
CAHPS[®] Health Plan Survey 4.0

Version: Adult Commercial Questionnaire

Language: English



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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.

Additional guidance is available in **Preparing a Questionnaire Using the CAHPS Health Plan Survey**:

https://www.cahps.ahrq.gov/cahpskit/files/1012_Preparing_Questionnaire_HP40.pdf

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

1. Our records show that you are now in {INSERT HEALTH PLAN NAME}. Is that right?

- Yes → **If Yes, go to #3**
- No

2. What is the name of your health plan?

Please print: _____

Your Health Care in the Last 12 Months

These questions ask about your own health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

3. In the last 12 months, did you have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

- Yes
- No → **If No, go to #5**

4. In the last 12 months, when you **needed care right away**, how often did you get care as soon as you thought you needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 12 months, **not** counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

- Yes
- No → **If No, go to #7**

6. In the last 12 months, **not** counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

- Never
- Sometimes
- Usually
- Always

7. In the last 12 months, **not** counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None → **If None, go to #9**
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

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

Your Personal Doctor

9. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

¹ Yes
² No → **If No, go to #16**

10. In the last 12 months, how many times did you visit your personal doctor to get care for yourself?

None → **If None, go to #15**
 1
 2
 3
 4
 5 to 9
 10 or more

11. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?

¹ Never
² Sometimes
³ Usually
⁴ Always

12. In the last 12 months, how often did your personal doctor listen carefully to you?

¹ Never
² Sometimes
³ Usually
⁴ Always

13. In the last 12 months, how often did your personal doctor show respect for what you had to say?

¹ Never
² Sometimes
³ Usually
⁴ Always

14. In the last 12 months, how often did your personal doctor spend enough time with you?

¹ Never
² Sometimes
³ Usually
⁴ Always

15. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

0 Worst personal doctor possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best personal doctor possible

Getting Health Care From Specialists

When you answer the next questions, do **not** include dental visits or care you got when you stayed overnight in a hospital.

16. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you try to make any appointments to see a specialist?

¹ Yes

² No → **If No, go to #20**

17. In the last 12 months, how often was it easy to get appointments with specialists?

¹ Never

² Sometimes

³ Usually

⁴ Always

18. How many specialists have you seen in the last 12 months?

⁰ None → **If None, go to #20**

¹ 1 specialist

² 2

³ 3

⁴ 4

⁵ 5 or more specialists

19. We want to know your rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

0 Worst specialist possible

1

2

3

4

5

6

7

8

9

10 Best specialist possible

Your Health Plan

The next questions ask about your experience with your health plan.

20. In the last 12 months, did you try to get any kind of care, tests, or treatment through your health plan?

¹ Yes

² No → **If No, go to #22**

21. In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

¹ Never

² Sometimes

³ Usually

⁴ Always

22. In the last 12 months, did you try to get information or help from your health plan's customer service?

- ¹ Yes
² No → **If No, go to #25**

23. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

24. In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

25. In the last 12 months, did your health plan give you any forms to fill out?

- ¹ Yes
² No → **If No, go to #27**

26. In the last 12 months, how often were the forms from your health plan easy to fill out?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

27. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

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

About You

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

- ¹ Excellent
² Very good
³ Good
⁴ Fair
⁵ Poor

29. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ¹ Yes
² No → **If No, go to #31**

30. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- ¹ Yes
² No

31. Do you now need or take medicine prescribed by a doctor? Do **not** include birth control.

- ¹ Yes
- ² No → **If No, go to #33**

32. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- ¹ Yes
- ² No

33. What is your age?

- 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

34. Are you male or female?

- ¹ Male
- ² Female

35. 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

36. Are you of Hispanic or Latino origin or descent?

- ¹ Yes, Hispanic or Latino
- ² No, Not Hispanic or Latino

37. What is your race? Please mark one or more.

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

38. Did someone help you complete this survey?

- ¹ Yes
- ² No → **Thank you.**

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

39. How did that person help you? Mark all that apply.

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

Please print: _____

Thank you.

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