
Child HCAHPS Survey Data File Specifications

These instructions and accompanying data file layout specifications apply to submissions to the Child Hospital CAHPS Survey (Child HCAHPS) Database.

Submitting data to the Child HCAHPS Database requires the survey data file to be organized in two parts:

- 1) header level record**
- 2) sample level survey results record**

Only files in CSV format will be accepted. **Please follow the data specification order and include all variable labels for the header record and sample-level record.** For variables not required, include a comma for each variable even if data were not collected.

See example below:

SubmissionID,MeasurementYear,HospitalName,MedicareProviderID
1234567899,2021,Maryland Hospital,555666
PatientID,ResponseMode,Disposition,SurveyLanguage
11112,2,1,1

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Header Level Record Specifications

Variable Description	Value Labels	Variable Name	Details/Comments
Submission ID	Alphanumeric	SubmissionID	Generated by submission system at hospital level. Hospital will need to communicate unique ID with vendor (if applicable). Required field.
Measurement Year	Numeric (Four digits)	MeasurementYear	Four digits (YYYY). Required field.
Hospital Name	Text (do not include commas)	HospitalName	Use unique names to help distinguish entities. Hospital Name is used to match the hospitals provided with the DUA. Required field.
Medicare Provider ID	Numeric (Six digits)	MedicareProviderID	Six-character Medicare Provider ID or CCN. Please include leading zeros. Required field.
AHA ID	Alphanumeric (Seven digits)	AHAID	Seven-digit AHA ID. Please include leading zeros.
Street Address 1	Text (do not include commas)	HospitalStreetAddress1	Required field.
Street Address 2	Text (do not include commas)	HospitalStreetAddress2	Floor or Suite.
City	Text	HospitalCity	Required field.
State	Text	HospitalState	Two-character state abbreviation (e.g., AL). Required field.
Zip Code	Numeric (five digits)	HospitalZipcode	Five-digit zip code. Required field.
Hospital Type	1 = Free-standing children's hospital 2 = Children's hospital within a hospital 3 = Pediatric service unit(s) within a hospital	HospitalType	Required field.
Clinical Focus	1 = General 2 = Specialized (e.g., rehabilitation, cancer care)	ClinicalFocus	
Birthing Hospital	1 = Yes 2 = No	BirthingHospital	Whether hospital provides birthing services.
Pediatric Teaching Status	1 = Teaching 2 = Non-teaching	TeachingStatus	Whether hospital includes a pediatric teaching/training program. Required field.

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Variable Description	Value Labels	Variable Name	Details/Comments
Pediatric Bed Size	1 = 6 to 24 beds 2 = 25 to 49 beds 3 = 50 to 99 beds 4 = 100 to 199 beds 5 = 200 to 299 beds 6 = 300 to 399 beds 7 = 400 or more beds M = Missing	BedSize	Please select the category that best describes the total number of licensed pediatric beds in the hospital. Required field.
Ownership	1 = Government non-federal 2 = Non-government not-for-profit 3 = Investor-owned (for-profit) 4 = Government, federal	Ownership	
Percent of Pediatric Medicaid	0-99	PercentMedicaid	Percent of discharged pediatric patients with Medicaid coverage.
Pediatric Case Mix Index	X.XX (Three-digit number with two decimal places)	CMI	CMI for the hospital's pediatric patients as designated by the Centers for Medicare & Medicaid Services (CMS). Use version that matches timeframe data were collected.
Number Complete and Eligible	Numeric	NumberComplete	Identifies the number of members in the sample whose Disposition was Complete and Eligible.
Sample Size	Numeric	SampleSize	Required field.
Sample Type	1 = Simple Random Sample 2 = Proportionate stratified random sample 3 = Disproportionate stratified random sample M = Missing	SampleType	If not known, enter as missing (M). Required field.
Survey Mode	1 = Mail Only 2 = Phone Only 3 = Mixed Mode (mail and phone, email/web and mail, or email and phone)	SurveyMode	Required field.

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Sample Level Data File Record Specifications

Variable Description	Value Labels	Variable Name	Details/Comments
Patient ID	Alphanumeric	PatientID	Required field.
Response Mode	1 = Mail 2 = Phone 3 = Web	ResponseMode	Required field.
Disposition	1 = Complete and Eligible 2 = Does not meet Eligible Population criteria 3 = Incomplete (but Eligible) M = Missing	Disposition	Required field.
Survey Language	1 = English 2 = Spanish	SurveyLanguage	Required field.
Patient Gender	1 = Male 2 = Female 3 = Other M = Missing	PatientGender	Submission fails if data are missing (M) for this variable or Q52.
Patient Age	0 = Less than 1 1 = 1 year old 2 = 2 years old 3 = 3 years old 4 = 4 years old 5 = 5 years old 6 = 6 years old 7 = 7 years old 8 = 8 years old 9 = 9 years old 10 = 10 years old 11 = 11 years old 12 = 12 years old 13 = 13 years old 14 = 14 years old 15 = 15 years old 16 = 16 years old 17 = 17 years old 18 = 18 years old 19 = Older than 18 years old M = Missing	PatientAge	Required field.
Patient Zip Code	Numeric (Five digits)	PatientZipCode	Five-digit zip code.
Patient State	Text	PatientState	Two-letter state abbreviation.
Length of stay	Numeric	LengthOfStay	Required field.
Insurance	1 = Private insurance 2 = Public insurance 3 = Uninsured M = Missing	Insurance	
Intensive Care	1 = NICU 2 = PICU 3 = Cardiac ICU 4 = Other ICU 5 = No intensive care M = Missing	IntensiveCare	Identify if patient was treated in intensive care during hospital stay. If unknown set to M (Missing) Required field.

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Variable Description	Value Labels	Variable Name	Details/Comments
Q1. Was your child born during this hospital stay?	1 = Yes 2 = No M = Missing	BornHospitalStay	
Q2. For this hospital stay, was your child admitted through this hospital's Emergency Room?	1 = Yes 2 = No M = Missing	AdmittedER	
Q3. Were you in this hospital's Emergency Room with your child?	1 = Yes 2 = No M = Missing	WithChildER	
Q4. While your child was in this hospital's Emergency Room, were you kept informed about what was being done for your child?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	ERKeptInformed	
Q5. During the first day of this hospital stay, were you asked to list or review all of the prescription medicines your child was taking at home?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	ReviewMeds	
Q6. During the first day of this hospital stay, were you asked to list or review all of the vitamins, herbal medicines, and over-the-counter medicines your child was taking at home?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	ReviewVits	
Q7. Is your child able to talk with nurses and doctors about his or her health care?	1 = Yes 2 = No M = Missing	ChildTalkAboutCare	
Q8. During this hospital stay, how often did your child's nurses listen carefully to your child?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ChildNursesListened	
Q9. During this hospital stay, how often did your child's nurses explain things in a way that was easy for your child to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ChildNursesUnderstand	
Q10. During this hospital stay, how often did your child's nurses encourage your child to ask questions?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ChildNursesAskQuestions	
Q11. During this hospital stay, how often did your child's doctors listen carefully to your child?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ChildDocListened	

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Variable Description	Value Labels	Variable Name	Details/Comments
Q12. During this hospital stay, how often did your child's doctors explain things in a way that was easy for your child to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ChildDocUnderstand	
Q13. During this hospital stay, how often did your child's doctors encourage your child to ask questions?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ChildDocAskQuestions	
Q14. During this hospital stay, how often did your child's nurses listen carefully to you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ParentNursesListened	
Q15. During this hospital stay, how often did your child's nurses explain things to you in a way that was easy to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ParentNursesUnderstand	
Q16. During this hospital stay, how often did your child's nurses treat you with courtesy and respect?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ParentNursesRespect	
Q17. During this hospital stay, how often did your child's doctors listen carefully to you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ParentDocListened	
Q18. During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ParentDocUnderstand	
Q19. During this hospital stay, how often did your child's doctors treat you with courtesy and respect?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ParentDocRespect	
Q20. A provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	GivenPrivacy	

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Variable Description	Value Labels	Variable Name	Details/Comments
Q21. Things that a family might know best about a child include how the child usually acts, what makes the child comfortable, and how to calm the child's fears. During this hospital stay, did providers ask you about these types of things?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	FamilyKnowsBest	
Q22. During this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	AgeAppropriate	
Q23. During this hospital stay, how often did providers keep you informed about what was being done for your child?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	InformedAboutChild	
Q24. Tests in the hospital can include things like blood tests and x-rays. During this hospital stay, did your child have any tests?	1 = Yes 2 = No M = Missing	TestsChild	
Q25. How often did providers give you as much information as you wanted about the results of these tests?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ProviderTestResults	
Q26. During this hospital stay, did you or your child ever press the call button?	1 = Yes 2 = No M = Missing	ChildPressButton	
Q27. After pressing the call button, how often was help given as soon as you or your child wanted it?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	ChildHelpButton	
Q28. During this hospital stay, was your child given any medicine?	1 = Yes 2 = No M = Missing	ChildGivenMeds	
Q29. Before giving your child any medicine, how often did providers or other hospital staff check your child's wristband or confirm his or her identity in some other way?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	CheckMedWristband	

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Variable Description	Value Labels	Variable Name	Details/Comments
Q30. Mistakes in your child's health care can include things like giving the wrong medicine or doing the wrong surgery. During this hospital stay, did providers or other hospital staff tell you how to report if you had any concerns about mistakes in your child's health care?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	ReportMistakes	
Q31. During this hospital stay, did your child have pain that needed medicine or other treatment?	1 = Yes 2 = No M = Missing	ChildPainMeds	
Q32. During this hospital stay, did providers or other hospital staff ask about your child's pain as often as your child needed?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	AskChildAboutPain	
Q33. During this hospital stay, how often were your child's room and bathroom kept clean?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	RoomClean	
Q34. During this hospital stay, how often was the area around your child's room quiet at night?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	RoomQuiet	
Q35. Hospitals can have things like toys, books, mobiles, and games for children from newborns to teenagers. During this hospital stay, did the hospital have things available for your child that were right for your child's age?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	HospitalToys	
Q36. As a reminder, a provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. Before your child left the hospital, did a provider ask you if you had any concerns about whether your child was ready to leave?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	ConcernsLeaving	
Q37. Before your child left the hospital, did a provider talk with you as much as you wanted about how to care for your child's health after leaving the hospital?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	CareAfterLeaving	

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Variable Description	Value Labels	Variable Name	Details/Comments
Q38. Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began?	1 = Yes 2 = No M = Missing	NewMedications	
Q39. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	PharmExplainMeds	
Q40. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand about possible side effects of these new medicines?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	PharmExplainEffects	
Q41. A child's regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	ReturnToActivities	
Q42. Before your child left the hospital, did a provider explain in a way that was easy to understand what symptoms or health problems to look out for after your child left the hospital?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	ExplainSymptoms	
Q43. Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child left the hospital?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	InWritingSymptoms	
Q44. During this hospital stay, was your child 13 years old or older?	1 = Yes 2 = No M = Missing	ChildTeen	
Q45. During this hospital stay, how often did providers involve your child in discussions about his or her health care?	1 = Never 2 = Sometimes 3 = Usually 4 = Always M = Missing	InvolveChildDiscussions	

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Variable Description	Value Labels	Variable Name	Details/Comments
Q46. Before your child left the hospital, did a provider ask your child if he or she had any concerns about whether he or she was ready to leave?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	ChildReady	
Q47. Before your child left the hospital, did a provider talk with your child about how to take care of his or her health after leaving the hospital?	1 = Yes, definitely 2 = Yes, somewhat 3 = No M = Missing	LeavingTalkAboutCare	
Q48. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your child's stay?	0 = Worst hospital possible 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6 7 = 7 8 = 8 9 = 9 10 = Best hospital possible M = Missing	RateHospital	
Q49. Would you recommend this hospital to your friends and family?	1 = Definitely no 2 = Probably no 3 = Probably yes 4 = Definitely yes M = Missing	RecommendHospital	
Q50. In general, how would you rate your child's overall health?	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor M = Missing	RateChildHealth	Required field.
Q51. What is your child's age?	0 = Less than 1-year-old Enter reported age if one year or older M = Missing	ChildAge	
Q52. Is your child male or female?	1 = Male 2 = Female M = Missing	ChildGender	
Q53. Is your child of Hispanic or Latino origin or descent?	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino M = Missing	HispanicLatino	
Q54a. What is your child's race? Mark one or more. White	1 = Respondent answered "White" M = Missing	White	
Q54b. What is your child's race? Mark one or more. Black or African American	1 = Respondent answered "Black or African American" M = Missing	BlackAfricanAmerican	
Q54c. What is your child's race? Mark one or more. Asian	1 = Respondent answered "Asian" M = Missing	Asian	
Q54d. What is your child's race? Mark one or more. Native Hawaiian or Other Pacific Islander	1 = Respondent answered "Native Hawaiian or Other Pacific Islander" M = Missing	NativeHawaiianPacificIslander	

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Variable Description	Value Labels	Variable Name	Details/Comments
Q54e. What is your child's race? Mark one or more. American Indian or Alaska Native	1 = Respondent answered "American Indian or Alaska Native" M = Missing	AmericanIndian	
Q54f. What is your child's race? Mark one or more. Other	1 = Respondent answered "Other" M = Missing	RaceOther	
Q55. How are you related to the child?	1 = Mother 2 = Father 3 = Grandmother 4 = Grandfather 5 = Other relative or legal guardian 6 = Someone else M = Missing	RelationToChild	
Q55_OS. If 'Someone else'	Not Applicable	Not Applicable	Do not submit open-ended responses
Q56. What is your age?	0 = Under 18 1 = 18 to 24 2 = 25 to 34 3 = 35 to 44 4 = 45 to 54 5 = 55 to 64 6 = 65 to 74 7 = 75 or older M = no data / missing	YourAge	Required field.
Q57. What is the highest grade or level of school that you have completed?	1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2-year degree 5 = 4-year college graduate 6 = More than 4-year college degree M = Missing	Education	Required field.
Q58. What is your preferred language?	1 = English 2 = Spanish 3 = Chinese 4 = Vietnamese 5 = Korean 6 = Russian 7 = Other language (Please Specify) M = Missing	PreferredLanguage	
Q58_OS. Other Language	Not Applicable	Not Applicable	Do not submit open-ended responses
Q59. During your child's hospital stay, how much of the time were you at the hospital?	1 = None of the time 2 = A little of the time 3 = Some of the time 4 = Most of the time 5 = All or nearly all of the time M = Missing	TimeHospital	

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Variable Description	Value Labels	Variable Name	Details/Comments
Q60. Is there anything else you would like to say about the care your child received during this hospital stay?	Not Applicable	Not Applicable	Do not submit open-ended responses
Q61. Did someone help you complete this survey?	1 = Yes 2 = No M = Missing	HelpComplete	
Q62a. How did that person help you? Mark one or more.	1 = Respondent checked "Read the questions to me" M = Missing	ReadQuestions	
Q62b. How did that person help you? Mark one or more.	1 = Respondent checked "Wrote down the answers I gave" M = Missing	WroteAnswers	
Q62c. How did that person help you? Mark one or more.	1 = Respondent checked "Answered the questions for me" M = Missing	AnsweredQuestions	
Q62d. How did that person help you? Mark one or more.	1 = Respondent checked "Translated the questions into my language" M = Missing	TranslatedQuestions	
Q62e. How did that person help you? Mark one or more.	1 = Respondent checked "Helped in some other way" M = Missing	HelpedOther	
62e_OS. Other Specify	Not Applicable	Not Applicable	Do not submit open-ended responses