

# APPENDIX A

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## CAHPS<sup>®</sup> 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.***

## YOUR PERSONAL DOCTOR OR NURSE

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

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
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

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

## GETTING HEALTH CARE FROM A SPECIALIST

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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

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

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

- Yes
- No

**Option: Insert additional questions about specialist care here.**

## CALLING DOCTORS' OFFICES

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

## YOUR HEALTH CARE IN THE LAST 12 MONTHS

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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

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

- Same day  
 1 day  
 2-3 days  
 4-7 days  
 8-14 days  
 15-30 days  
 31 days or longer

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

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

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

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

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

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

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

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

- Never
- Sometimes
- Usually
- Always

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

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

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

- Never
- Sometimes
- Usually
- Always

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

**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

36. In the last 12 months, how often did your health plan handle your claims correctly?

- Never
- Sometimes
- Usually
- Always
- Don't Know

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

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

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

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

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

- Yes
- No

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



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.**

## ABOUT YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

49. Have you had a flu shot since September 2001?

- Yes
- No
- Don't know

50. Have you ever smoked at least 100 cigarettes in your entire life?

- Yes → Go to Question 51
- No → Go to Question 54
- Don't know → Go to Question 54

51. Do you now smoke every day, some days or not at all?

- Every day → Go to Question 53
- Some days → Go to Question 53
- Not at all → Go to Question 52
- Don't know → Go to Question 54

52. How long has it been since you quit smoking cigarettes?

- 12 months or less → Go to Question 53
- More than 12 months → Go to Question 54
- Don't know → Go to Question 54

53. 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.

54. 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

55. Are you male or female?

- Male
- Female

56. 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

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

- Hispanic or Latino
- Not Hispanic or Latino

58. 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

59. Did someone help you complete this survey?

- Yes → Go to Question 60
- No → Please return the survey in the postage paid envelope.

60. 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.