

CAHPS® 5.0H Adult Questionnaire (Medicaid)

SURVEY INSTRUCTIONS

- Answer each question by filling in the circle to the left of your answer, like this: ● Yes
- 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 Question 1

No

The Centers for Medicare and Medicaid Services is conducting this survey of people with Medicaid to learn more about the care and services they receive. This survey will ask about your recent experiences receiving health care and should take about 20 minutes to complete. Your participation is voluntary, and there is no loss of benefits or penalty of any kind for deciding not to participate. Responding to the survey does not involve any risks beyond those of daily life. You may skip any questions that you do not feel comfortable answering. Your participation in this research is confidential, and we will not share your name or any other identifying information with any outside organization. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned the survey. Please contact Thoroughbred Research Group toll-free at (XXX) XXX-XXXX or call the NORC Institutional Review Board toll-free at 1-866-309-0542 with questions about this research.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-New . The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

1. Our records show that in the last six months you were enrolled in

STATE MEDICAID AGENCY
/ HEALTH PLAN NAME

Is that right?

1 Yes →If Yes, Go to Question 3

2 No

Your Health Care in the Last 6 Months

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

1 Yes

2 No →If No, Go to Question 5

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

12345678900



4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

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

5. About how long has it been since you last visited a doctor for a check-up?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 5 Never

6. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

- 1 Yes
- 2 No → If No, Go to Question 8

7. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

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

8. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

- 00 None → If None, Go to Question 10
- 01 1 time
- 02 2
- 03 3
- 04 4
- 05 5 to 9
- 06 10 or more times

9. What was the main reason for your last emergency room visit? Choose one.

- 00 Didn't have a doctor
- 01 Doctor's office or clinic was not open
- 02 Doctor's office or clinic was open, but could not get an appointment
- 03 Problem was too serious for the doctor's office or clinic
- 04 Get most of my care at the emergency room

10. In the last 6 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?

- 0 None → If None, Go to Question 16
- 1 1 time
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more times

11. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- 1 Yes
- 2 No

12. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- 1 Yes
- 2 No → If No, Go to Question 16

13. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot

14. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot

15. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- 1 Yes
- 2 No

16. 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 6 months?

Worst health care possible					Best health care possible					
0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

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

18. In the last 6 months, how often was it easy to get special medical equipment, such as a cane, a wheelchair, diabetic testing supplies, or a nebulizer, you needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 Did not need special medical equipment in the last 6 months

19. In the last 6 months, how often was it easy to get the mental health or behavioral health services you needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 Did not need these services in the last 6 months

20. In the last 6 months, how often was it easy to get the dental services you needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 Did not need these services in the last 6 months

21. In the last 6 months, were you ever not able to get medical care, tests, or treatments you or a doctor believed necessary?

- 1 Yes
- 2 No → If No, Go to Question 23

22. What is the main reason you were not able to get medical care, tests, or treatments you or a doctor believed necessary? Choose one.

- 00 Couldn't afford care
- 01 My health plan wouldn't approve, cover, or pay for care
- 02 Doctor refused to accept my insurance
- 03 Doctor doesn't speak my language
- 04 Couldn't get transportation to doctor's office
- 05 Couldn't take time off work or get child care
- 06 Didn't know where to go to get care
- 07 The wait took too long

23. Is there a place that you usually go to when you are sick or need advice about your health?

- 1 Yes →If Yes, Go to Question 25
- 2 There is NO place

24. Why don't you have a usual source of medical care? Mark one or more.

- 01 Haven't had any problems
- 02 No doctors take my insurance
- 03 No doctors speak my language
- 04 Doctor's office is too far away or not convenient
- 05 Don't plan to see a doctor even when I'm sick

25. What kind of place do you go to most often for your medical care? Choose one.

- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Don't go to one place most often

Your Personal Doctor

26. 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 Question 35

27. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- 0 None →If None, Go to Question 34
- 1 1 time
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more times

28. In the last 6 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

29. In the last 6 months, how often did your personal doctor listen carefully to you?

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

30. In the last 6 months, how often did your personal doctor show respect for what you had to say?

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

31. In the last 6 months, how often did your personal doctor spend enough time with you?

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

40. In the last 6 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

41. 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?

Worst health plan possible					Best health plan possible					
0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

44. Has a doctor ever told you that you had any of the following conditions? Mark 'Yes' or 'No' for each condition.

	<u>Yes</u>	<u>No</u>
1 High cholesterol?	<input type="radio"/>	<input type="radio"/>
2 High blood pressure?	<input type="radio"/>	<input type="radio"/>
3 A heart attack?	<input type="radio"/>	<input type="radio"/>
4 Angina or coronary heart disease?	<input type="radio"/>	<input type="radio"/>
5 A stroke?	<input type="radio"/>	<input type="radio"/>
6 Any kind of diabetes or high blood sugar?	<input type="radio"/>	<input type="radio"/>
7 Cancer, <u>other than skin cancer</u> ?	<input type="radio"/>	<input type="radio"/>
8 Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	<input type="radio"/>	<input type="radio"/>

45. Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No

46. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 Yes
- 2 No

47. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 1 Yes
- 2 No

48. Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No

49. Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No → If No, Go to Question 51

50. In the last month, did you ever go without showering/ taking a bath/ washing up because no one was there to help?

- 1 Yes
- 2 No

About You

51. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
- 1 Yes
 - 2 No → If No, Go to Question 53
52. In the last month, did you ever have to stay home because you had difficulty going out by yourself?
- 1 Yes
 - 2 No
53. Have you had a flu shot since September 1, 2013?
- 1 Yes
 - 2 No
 - 3 Don't know
54. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
- 1 Every day
 - 2 Some days
 - 3 Not at all → If Not at all, Go to Question 58
 - 4 Don't know → If Don't know, Go to Question 58
55. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
56. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
57. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
58. Do you take aspirin daily or every other day?
- 1 Yes
 - 2 No
 - 3 Don't know
59. Do you have a health problem or take medication that makes taking aspirin unsafe for you?
- 1 Yes
 - 2 No
 - 3 Don't know
60. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?
- 1 Yes
 - 2 No
61. In the last 6 months, did you get health care 3 or more times for the same condition or problem?
- 1 Yes
 - 2 No → If No, Go to Question 63
62. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.
- 1 Yes
 - 2 No

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

- 1 Yes
- 2 No →If No, Go to Question 65

64. 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

65. 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

66. Are you male or female?

- 1 Male
- 2 Female

67. 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

68. Are you of Hispanic or Latino origin or descent? (One or more categories may be selected.)

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes, Mexican, Mexican American, Chicano/a
- 3 Yes, Puerto Rican
- 4 Yes, Cuban
- 5 Yes, another Hispanic, Latino, or Spanish origin

69. What is your race? Mark one or more.

- a White
- b Black or African-American
- c American Indian or Alaska Native
- d Asian Indian
- e Chinese
- f Filipino
- g Japanese
- h Korean
- i Vietnamese
- j Other Asian
- k Native Hawaiian
- l Guamanian or Chamorro
- m Samoan
- n Other Pacific Islander
- o Some other race

70. Did someone help you complete this survey?

- 1 Yes →If Yes, Go to Question 71
- 2 No →Thank you. Please return the completed survey in the postage-paid envelope.

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

- a Read the questions to me
- b Wrote down the answers I gave
- c Answered the questions for me
- d Translated the questions into my language
- e Helped in some other way

THANK YOU

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

**THOROUGHbred RESEARCH GROUP
2074 East Park Drive, NE
Conyers, GA 30013**