CAHPS® 2.0H Adult Questionnaire (COMMERCIAL)

SURVEY INSTRUCTIONS

♦ Answer all the questions by checking 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       Go to Question 1
  □ No

{This box should be placed on the Cover Page}

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. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

If you want to know more about this study, please call XXX.
1. Our records show that you are now in {Health Plan Name}. Is that right?
   - Yes  Go to Question 3
   - No  Go to Question 2

2. What is the name of your health plan?
   (please print) ______________________

3. Is this the health plan you use for all or most of your health care?
   - Yes
   - No

4. How many months or years in a row have you been in this health plan?
   - Less than 12 months
   - 12 up to 24 months
   - 2 up to 5 years
   - 5 up to 10 years
   - 10 or more years

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**YOUR PERSONAL DOCTOR OR NURSE**

The next 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.

5. **A personal doctor or nurse** is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

   When you joined your health plan or at any time since then, did you get a new personal doctor or nurse?
   - Yes  Go to Question 6
   - No  Go to Question 7

6. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?
   - A big problem
   - A small problem
   - Not a problem
   - I didn’t get a new personal doctor or nurse.

7. Do you have one person you think of as your personal doctor or nurse?
   - Yes  Go to Question 8
   - No  Go to Question 9
8. We want to know your rating of your personal doctor or nurse.
Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?
- [ ] 0  Worst personal doctor or nurse possible
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10  Best personal doctor or nurse possible
- [ ] I don’t have a personal doctor or nurse.

*Option: Insert additional questions about personal doctor or nurse here.*

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### GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits.

9. **Specialists** are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or a doctor think you needed to see a specialist?
- [ ] Yes  Go to Question 10
- [ ] No  Go to Question 11

10. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?
- [ ] A big problem
- [ ] A small problem
- [ ] Not a problem
- [ ] I didn’t need to see a specialist in the last 12 months.

11. In the last 12 months, did you see a specialist?
- [ ] Yes  Go to Question 12
- [ ] No  Go to Question 14
12. We want to know your rating of the specialist you saw most often in the last 12 months, including a personal doctor if he or she is a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?

☐ 0  Worst specialist possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10  Best specialist possible
☐ I didn’t see a specialist in the last 12 months.

13. In the last 12 months, was the specialist you saw most often the same doctor as your personal doctor?

☐ Yes
☐ No
☐ I don’t have a personal doctor or I didn’t see a specialist in the last 12 months.

Option: Insert additional questions about specialist care here.

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14. In the last 12 months, did you call a doctor’s office or clinic during regular office hours to get help or advice for yourself?

☐ Yes  Go to Question 15
☐ No  Go to Question 16

15. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I didn’t call for help or advice during regular office hours in the last 12 months.
16. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 12 months, did you make any appointments with a doctor or other health provider for regular or routine health care?

☐ Yes Go to Question 17
☐ No Go to Question 19

17. In the last 12 months, how often did you get an appointment for regular or routine health care as soon as you wanted?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I didn’t need an appointment for regular or routine care in the last 12 months.

18. In the last 12 months, how many days did you usually have to wait between trying to get care and actually seeing a provider for regular or routine care?

☐ Same day
☐ 1 day
☐ 2-3 days
☐ 4-7 days
☐ 8-14 days
☐ 15-30 days
☐ 31 days or longer
☐ I didn’t need an appointment for regular or routine care in the last 12 months.

19. In the last 12 months, did you have an illness or injury that needed care right away from a doctor’s office, clinic, or emergency room?

☐ Yes Go to Question 20
☐ No Go to Question 22

20. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I didn’t need care right away for an illness or injury in the last 12 months.

21. In the last 12 months, how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?

☐ Same day
☐ 1 day
☐ 2 days
☐ 3 days
☐ 4-7 days
☐ 8-14 days
☐ 15 days or longer
☐ I didn’t need to get care right away for an illness or injury in the last 12 months.

22. In the last 12 months, how many times did you go to an emergency room to get care for yourself?

☐ None
☐ __________ Number of times (Write in.)
23. In the last 12 months (not counting times you went to an emergency room), how many times did you go to a **doctor’s office or clinic** to get care for yourself?

- □ None     Go to Question 34
- □ 1        Go to Question 24
- □ 2        Go to Question 24
- □ 3        Go to Question 24
- □ 4        Go to Question 24
- □ 5 to 9   Go to Question 24
- □ 10 or more        Go to Question 24

24. In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?

- □ A big problem
- □ A small problem
- □ Not a problem
- □ I had no visits in the last 12 months.

25. In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

- □ A big problem
- □ A small problem
- □ Not a problem
- □ I had no visits in the last 12 months.

26. In the last 12 months, how often did you wait in the doctor’s office or clinic more than 15 minutes past your appointment time to see the person you went to see?

- □ Never
- □ Sometimes
- □ Usually
- □ Always
- □ I had no visits in the last 12 months.

27. In the last 12 months, how often did office staff at a doctor’s office or clinic treat you with **courtesy and respect**?

- □ Never
- □ Sometimes
- □ Usually
- □ Always
- □ I had no visits in the last 12 months.

28. In the last 12 months, how often were office staff at a doctor’s office or clinic as **helpful** as you thought they should be?

- □ Never
- □ Sometimes
- □ Usually
- □ Always
- □ I had no visits in the last 12 months.

29. In the last 12 months, how often did doctors or other health providers **listen carefully to you**?

- □ Never
- □ Sometimes
- □ Usually
- □ Always
- □ I had no visits in the last 12 months.

30. In the last 12 months, how often did doctors or other health providers **explain things** in a way you could understand?

- □ Never
- □ Sometimes
- □ Usually
- □ Always
- □ I had no visits in the last 12 months.
31. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☑ I had no visits in the last 12 months.

32. In the last 12 months, how often did doctors or other health providers spend enough time with you?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☑ I had no visits in the last 12 months.

33. We want to know your rating of all your health care in the last 12 months from all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?

☐ 0 Worst health care possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best health care possible
☑ I had no visits in the last 12 months.

Option: Insert additional questions about general health care here.
YOUR HEALTH PLAN

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

34. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you.
   In the last 12 months, did you or anyone else send in any claims to your health plan?
   □ Yes Go to Question 35
   □ No Go to Question 38
   □ Don’t Know Go to Question 38

35. In the last 12 months, how often did your health plan handle your claims in a reasonable time?
   □ Never
   □ Sometimes
   □ Usually
   □ Always
   □ Don’t Know
   □ No claims were sent for me in the last 12 months.

36. In the last 12 months, how often did your health plan handle your claims correctly?
   □ Never
   □ Sometimes
   □ Usually
   □ Always
   □ Don’t Know
   □ No claims were sent for me in the last 12 months.

37. In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?
   □ Never
   □ Sometimes
   □ Usually
   □ Always
   □ Don’t Know
   □ No claims were sent for me in the last 12 months.

38. In the last 12 months, did you look for any information in written materials from your health plan?
   □ Yes Go to Question 39
   □ No Go to Question 40

39. In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?
   □ A big problem
   □ A small problem
   □ Not a problem
   □ I didn’t look for information from my health plan in the last 12 months.

40. In the last 12 months, did you call your health plan’s customer service to get information or help?
   □ Yes Go to Question 41
   □ No Go to Question 42
41. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan’s customer service?

☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn’t call my health plan’s customer service in the last 12 months.

42. In the last 12 months, have you called or written your health plan with a complaint or problem?

☐ Yes Go to Question 43
☐ No Go to Question 45

43. How long did it take for the health plan to resolve your complaint?

☐ Same day Go to Question 44
☐ 2-7 days Go to Question 44
☐ 8-14 days Go to Question 44
☐ 15-21 days Go to Question 44
☐ More than 21 days Go to Question 44
☐ I am still waiting for it to be settled Go to Question 45
☐ I haven’t called or written with a complaint or problem in the last 12 months. Go to Question 45

44. Was your complaint or problem settled to your satisfaction?

☐ Yes
☐ No
☐ I am still waiting for it to be settled
☐ I haven’t called or written with a complaint or problem in the last 12 months.

45. Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.

In the last 12 months, did you have any experiences with paperwork for your health plan?

☐ Yes Go to Question 46
☐ No Go to Question 47

46. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn’t have any experience with paperwork for my health plan in the last 12 months.

47. We want to know your rating of all your experience with your health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

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

Option: Insert additional questions about the health plan here.
48. In general, how would you rate your overall health now?
   □ Excellent
   □ Very good
   □ Good
   □ Fair
   □ Poor

49. Have you ever smoked at least 100 cigarettes in your entire life?
   □ Yes  Go to Question 50
   □ No    Go to Question 53
   □ Don’t Know Go to Question 53

50. Do you now smoke every day, some days or not at all?
   □ Every day  Go to Question 52
   □ Some days  Go to Question 52
   □ Not at all  Go to Question 51
   □ Don’t Know Go to Question 53

51. How long has it been since you quit smoking cigarettes?
   □ 12 months or less  Go to Question 52
   □ More than 12 months  Go to Question 53
   □ Don’t Know  Go to Question 53

52. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?
   □ None
   □ 1 visit
   □ 2 to 4 visits
   □ 5 to 9 visits
   □ 10 or more visits
   □ I had no visits in the last 12 months.

53. What is your age now?
   □ 18 to 24
   □ 25 to 34
   □ 35 to 44
   □ 45 to 54
   □ 55 to 64
   □ 65 to 74
   □ 75 or older

54. Are you male or female?
   □ Male
   □ Female

55. What is the highest grade or level of school that you have completed?
   □ 8th grade or less
   □ Some high school, but did not graduate
   □ High school graduate or GED
   □ Some college or 2-year degree
   □ 4-year college graduate
   □ More than 4-year college degree

56. Are you of Hispanic or Latino origin or descent?
   □ Hispanic or Latino
   □ Not Hispanic or Latino

57. What is your race? Please mark one or more.
   □ White
   □ Black or African-American
   □ Asian
   □ Native Hawaiian or other Pacific Islander
   □ American Indian or Alaska Native
58. Did someone help you complete this survey?

☐ Yes  Go to Question 59
☐ No  Please return the survey in the postage paid envelope.

59. How did that person help you? Check all that apply.

☐ Read the questions to me.
☐ Wrote down the answers I gave.
☐ Answered the questions for me.
☐ Translated the questions into my language.
☐ Helped in some other way.

(please print) __________________

Option: Insert other member specific or other general questions here.

THANK YOU

Please return the completed survey in the postage paid envelope.