

Attachments for Field Test of Low Literacy Version of  
CAHPS® Clinician & Group Survey - 0935-0124

Attachment A: English Language Survey and Cover Letters

A1. English Language CG-CAHPS EZ Survey

A2. English Language CG-CAHPS EZ Survey Letters

A3. English Language Standard CG-CAHPS

A4. English Language Standard CG-CAHPS Survey Letters

## Your Health Care



How do you feel about  
your health care?

**Please let us know!**

**Answer this  
survey**

This survey is easy to  
read and takes about  
10 minutes to  
complete.

**THANK YOU!!**



Public reporting burden for this collection of information is estimated to average 10 minutes per response, the estimated time to complete this survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0124) AHRQ, 5600 Fishers Lane, #07241A, Rockville, MD 20857.

**This Survey is For AltaMed.** The survey asks questions about your visits to AltaMed doctors in the last 6 months. AltaMed is working with the RAND Corporation to collect the survey. The Agency for Healthcare Research and Quality is paying for the survey.

**Help Improve Your Care.** AltaMed will use your answers to improve the quality of your health care.

**The Survey is Short.** The survey should only take about 10 minutes of your time to answer.

**Your Participation is Voluntary.** You may choose to answer this survey or not. If you choose not to answer the survey, it will not affect the health care you get.

**Your Privacy is Protected.** All information that would let someone identify you will be kept private. RAND will not share your personal information with anyone without your permission.

**Your Doctors Don't See Your Survey.** Your responses to this survey are **confidential**. RAND will not show your answers to your doctors.

**Your Name Won't be Used.** RAND will give AltaMed a summary report using answers from all the patients who fill out the survey.

**What To Do When You're Done.** Once you complete this survey, place it in the envelope that was provided, seal the envelope, and drop it in the nearest mailbox.

## Survey Instructions

Please answer each question  
by marking the box  
to the left of your answer.

Like this:

Yes

No

Sometimes we ask you to  
skip over questions in the survey.

When this happens  
you will see an arrow note →

The arrow note tells you  
what question to answer next.

Like this:

Yes

No → **Please go to #1 on page 1**

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## About Your Health Care

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Name of Doctor

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1. Did you get care from this doctor in the last 6 months?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → Please go to #23 on Page 3

Please think of this doctor  
When you answer each question

2. Is this the doctor you usually see for your health care?

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

3. How long have you seen this doctor?

- <sup>1</sup>  Less than 6 months  
<sup>2</sup>  6 months to about 1 year  
<sup>3</sup>  1 year to about 3 years  
<sup>4</sup>  3 years to about 5 years  
<sup>5</sup>  5 years or more

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## In the Last 6 Months

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4. How many times did you see this doctor for health care in the last 6 months?

- None → Please go to #23 on Page 3  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

5. Did you contact this doctor's office to get care you needed right away in the last 6 months?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → Please go to #7

6. How often did you get care as soon as you needed?

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

7. Did you make an appointment with this doctor for routine care in the last 6 months?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → If No, go to #9 on Next Page

8. How often did you get an appointment as soon as you needed?

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

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## In the Last 6 Months

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9. Did you contact this doctor with a medical question during office hours in the last 6 months?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → Please go to #11

10. How often did you get answers to your medical question the same day?

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

11. How often were clerks and receptionists as helpful as they should be in the last 6 months?

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

12. How often did clerks and receptionists treat you with respect in the last 6 months?

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

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## Your Doctor Visits In the Last 6 Months

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13. How often did this doctor explain things in a way you understood?

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

14. How often did this doctor listen to you carefully?

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

15. How often did this doctor seem to know what is important to you about your health?

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

16. How often did this doctor show respect for what you had to say?

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

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**Your Doctor Visits  
In the Last 6 Months**

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17. How often did this doctor spend enough time with you?

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

18. Did this doctor order any type of test for you in the last 6 months?

- <sup>1</sup> Yes
- <sup>2</sup> No → Please go to #20

19. How often did this doctor explain the test results to you?

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

20. Did you take any prescription medicine in the last 6 months?

- <sup>1</sup> Yes
- <sup>2</sup> No → Please go to #22

21. How often did this doctor talk about the medicines you took?

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

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**Your Doctor Visits  
In the Last 6 Months**

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22. Rate the care this doctor gave you in the last 6 months.

Pick a number from 0 to 10.

**The Worst doctor is 0.**

**The Best doctor is 10.**

- 0 Worst Doctor
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best Doctor

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**About Your Health**

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

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

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

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

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**About You**

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**25. 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

**26. Do you currently describe yourself as male, female, or transgender?**

- 1 Male
- 2 Female
- 3 Transgender
- 4 None of these

**27. What level of school have you completed?**

- 1 8th grade or less
- 2 Some high school
- 3 High school or GED
- 4 Some college
- 5 2 or 4-year college degree
- 6 Graduate/doctoral degree

**28. Are you Hispanic or Latino?**

- 1 Yes
- 2 No

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**About You**

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**29. What is your race?**

**Please 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

**30. Did someone help you complete this survey?**

- 1 Yes → **Please go to #31**
- 2 No → **End of Survey. Thank you**  
**Please return the completed survey in the postage-paid envelope.**

**31. How did that person help you?**  
**Please 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

**Thank you**

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



\*\*\*LETTER FOR FIRST SURVEY MAILING\*\*\*



FIRST AND LAST NAME  
LINE ONE OF ADDRESS  
LINE TWO OF ADDRESS (IF ANY)  
CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME]

**How do you feel about your health care?** AltaMed wants you to answer this survey about your doctor visits in the last 6 months. Your answers will help AltaMed to improve the quality of your health care. AltaMed is working with the RAND Corporation to collect the survey. The survey should only take about 10 minutes of your time to answer.

**Your Privacy is Protected.** All information that would let someone identify you will be kept private. RAND will not share your personal information with anyone without your permission.

**Your Participation is Voluntary.** You may choose to answer this survey or not. If you choose not to answer the survey, it will not affect the health care you get from AltaMed.

**Your Doctors Don't See Your Survey.** Your responses to this survey are **confidential**. RAND will not show your answers to your doctors.

We hope you answer the survey to let us know how you feel about your health care. Once you complete this survey, please put it in the enclosed postage-paid envelope and drop it in the nearest mail box.

If you have any questions about this survey, please call Andrea Moraga Holz at (XXX) [XXX-XXXX]. All calls to this number are free. Thank you for helping to make health care at AltaMed better for everyone!

Sincerely,

Scott Kim, MD  
Vice President of Patient Experience  
AltaMed Health

\*\*\*LETTER FOR SECOND SURVEY MAILING\*\*\*



FIRST AND LAST NAME  
LINE ONE OF ADDRESS  
LINE TWO OF ADDRESS (IF ANY)  
CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME]

**How do you feel about your health care?** AltaMed recently sent you a survey about your doctor visits in the last 6 months. If you have already returned your survey, thank you for your help!

If you have not had time to answer the survey, here is another copy. We hope you answer this survey to help AltaMed to improve the quality of your health care. AltaMed is working with the RAND Corporation to collect the survey. The survey should only take about 10 minutes of your time to answer.

**Your Privacy is Protected.** All information that would let someone identify you will be kept private. RAND will not share your personal information with anyone without your permission.

**Your Participation is Voluntary.** You may choose to answer this survey or not. If you choose not to answer the survey, it will not affect the health care you get from AltaMed.

**Your Doctors Don't See Your Survey.** Your responses to this survey are **confidential**. RAND will not show your answers to your doctors.

Your feedback is important to AltaMed. Once you complete this survey, please put it in the enclosed postage-paid envelope and drop it in the nearest mail box.

If you have any questions about this survey, please call Andrea Moraga Holz at (XXX) [XXX-XXXX]. All calls to this number are free. Thank you for helping to make health care at AltaMed better for everyone!

Sincerely,

Scott Kim, MD  
Vice President of Patient Experience  
AltaMed Health

# Your Experiences with Health Care



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AltaMed is asking you to complete this survey. AltaMed is working with the RAND Corporation, an independent professional survey organization, to conduct the survey. The survey is funded by the Agency for Healthcare Research and Quality.

The survey asks about your care from AltaMed in the last 6 months, and should only take about 10 minutes or less of your time. Altamed will use the information from the survey to learn where and how to improve the quality of the care they provide.

The survey is voluntary, and it is your decision whether or not to complete the survey. If you decide not to take part in the survey, your care from AltaMed will not be affected in any way.

The information that you provide will be kept **completely private and confidential**. Your answers will never be matched with your name. No one involved in your care will see your individual answers. RAND will combine your answers with those of other people who complete the survey to create a summary report that tells AltaMed about patients' experiences with their providers and medical offices.

AltaMed hopes you answer the survey to share how you feel about your health care. Once you complete this survey, please put it in the enclosed postage-paid envelope and drop it in the nearest mail box.

## 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

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## Your Provider

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1. Our records show that you got care from the provider named below in the last 6 months.

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Is that right?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to #23 on page 4**

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 you need a check-up, want advice about a health problem, or get sick or hurt?

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

3. How long have you been going to this provider?

- <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 3 years  
<sup>4</sup>  At least 3 years but less than 5 years  
<sup>5</sup>  5 years or more

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## Your Care From This Provider in the Last 6 Months

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These 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.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

None → **If None, go to #23 on page 4**

- 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

5. In the last 6 months, did you contact this provider’s office to get an appointment for an illness, injury, or condition that **needed care right away**?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to #7**

6. In the last 6 months, when you contacted this provider’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

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

7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?

<sup>1</sup>  Yes

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

8. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #11**

10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

12. In the last 6 months, how often did this provider listen carefully to you?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

13. In the last 6 months, how often did this provider seem to know the important information about your medical history?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

14. In the last 6 months, how often did this provider show respect for what you had to say?

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

15. In the last 6 months, how often did this provider spend enough time with you?

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

16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to #18**

17. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

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

18. 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

19. In the last 6 months, did you take any prescription medicine?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to #21**

20. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

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



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## Clerks and Receptionists at This Provider's Office

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21. In the last 6 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

22. In the last 6 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

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## About You

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

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

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

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

25. 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

26. Do you currently describe yourself as male, female, or transgender?

- 1 Male
- 2 Female
- 3 Transgender
- 4 None of these

27. What is the highest grade or level of school that you have completed?

- <sup>1</sup>  8th grade or less
- <sup>2</sup>  Some high school, but did not graduate
- <sup>3</sup>  High school graduate or GED
- <sup>4</sup>  Some college or 2-year degree
- <sup>5</sup>  4-year college graduate
- <sup>6</sup>  More than 4-year college degree

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

- <sup>1</sup>  Yes, Hispanic or Latino
- <sup>2</sup>  No, not Hispanic or Latino

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

- <sup>1</sup>  White
- <sup>2</sup>  Black or African American
- <sup>3</sup>  Asian
- <sup>4</sup>  Native Hawaiian or Other Pacific Islander
- <sup>5</sup>  American Indian or Alaska Native

30. Did someone help you complete this survey?

- <sup>1</sup>  Yes
- <sup>2</sup>  No → **Thank you.**

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

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

- <sup>1</sup>  Read the questions to me
- <sup>2</sup>  Wrote down the answers I gave
- <sup>3</sup>  Answered the questions for me
- <sup>4</sup>  Translated the questions into my language
- <sup>5</sup>  Helped in some other way

**Thank you.**

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

\*\*\*LETTER FOR FIRST SURVEY MAILING\*\*\*



FIRST AND LAST NAME  
LINE ONE OF ADDRESS  
LINE TWO OF ADDRESS (IF ANY)  
CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME]

**We at AltaMed need your help.** Our records indicate that you have visited AltaMed in the last 6 months, and we would like you to tell us about your care. We are committed to providing you with the best quality health care available, and your input will help us to achieve this goal. This brief survey should only take about 10 minutes or less of your time.

The information that you provide will be kept **completely private and confidential**. Your answers will never be matched with your name. No one involved in your care will see your individual answers. We have hired RAND Corporation, an independent professional survey organization, to conduct the survey. RAND will combine your answers with those of other people who complete the survey to create a summary report that tells us about our patients' experiences with our providers and medical offices.

We hope you answer the survey to let us know how you feel about your health care. Once you complete this survey, please put it in the enclosed postage-paid envelope and drop it in the nearest mail box.

If you have any questions about this survey, please call Andrea Moraga Holz at (XXX) [XXX-XXXX]. All calls to this number are free. Thank you for helping to make health care at AltaMed better for everyone!

Sincerely,

Scott Kim, MD  
Vice President of Patient Experience  
AltaMed Health

\*\*\*LETTER FOR SECOND SURVEY MAILING\*\*\*



FIRST AND LAST NAME  
LINE ONE OF ADDRESS  
LINE TWO OF ADDRESS (IF ANY)  
CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME]

**We at AltaMed need your help.** Recently, we sent you a survey asking about your experiences with AltaMed. If you have already responded, we thank you for your feedback. If you have not had time to respond or you have lost the survey, please take a few minutes to complete the enclosed survey now. By answering the questions, you will help us to improve the quality of care we provide our patients. It should take only 10 minutes to answer these questions.

The information that you provide will be kept **completely private and confidential** and your answers will never be matched with your name. No one involved in your care will see your individual answers.

We hope you will take this chance to tell us about your experiences with health care. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive. **If you choose not to participate, this will not affect the health care you get from your providers.**

If you have any questions about this survey, please call Andrea Moraga Holz at (XXX) [XXX-XXXX]. All calls to this number are free. Thank you for helping to make health care at AltaMed better for everyone!

Sincerely,

Scott Kim, MD  
Vice President of Patient Experience  
AltaMed Health