CAHPS® Clinician & Group Surveys

Version: 12-Month Survey with Patient-Centered Medical Home (PCMH) Items

Population: Child

Language: English

Response Scale: 4 points

Notes

- **Expanding on the 12-Month Survey**: This survey combines the Clinician & Group 12-Month Survey with the Patient-Centered Medical Home Item Set to address the domains of the medical home. The PCMH supplemental items are highlighted in yellow.

  Survey users may add more questions to this survey. A document with supplemental items developed by the CAHPS Consortium and descriptions of major item sets are available at: **Clinician & Group Surveys and Instructions** (https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-Surveys-and-Instructions.aspx).

- **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 Surveys** (https://www.cahps.ahrq.gov/Surveys-Guidance/CG/~/media/Files/SurveyDocuments/CG/12%20Month/Admin_Survey/1032_cg_preparing_a_questionnaire.pdf).

- **Never-to-Always response scale:** This survey employs a 4-point response scale – "Never/Sometimes/Usually/Always" – which is the standard frequency scale for CAHPS surveys. The CAHPS Consortium is currently awaiting National Quality Forum (NQF) review and endorsement of this 2.0 version of the survey with a 4-point scale.

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 Clinician & Group Survey** (https://www.cahps.ahrq.gov/Surveys-Guidance/CG/~/media/Files/SurveyDocuments/CG/12%20Month/Admin_Survey/1032_cg_preparing_a_questionnaire.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

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

Your Child's Provider

1. Our records show that your child got care from the provider named below in the last 12 months.

Name of provider label goes here

Is that right?

1☐ Yes
2☐ No → **If No, go to #55 on page 7**

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 or gets sick or hurt?

1☐ Yes
2☐ No

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

1☐ Less than 6 months
2☐ At least 6 months but less than 1 year
3☐ At least 1 year but less than 3 years
4☐ At least 3 years but less than 5 years
5☐ 5 years or more

Your Child's Care From This Provider in the Last 12 Months

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 12 months, how many times did your child visit this provider for care?

☐ None → **If None, go to #55 on page 7**
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

5. In the last 12 months, did you ever stay in the exam room with your child during a visit to this provider?

1☐ Yes → **If Yes, go to #7**
2☐ No

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

1☐ Yes → **If Yes, go to #10**
2☐ No → **If No, go to #10**

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

1☐ Yes
2☐ No → **If No, go to #10**

8. In the last 12 months, how often did this provider explain things in a way that was easy for **your child** to understand?

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

9. In the last 12 months, how often did this provider listen carefully to **your child**?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ 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?

1 ☐ Yes
2 ☐ 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?

1 ☐ Yes
2 ☐ No

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

1 ☐ Yes
2 ☐ No → **If No, go to #15**

13. In the last 12 months, when you phoned 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?

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

14. In the last 12 months, how many days did you usually have to wait for an appointment when your child **needed care right away?**

☐ Same day
☐ 1 day
☐ 2 to 3 days
☐ 4 to 7 days
☐ More than 7 days

15. In the last 12 months, did you make any appointments for a **check-up or routine care** for your child with this provider?

1 ☐ Yes
2 ☐ No → **If No, go to #17**

16. In the last 12 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?

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

17. Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?

1 ☐ Yes
2 ☐ No

18. In the last 12 months, did your child need care during evenings, weekends, or holidays?

1 ☐ Yes
2 ☐ No → **If No, go to #20**

19. In the last 12 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?

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

20. In the last 12 months, did you phone this provider's office with a medical question about your child during regular office hours?

1 ☐ Yes
2 ☐ No → **If No, go to #22**

21. In the last 12 months, when you phoned 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

22. In the last 12 months, did you phone this provider's office with a medical question about your child **after** regular office hours?

1 ☐ Yes
2 ☐ No → **If No, go to #24**

23. In the last 12 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

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

24. Some offices remind patients between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?

1 ☐ Yes
2 ☐ No

25. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this provider **within 15 minutes** of his or her appointment time?

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

26. In the last 12 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

27. In the last 12 months, how often did this provider listen carefully to you?

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

28. In the last 12 months, did you and this provider talk about any questions or concerns you had about your child's health?

1 ☐ Yes
2 ☐ No → **If No, go to #30**

29. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?

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

30. In the last 12 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

31. In the last 12 months, how often did this provider show respect for what you had to say?

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

32. In the last 12 months, how often did this provider spend enough time with your child?

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

33. In the last 12 months, did this provider order a blood test, x-ray, or other test for your child?

1 ☐ Yes
2 ☐ No → **If No, go to #35**

34. In the last 12 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

35. 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

36. 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 your child see a specialist for a particular health problem?

1 ☐ Yes
2 ☐ No → **If No, go to #38**

37. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?

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

Please answer these questions about the provider named in Question 1 of this survey.

38. In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?

1 ☐ Yes
2 ☐ No

39. In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?

1 ☐ Yes
2 ☐ No

40. In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?

1 ☐ Yes
2 ☐ No

41. In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?

1 ☐ Yes
2 ☐ No

42. In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?

1 ☐ Yes
2 ☐ No

43. In the last 12 months, did anyone in this provider's office give you information about how to keep your child from getting injured?

1 ☐ Yes
2 ☐ No

44. In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?

1 ☐ Yes
2 ☐ No

45. In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child eats?

1 ☐ Yes
2 ☐ No

46. In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets?

1 ☐ Yes
2 ☐ No

47. In the last 12 months, did you and anyone in this provider's office talk about how your child gets along with others?

1 ☐ Yes
2 ☐ No

48. In the last 12 months, did you and anyone in this provider's office talk about whether there are any problems in your household that might affect your child?

1 ☐ Yes
2 ☐ No

49. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your child's health?

1 ☐ Yes
2 ☐ No

50. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

1 ☐ Yes
2 ☐ No

51. In the last 12 months, did your child take any prescription medicine?

1 ☐ Yes
2 ☐ No → **If No, go to #53**

52. In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines your child was taking?

1 ☐ Yes
2 ☐ No

Clerks and Receptionists at This Provider's Office

53. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

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

54. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

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

About Your Child and You

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

1 ☐ Excellent
2 ☐ Very Good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

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

1 ☐ Excellent
2 ☐ Very Good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

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

☐ Less than 1 year old

_____ YEARS OLD *(write in)*

58. Is your child male or female?

1 ☐ Male
2 ☐ Female

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

1 ☐ Yes, Hispanic or Latino
2 ☐ No, not Hispanic or Latino

60. What is your child's race? 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

61. What is **your** age?

☐ Under 18
☐ 18 to 24
☐ 25 to 34
☐ 35 to 44
☐ 45 to 54
☐ 55 to 64
☐ 65 to 74
☐ 75 or older

62. Are you male or female?

1 ☐ Male
2 ☐ Female

63. 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

64. How are you related to the child?

1 ☐ Mother or father
2 ☐ Grandparent
3 ☐ Aunt or uncle
4 ☐ Older brother or sister
5 ☐ Other relative
6 ☐ Legal guardian
7 ☐ Someone else

Please print: _____

_____

65. Did someone help you complete this survey?

1☐ Yes
2☐ No → **Thank you.**
Please return the completed survey in the postage-paid envelope.

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

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.