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# **CAHPS<sup>®</sup> Health Plan Survey 4.0**

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## **Supplemental Items for the Adult Questionnaires**

**Language: English**



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## TABLE OF CONTENTS

Behavioral Health .....	1
Chronic Conditions .....	2
Measures of Health Status .....	4
Claims Processing .....	6
Communication.....	6
Cost Sharing.....	7
Covered By Multiple Plans.....	7
Dental Care .....	7
Health Plan .....	8
HEDIS® Set .....	10
Interpreter .....	14
Medicaid Enrollment .....	15
People With Mobility Impairments .....	16
Your Personal Doctor.....	16
Your Health Plan.....	17
About You .....	19
Personal Doctor .....	19
Pregnancy Care.....	20
Prescription Medicine .....	20
Quality Improvement .....	21
Access to Routine Care .....	21
Access to Specialist Care .....	22
After Hours Care .....	23
Calls to Personal Doctor's Office .....	24
Coordination of Care from Other Health Providers .....	25
Customer Service .....	26
Health Plan Information and Materials .....	27
Referrals .....	29
Relation to Policyholder.....	29
Transportation .....	30
Utilization .....	30

## Important instructions

**Placing Supplemental Items in the Core Questionnaires.** After you copy one or more supplemental items into the core questionnaire:

- **Fix the formatting** of the items as needed to fit into the two-column format.
- **Renumber** the supplemental item and **ALL** subsequent items so that they are consecutive.
- **Revise ALL skip instructions** in the questionnaire to make sure they point the respondent to the correct item number.

**Definition of Health Providers.** If you choose to use one or more supplemental items that refer to other health providers, please insert this definition before the first of these items: “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.”

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**Behavioral Health**

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**Insert MH1 – MH4 after core question 8. For Medicaid, reference period should be stated as “In the last 6 months.”**

**MH1.** In general, how would you rate your overall **mental or emotional health**?

- <sup>1</sup> Excellent
- <sup>2</sup> Very good
- <sup>3</sup> Good
- <sup>4</sup> Fair
- <sup>5</sup> Poor

**MH2.** In the last 12 months, did you need any treatment or counseling for a personal or family problem?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to core question 9**

**MH3.** In the last 12 months, how often was it easy to get the treatment or counseling you needed through your health plan?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

**MH4.** Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate all your treatment or counseling in the last 12 months?

- 0 Worst treatment or counseling possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best treatment or counseling possible

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**Chronic Conditions**

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**CC1 – CC23 – For Medicaid, reference period should be stated as “In the last 6 months,” except for CC21.**

**Insert CC1 – CC4 after core question 9.**

**CC1.** Is this person a general doctor or a specialist doctor?

- <sup>1</sup>  General doctor (Family practice or internal medicine)  
<sup>2</sup>  Specialist doctor

**CC2.** How many months or years have you been going to your personal doctor?

- <sup>1</sup>  Less than 6 months  
<sup>2</sup>  At least 6 months but less than 1 year  
<sup>3</sup>  At least 1 year but less than 2 years  
<sup>4</sup>  At least 2 years but less than 5 years  
<sup>5</sup>  5 years or more

**CC3.** Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 10**

**CC4.** Does your personal doctor understand how any health problems you have affect your day-to-day life?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

**Insert CC5 after core question 18.**

**CC5.** In the last 12 months, how many times did you go to specialists for care for yourself?

- 1  
 2  
 3  
 4  
 5 to 9  
 10 or more

**Insert CC6 – CC8 after core question 14. Please refer to instructions at the front of this document about defining “health providers.”**

**CC6.** We want to know how you, your doctors, and other health providers make decisions about your health care.

In the last 12 months, were any decisions made about your health care?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 15**

**CC7.** In the last 12 months, how often were you involved as much as you wanted in these decisions about your health care?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**CC8.** In the last 12 months, how often was it easy to get your doctors or other health providers to agree with you on the best way to manage your health conditions or problems?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**Insert CC9 – CC14 after core question 8.**

**CC9.** In the last 12 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to question CC11**

**CC10.** In the last 12 months, how often was it easy to get the medical equipment you needed through your health plan?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**CC11.** In the last 12 months, did you have any health problems that needed special **therapy**, such as physical, occupational, or speech therapy?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to question CC13**

**CC12.** In the last 12 months, how often was it easy to get the special therapy you needed through your health plan?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

**CC13.** Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks.

In the last 12 months, did you need someone to come into your home to give you home health care or assistance?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 9**

**CC14.** In the last 12 months, how often was it easy to get home health care or assistance through your health plan?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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## Measures of Health Status

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**Insert CC15 – CC17 after core question 28.**

**CC15.** Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

<sup>1</sup>  Yes

<sup>2</sup>  No

**CC16.** Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

<sup>1</sup>  Yes

<sup>2</sup>  No

**CC17.** Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

<sup>1</sup>  Yes

<sup>2</sup>  No

**Insert CC18 – CC22 after core question 28.**

**CC18.** In the last 12 months, have you been a patient in a hospital overnight or longer?

<sup>1</sup>  Yes

<sup>2</sup>  No

**CC19.** In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 29**

**CC20.** Is this condition a problem that has lasted for at least 3 months? Do **not** include pregnancy.

<sup>1</sup>  Yes

<sup>2</sup>  No

**CC21.** Do you now need to take medicine prescribed by a doctor? Do **not** include birth control.

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 29**

**CC22.** Is this to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

<sup>1</sup>  Yes

<sup>2</sup>  No



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## Claims Processing

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**Insert CP1 – CP3 before core question 20. For Medicaid, reference period should be stated as “In the last 6 months.” Please note that CP1 and CP2 repeat questions that appear in the HEDIS® set.**

**CP1.** 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 for your care to your health plan?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 20**

Don't know → **If Don't know, go to core question 20**

**CP2.** In the last 12 months, how often did your health plan handle your claims correctly?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

Don't know

**CP3.** 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?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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## Communication

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**Insert C1 after core question 12. For Medicaid, reference period should be stated as “In the last 6 months.”**

**C1.** In the last 12 months, how often did you have a hard time speaking with or understanding your personal doctor because you spoke different languages?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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**Cost Sharing**

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**Insert CSH1 after core question 27.**

**CSH1.** People can pay for their health insurance directly or out of their pay check. Do you or your family pay any part of the cost of your health insurance?

<sup>1</sup>  Yes

<sup>2</sup>  No

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**Covered By Multiple Plans**

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**Insert MP1 after core question 2. If HP1 is included, insert after HP1.**

**MP1.** Not counting dental insurance, are you covered by any other health plan?

<sup>1</sup>  Yes

<sup>2</sup>  No

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**Dental Care\***

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**Insert D1 – D3 after core question 8. For Medicaid, reference period should be stated as “In the last 6 months.”**

**D1.** In the last 12 months, did you get care from a dentist’s office or dental clinic?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 9**

**D2.** In the last 12 months, how many times did you go to a dentist’s office or dental clinic for care for yourself?

None → **If None, go to core question 9**

1

2

3

4

5 to 9

10 or more

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\* The CAHPS family of products includes a CAHPS Dental Plan Survey. For more information, go to [https://www.cahps.ahrq.gov/content/products/Dental/PROD\\_Dental\\_Intro.asp](https://www.cahps.ahrq.gov/content/products/Dental/PROD_Dental_Intro.asp).

**D3.** Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all your dental care in the last 12 months?

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

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## Health Plan

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**Insert HP1 after core question 2.**

**HP1.** How many months or years **in a row** have you been in this health plan?

- <sup>1</sup> Less than 1 year
- <sup>2</sup> At least 1 year but less than 2 years
- <sup>3</sup> At least 2 years but less than 5 years
- <sup>4</sup> At least 5 years but less than 10 years
- <sup>5</sup> 10 years or more

**Insert HP2 – HP7 after core question 21. For Medicaid, reference period should be stated as “In the last 6 months.” Please note that HP2 – HP7 repeat questions that appear in the HEDIS set.**

**HP2.** In the last 12 months, did you look for any information in written materials or on the Internet about how your health plan works?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to core question 22**

**HP3.** In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**HP4.** Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as care from a specialist, physical therapy, a hearing aid, or oxygen.

In the last 12 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 22**

**HP5.** In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**HP6.** In some health plans the amount you pay for a prescription medicine can be different for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy.

In the last 12 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 22**

**HP7.** In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

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**HEDIS® Set**

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The HEDIS Set is composed of items that the National Committee for Quality Assurance (NCQA) added to the core questionnaire to create their version of the CAHPS Health Plan Survey, known as CAHPS 4.0H. Survey sponsors can add these items to their questionnaire whether or not they are submitting results to NCQA. Please note that some of these items are repeated in other supplemental sets.

**H1 – H20 – For Medicaid, reference period should be stated as “In the last 6 months.” Please refer to instructions at the front of this document about defining “health providers.”**

**Insert H1 – H4 after core question 7.**

**H1.** In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**H2.** Choices for your treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did a doctor or other health provider tell you there was more than one choice for your treatment or health care?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 8**

**H3.** In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?

- <sup>1</sup>  Definitely yes  
<sup>2</sup>  Somewhat yes  
<sup>3</sup>  Somewhat no  
<sup>4</sup>  Definitely no

**H4.** In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you?

- <sup>1</sup>  Definitely yes  
<sup>2</sup>  Somewhat yes  
<sup>3</sup>  Somewhat no  
<sup>4</sup>  Definitely no

**Insert H5 – H6 after core question 14.**

**H5.** In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 15**

**H6.** In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

**Insert H7 – H12 after core question 21.**

**H7.** In the last 12 months, did you look for any information in written materials or on the Internet about how your health plan works?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to question H9**

**H8.** In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

**(H9 is the same as HP4)**

**H9.** Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as care from a specialist, physical therapy, a hearing aid, or oxygen.

In the last 12 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to question H11**

**(H10 is the same as HP5)**

**H10.** In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**(H11 is the same as HP6)**

**H11.** In some health plans, the amount you pay for a prescription medicine can be different for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy.

In the last 12 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 22**

**(H12 is the same as HP7)**

**H12.** In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**Insert H13 – H15 after core question 26.**

**(H13 is the same as CP1)**

**H13.** 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 for your care to your health plan?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 27**  
 Don't know → **If Don't know, go to core question 27**

**H14.** In the last 12 months, how often did your health plan handle your claims quickly?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always  
 Don't know

**(H15 is the same as CP2)**

**H15.** In the last 12 months, how often did your health plan handle your claims correctly?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always  
 Don't know

**Insert H16 to H20 after core question 28.**

**H16.** Have you had a flu shot since September 1, 2008?

- <sup>1</sup>  Yes  
<sup>2</sup>  No  
 Don't know

**H17.** Do you now smoke cigarettes every day, some days, or not at all?

- <sup>1</sup>  Every day  
<sup>2</sup>  Some days  
<sup>3</sup>  Not at all → **If Not at all, go to core question 29**  
 Don't know → **If Don't know, go to core question 29**

**H18.** 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



**H19.** On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?

- None  
 1 visit  
 2 to 4 visits  
 5 to 9 visits  
 10 or more visits  
 I had no visits in the last 12 months

**H20.** On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?

- None  
 1 visit  
 2 to 4 visits  
 5 to 9 visits  
 10 or more visits  
 I had no visits in the last 12 months

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## Interpreter

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**Insert I1 – I2 after core question 8. For Medicaid, reference period should be stated as “In the last 6 months.”**

**I1.** An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 12 months, did you need an interpreter to help you speak with doctors or other health providers?

- <sup>1</sup> Yes  
<sup>2</sup> No → **If No, go to core question 9**

**I2.** In the last 12 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

**Insert I3 after core question 37.**

**I3.** What language do you **mainly** speak at home?

- <sup>1</sup>  English  
<sup>2</sup>  [INSERT LANGUAGE 2]  
<sup>3</sup>  [INSERT LANGUAGE 3]  
<sup>4</sup>  [INSERT LANGUAGE 4]

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**Medicaid Enrollment**


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**Insert ME1 to ME4 before core question 20. If you are including both ME1 and ME3 in your questionnaire, change the skip instruction for ME1 to “No → If No, go to question ME3.”**

**ME1.** Some states pay health plans to care for people covered by {Medicaid/State name for Medicaid}. With these health plans, you may have to choose a doctor from the plan list or go to a clinic or health care center on the plan list.

Are you covered by a health plan like this?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 20**

**ME2.** Did you choose your health plan or were you told which plan you were in?

- <sup>1</sup>  You chose your plan  
<sup>2</sup>  You were told which plan you were in

**ME3.** You can get information about plan services in writing, by telephone, on the Internet, or in-person. Did you get any information about your health plan **before** you signed up for it?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 20**

**ME4.** How much of the information you were given before you signed up for the plan was correct?

- <sup>1</sup>  All of it  
<sup>2</sup>  Most of it  
<sup>3</sup>  Some of it  
<sup>4</sup>  None of it

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**People With Mobility Impairments**

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For Medicaid, reference period should be stated as “In the last 6 months.”

**Your Personal Doctor**

Insert IM1 – IM10 after core question 15.

**IM1.** In the last 12 months, did you visit your personal doctor for care?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 16**

**IM2.** When you visited your personal doctor’s office in the last 12 months, how often were you examined on the examination table?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**IM3.** When you visited your personal doctor's office in the last 12 months, how often did someone weigh you?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**IM4.** When you visited your personal doctor's office in the last 12 months, did you try to use the restroom?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to question IM6**

**IM5.** In the last 12 months, how often was it easy to move around the restroom at your personal doctor’s office?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**IM6.** In the last 12 months, did you and your personal doctor talk about pain?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

**IM7.** In the last 12 months, how often did pain limit your ability to do the things you needed to do?

- <sup>1</sup>  Never → **If Never, go to question IM9**  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**IM8.** In the last 12 months, do you think that your personal doctor understood the impact that pain has on your life?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

**IM9.** In the last 12 months, how often did fatigue limit your ability to do the things you needed to do?

- <sup>1</sup>  Never → **If Never, go to core question 16**  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**IM10.** In the last 12 months, do you think that your personal doctor understood the impact that fatigue has on your life?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

## Your Health Plan

**Insert IM11 – IM19 after core question 27.**

**IM11.** In the last 12 months, did you need physical or occupational therapy?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to question IM13**

**IM12.** In the last 12 months, how often was it easy to get this kind of therapy through your health plan?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**IM13.** In the last 12 months, did you need speech therapy?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to question IM15**

**IM14.** In the last 12 months, how often was it easy to get speech therapy through your health plan?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**IM15.** Mobility equipment includes things like a wheelchair, scooter, walker, or cane. In the last 12 months, have you used any mobility equipment to move around your home or community?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 28**

**IM16.** In the last 12 months, did you try to get your mobility equipment repaired through your health plan?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to question IM18**

**IM17.** In the last 12 months, how often was it easy to get your mobility equipment repaired through your health plan?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**IM18.** In the last 12 months, did you try to get or replace any mobility equipment through your health plan?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 28**

**IM19.** In the last 12 months, how often was it easy to get or replace the mobility equipment that you needed through your health plan?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

## About You

**Insert IM20 – IM21 after core question 32.**

**IM20.** A quarter mile is about 5 city blocks or 0.4 kilometers. In the last 12 months, were you able to walk that far?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 33**

**IM21.** In the last 12 months, did you have difficulty or need assistance to walk that far?

<sup>1</sup>  Yes

<sup>2</sup>  No

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## Personal Doctor

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**Insert PD1 – PD2 after core question 15.**

**PD1.** Did you have the same personal doctor **before** you joined this health plan?

<sup>1</sup>  Yes → **If Yes, go to core question 16**

<sup>2</sup>  No

**PD2.** Since you joined your health plan, how often was it easy to get a personal doctor you are happy with?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

## Pregnancy Care

**Insert P1 – P3 after core question 14. Remove core question 34 from the Adult Questionnaire, as it is duplicated in P1.**

**P1.** Are you male or female?

- <sup>1</sup>  Male → **If Male, go to core question 15**  
<sup>2</sup>  Female

**P2.** Are you pregnant now?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 15**

**P3.** A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, a mid-wife, or anyone else you would see for health care when you are pregnant.

Have you been to a doctor or other health provider for a pregnancy care check-up for **this** pregnancy?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

## Prescription Medicine

**Insert PM1 – PM3 after core question 27. For Medicaid, reference period should be stated as “In the last 6 months.”**

**PM1.** In the last 12 months, did you get any new prescription medicines or refill a prescription?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 28**

**PM2.** In the last 12 months, how often was it easy to get your prescription medicine from your health plan?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

**PM3.** In the last 12 months, how often did you get the prescription medicine you needed through your health plan?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

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## Quality Improvement

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For Medicaid, reference period should be stated as “In the last 6 months.”

### Access to Routine Care

**Insert AR1 – AR2 after core question 6. Please refer to instructions at the front of this document about defining “health providers.”**

**AR1.** In the last 12 months, **not** counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a health provider?

- <sup>1</sup>  Same day  
<sup>2</sup>  1 day  
<sup>3</sup>  2 to 3 days  
<sup>4</sup>  4 to 7 days  
<sup>5</sup>  8 to 14 days  
<sup>6</sup>  15 to 30 days  
<sup>7</sup>  31 to 60 days  
<sup>8</sup>  61 to 90 days  
<sup>9</sup>  91 days or longer



**AR2.** In the last 12 months, how often did you have to wait for an appointment because the health provider you wanted to see worked limited hours or had few available appointments?

- <sup>1</sup>  Never
- <sup>2</sup>  Sometimes
- <sup>3</sup>  Usually
- <sup>4</sup>  Always

**Access to Specialist Care**

**Insert AS1 after core question 17, which should be modified to include the skip instructions presented below.**

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

- <sup>1</sup>  Never
- <sup>2</sup>  Sometimes
- <sup>3</sup>  Usually
- <sup>4</sup>  Always → **If Always, go to core question 18**

**AS1 was designed for and tested with a commercial population using primarily a self-administered format. Item wording and format may not be appropriate for other modes of administration or other populations (e.g., Medicaid, Medicare, low literacy).**

**AS1.** Were any of the following a reason it was not easy to get an appointment with a specialist?

	<u>Yes</u>	<u>No</u>
a) Your doctor did not think you needed to see a specialist	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
b) Your health plan approval or authorization was delayed	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
c) You weren't sure where to find a list of specialists in your health plan or network	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
d) The specialists you had to choose from were too far away	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
e) You did not have enough specialists to choose from	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
f) The specialist you wanted did not belong to your health plan or network	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
g) You could not get an appointment at a time that was convenient	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
h) Some other reason	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>

*Please specify:* \_\_\_\_\_  
 \_\_\_\_\_

**After Hours Care**

**Insert AH1 – AH3 after core question 8.**

**AH1.** After hours care is health care when your usual doctor’s office or clinic is closed. In the last 12 months, did you need to visit a doctor’s office or clinic for after hours care?

- <sup>1</sup>  Yes
- <sup>2</sup>  No → **If No, go to core question 9**

**AH2.** In the last 12 months, how often was it easy to get the after hours care you thought you needed?

- <sup>1</sup>  Never
- <sup>2</sup>  Sometimes
- <sup>3</sup>  Usually
- <sup>4</sup>  Always → **If No, go to core question 9**

**AH3 was designed for and tested with a commercial population using primarily a self-administered format. Item wording and format may not be appropriate for other modes of administration or other populations (e.g., Medicaid, Medicare, low literacy).**

**AH3.** Were any of the following a reason it was not easy to get the after hours care you thought you needed?

- |   | <u>Yes</u>                            | <u>No</u>                             |
|---|---------------------------------------|---------------------------------------|
| a) You did not know where to go for after hours care  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| b) You weren’t sure where to find a list of doctor’s offices or clinics in your health plan or network that are open for after hours care | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| c) The doctor’s office or clinic that had after hours care was too far away   | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| d) Office or clinic hours for after hours care did not meet your needs  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| e) Some other reason  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |

*Please specify:* \_\_\_\_\_

\_\_\_\_\_

**Calls to Personal Doctor's Office****Insert C1 – C5 after core question 14.**

**CO1.** In the last 12 months, did you phone your personal doctor's office **during** regular office hours to get help or advice for yourself?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to question CO3**

**CO2.** In the last 12 months, when you phoned during regular office hours, how often did you get the help or advice you needed?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

**CO3.** In the last 12 months, did you phone your personal doctor's office **after** regular office hours to get help or advice for yourself?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 15**

**CO4.** In the last 12 months, when you phoned after regular office hours, how often did you get the help or advice you needed?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always → **If Always, go to core question 15**

**CO5 was designed for and tested with a commercial population using primarily a self-administered format. Item wording and format may not be appropriate for other modes of administration or other populations (e.g., Medicaid, Medicare, low literacy).**

**CO5.** Were any of the following a reason you did not get the help or advice you thought you needed when you phoned after regular office hours?

- |   | <u>Yes</u>                 | <u>No</u>                  |
|---|----------------------------|----------------------------|
| a) You did not know what number to call                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b) You left a message but no one returned your call       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c) You could not leave a message at the number you phoned | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d) Another doctor was covering for your personal doctor   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e) Some other reason                                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

*Please specify:* \_\_\_\_\_  
 \_\_\_\_\_

**Coordination of Care from Other Health Providers**

**Insert OHP1 – OHP5 after core question 14. Please note that OHP1 – OHP2 repeat questions that appear in the HEDIS set. Please refer to instructions at the front of this document about defining “health providers.”**

**OHP1.** In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?

- 1  Yes
- 2  No → **If No, go to core question 15**

**OHP2.** In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

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

**OHP3.** In the last 12 months, did anyone from your health plan, doctor’s office, or clinic help coordinate your care among these doctors or other health providers?

- 1  Yes
- 2  No → **If No, go to core question 15**

**OHP4.** In the last 12 months, who helped to coordinate your care?

- <sup>1</sup> Someone from your health plan
- <sup>2</sup> Someone from your doctor's office or clinic
- <sup>3</sup> Someone from another organization
- <sup>4</sup> A friend or family member
- <sup>5</sup> You

**OHP5.** How satisfied are you with the help you received to coordinate your care in the last 12 months?

- <sup>1</sup> Very dissatisfied
- <sup>2</sup> Dissatisfied
- <sup>3</sup> Neither dissatisfied nor satisfied
- <sup>4</sup> Satisfied
- <sup>5</sup> Very satisfied

### **Customer Service**

**Insert CS1 – CS2 after core question 23, which should be modified to include the skip instructions presented below. Core question 24 also provides useful drill-down data on consumer encounters with customer service.**

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

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always → **If Always, go to question CS2**

**CS1 was designed for and tested with a commercial population using primarily a self-administered format. Item wording and format may not be appropriate for other modes of administration or other populations (e.g., Medicaid, Medicare, low literacy).**

**CS1.** Were any of the following a reason you did not get the information or help you needed from your health plan’s customer service?

- |  | <u>Yes</u>                 | <u>No</u>                  |
|--|----------------------------|----------------------------|
| a) You had to call several times before you could speak with someone | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b) The information customer service gave you was not correct         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c) Customer service did not have the information you needed          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d) You waited too long for someone to call you back                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e) No one called you back  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f) Some other reason   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

*Please specify:* \_\_\_\_\_  
 \_\_\_\_\_

**CS2.** How many calls did it take for you to get the help or information you needed from your health plan’s customer service?

- 1  1 call
- 2  2
- 3  3
- 4  4
- 5  5 or more calls
- 6  You are still waiting for help

**Health Plan Information and Materials**

**Insert PW1 – PW8 after core question 21. Please note that PW1 – PW2 repeat questions that appear in the HEDIS set. If you use PW4 or PW8, please refer to instructions at the front of this document about defining “health providers.”**

**(PW1 is the same as HP2)**

**PW1.** In the last 12 months, did you look for any information in written materials or on the Internet about how your health plan works?

- 1  Yes
- 2  No → **If No, go to core question 22**

**PW2.** In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- <sup>1</sup>  Never
- <sup>2</sup>  Sometimes
- <sup>3</sup>  Usually
- <sup>4</sup>  Always

**PW3.** In the last 12 months, how often was it easy to use the information on how your health plan works?

- <sup>1</sup>  Never
- <sup>2</sup>  Sometimes
- <sup>3</sup>  Usually
- <sup>4</sup>  Always → **If Always, go to question PW6**

**PW4 and PW5 were designed for and tested with a commercial population using primarily a self-administered format. Item wording and format may not be appropriate for other modes of administration or other populations (e.g., Medicaid, Medicare, low literacy).**

**PW4.** What kind of information was **not** easy to use?

- |  | <u>Yes</u>                            | <u>No</u>                             |
|--|---------------------------------------|---------------------------------------|
| a) Benefits and coverage for doctor or specialist visits | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| b) Benefits and coverage for pharmacy                    | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| c) Getting a referral to a specialist                    | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| d) After hours or urgent care                            | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| e) Choosing a health provider                            | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| f) Getting care outside your network                     | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| g) Something else  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |

*Please specify:* \_\_\_\_\_  
 \_\_\_\_\_

**PW5.** Where did you get that information? Mark one or more.

- |                              | <u>Yes</u>                            | <u>No</u>                             |
|------------------------------|---------------------------------------|---------------------------------------|
| a) From your health plan     | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| b) From your employer        | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| c) From your doctor's office | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| d) From some other source    | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| e) Not sure where you got it | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |

**PW6.** When you looked for information in the last 12 months, did you go to your health plan's Internet site?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to core question 22**

**PW7.** How useful was the information you found on your health plan's Internet site?

- <sup>1</sup>  Not at all useful  
<sup>2</sup>  A little useful  
<sup>3</sup>  Somewhat useful  
<sup>4</sup>  Very useful

**PW8.** In the last 12 months, did you use information on your health plan's Internet site to choose a doctor, specialist, or group of health providers?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

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## Referrals

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**Insert R1 before core question 17. For Medicaid, reference period should be stated as "In the last 6 months."**

**R1.** In the last 12 months, how often was it easy to get a referral to a specialist that you needed to see?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

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## Relation to Policyholder

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**Insert RP1 after core question 37.**

**RP1.** Health insurance plans are usually in one person's name, the policyholder. Are you the policyholder?

- <sup>1</sup>  Yes  
<sup>2</sup>  No



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**Transportation**

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**Insert T1 – T3 after core question 27. For Medicaid, reference period should be stated as “In the last 6 months.”**

**T1.** Some health plans help with transportation to doctors’ offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage.

In the last 12 months, did you phone your health plan to get help with transportation?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to core question 28**

**T2.** In the last 12 months, when you phoned to get help with transportation from your health plan, how often did you get it?

<sup>1</sup>  Never → **If Never, go to core question 28**

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

**T3.** In the last 12 months, how often did the help with transportation meet your needs?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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**Utilization**

---

**Insert UT1 after core question 6. For Medicaid, reference period should be stated as “In the last 6 months.”**

**UT1.** In the last 12 months, how many times did you go to an emergency room to get care for yourself?

None

1

2

3

4

5 to 9

10 or more

**Insert UT2 after core question 19. For Medicaid, reference period should be stated as “In the last 6 months.”**

**UT2.** In the last 12 months, was the specialist you saw most often the same doctor as your personal doctor?

<sup>1</sup>  Yes

<sup>2</sup>  No