevent illness	HP2
	Provider talked about healthy diet and eating habits	HP3
	Provider talked about exercise or physical activity	HP4
	Provider talked about worrying/stressful aspects of patient's life	HP5
	Provider asked if patient had felt sad, empty, or depressed	HP6
<b>Patient-centered medical home (PCMH)</b>	Number of days wait for urgent care appointment	PCMH1
	Provider's office gave information about care during evenings, weekends, or holidays	PCMH2
	Patient able to get needed care during evenings, weekends, or holidays	PCMH4
	Patient got reminders from provider's office between visits	PCMH5
	Provider talked to patient about starting or stopping a prescription medicine	PCMH6
	Provider talked to patient about reasons patient might want to take medicine	PCMH7
	Provider talked to patient about reasons patient might not want to take medicine	PCMH8
	Provider asked what patient thought was best for patient	PCMH9
	Provider seemed informed and up-to-date about care from specialists	PCMH11
	Anyone in provider's office talked with patient about specific health goals	PCMH12
	Anyone in provider's office asked if there were things that made it hard for patient to take care of health	PCMH13
Anyone in provider's office talked with patient about all prescription medicines being taken	PCMH15	
Anyone in provider's office asked if patient had felt sad, empty, or depressed	PCMH16	

Topic	Short Item Title	Item Number
	Anyone in provider's office talked about worrying/stressful aspects of patient's life	PCMH17
	Anyone in provider's office talked with patient about personal problem, family problem, alcohol use, drug use, or a mental or emotional illness	PCMH18
<b>Provider role</b>	Provider is a specialist	PR1
	Provider's role in patient's care	PR2
<b>Recommend provider</b>	Patient would recommend provider to family and friends	RC1
	How provider's office could have improved care and services	RC2
<b>Shared decisionmaking</b>	Provider talked to patient about reasons patient might want to take medicine	SD2
	Provider talked to patient about reasons patient might not want to take medicine	SD3
	Provider asked what patient thought was best for patient	SD4
	Provider talked to patient about reasons patient might want to have the surgery or procedure	SD6
	Provider talked to patient about reasons patient might not want to have the surgery or procedure	SD7
	Provider asked what patient thought was best for patient	SD8
<b>Your care from specialists in the last 12 months</b>	Easy to get appointments with specialists	SC2
	Provider and patient discussed cost of seeing a specialist	SC3
	Patient was worried or concerned about cost of seeing a specialist	SC4
	Number of specialists patient has seen in last 12 months	SC5
	Specialists that patient saw knew important information about patient's medical history	SC6
	Rating of specialist seen most often in last 12 months	SC7
	Specialist seen most often was same as provider named in Question 1	SC8

**Exhibit 3: Topics Covered by the Child Supplemental Items 1.1**

Topic	Short Item Title	Item #
<b>Screening items for children with chronic conditions</b>	Child needs or takes prescription medicine	CC1
	Medicine was for condition that lasted for at least 12 months	CC2
	Child needs or uses more services or medical care than most children the same age	CC3
	Services or medical care were for condition that lasted for at least 12 months	CC4
	Child limited in ability to do things most children the same age can do	CC5
	Limitation due to condition that lasted for at least 12 months	CC6
	Child needs or gets special therapy	CC7
	Therapy for a condition that lasted for at least 12 months	CC8
	Child needs or gets treatment or counseling for emotional, developmental, or behavioral problem	CC9
	Treatment or counseling for a condition that is expected to last for at least 12 months	CC10
<b>Provider communication with child</b>	Provider encouraged child to ask questions	DC3
<b>Provider communication</b>	Provider encouraged respondent to ask questions	DP1
<b>Provider thoroughness</b>	Provider examined child	DT1
	Provider was as thorough as respondent thought child needed	DT1
<b>Identification of site of visit</b>	Health center child visited	ID1
<b>Patient-Centered Medical Home Item Set</b>	Wait time (in days) for urgent care appointment	PCMH1
	Provider's office gave information about what to do if after hours care is needed	PCMH2
	Respondent able to get after hours care for child	PCMH4

Topic	Short Item Title	Item #
	Respondent got reminders for child's care from provider's office	PCMH5
	Provider seemed informed and up-to-date about the care your child got from specialists	PCMH7
	Anyone in provider's office talked about specific goals for child's health	PCMH8
	Anyone in provider's office asked if there are things that make it hard for respondent to take care of child's health	PCMH9
	Anyone in provider's office talked at each visit about all the prescription medicines child was taking	PCMH11
<b>Prescription medicines</b>	Provider talked with respondent about all the prescription medicines child was taking	PM1
<b>Shared decisionmaking</b>	Provider and respondent talked about starting or stopping a prescription medicine for child	SD1
	Provider talked about reasons respondent might want child to take medicine	SD2
	Provider talked about reasons respondent might not want child to take medicine	SD3
	Provider asked what respondent thought was best for child	SD4
	Provider and respondent talked about child having surgery or procedure	SD5
	Provider talked about reasons respondent might want child to have surgery or procedure	SD6
	Provider talked about reasons respondent might not want child to have surgery or procedure	SD7
	Provider asked what respondent thought was best for child	SD8