

**National Implementation of the Hospital Consumer
Assessment of Healthcare Providers and Systems
(HCAHPS) Survey**

CMS-10102

**Attachment B
HCAHPS Survey Instrument (Telephone) and Supporting Materials**

Prepared by

Division of Consumer Assessment & Plan Performance
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

HCAHPS

Telephone Script (English)

Overview

This telephone interview script is provided to assist interviewers while attempting to reach the patient. The script explains the purpose of the survey and confirms necessary information about the patient. Interviewers must not conduct the survey with a proxy.

Note: No proxy respondents are permitted in the administration of the HCAHPS Survey. However, an individual may assist the patient by repeating questions-- but only the patient may provide answers to the survey.

General Interviewing Conventions and Instructions

- The telephone introduction script must be read verbatim
- It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)
- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
 - However, YES and NO response options are to be read if necessary
- All questions and all answer categories must be read exactly as they are worded
 - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
 - Thank you
 - Alright
 - Okay
 - I understand, or I see
 - Yes, Ma'am
 - Yes, Sir
- Read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- Adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent
- No changes are permitted to the order of the question and answer categories for the core and “About You” HCAHPS questions
- The Core HCAHPS questions (Questions 1-25) must remain together
- The seven “About You” HCAHPS questions must remain together
- All transitional statements must be read
- Text that is underlined must be emphasized
- Characters in < > must not be read
- [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens.
- Only one language (i.e., English, Spanish, Chinese, or Russian) must appear on the electronic interviewing system screen

- MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system scripts, however this option must not be read out loud to the patient. MISSING/DK response options allow the telephone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."
- Skip patterns should be programmed into the electronic telephone interviewing system.
 - Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 10 of the HCAHPS Survey, the program should skip Question 11, and go to Question 12. Question 11 must then be coded as "8 - Not applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.
 - When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 10 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 10, then the telephone interviewing system should be programmed to skip Question 11, and go to Question 12. Question 11 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.

NOTE: SEE INTERVIEWING GUIDELINES IN APPENDIX M FOR GUIDELINES ON HOW TO HANDLE DIFFICULT TO REACH PATIENTS.

INITIATING CONTACT

START Hello, may I please speak to [SAMPLED PATIENT NAME]?

OPTIONAL START Hello, my name is [INTERVIEWER NAME], may I speak to [SAMPLED PATIENT NAME]?

<1> YES [GO TO INTRO]

<2> NO [REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. We are conducting a survey about healthcare. Is [SAMPLED PATIENT NAME] available?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:

For this survey, we need to speak directly to [SAMPLED PATIENT NAME]. Is [SAMPLED PATIENT NAME] available?

IF THE SAMPLED PATIENT IS NOT AVAILABLE:

Can you tell me a convenient time to call back to speak with (him/her)?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:

If you don't have the time now, when is a more convenient time to call you back?

IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR":

I would like to speak with [PATIENT NAME] who is approximately [AGE RANGE].

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN HE OR SHE PICKS UP.

CALL BACK TO COMPLETE A PREVIOUSLY STARTED SURVEY

START: Hello, may I please speak to [SAMPLED PATIENT NAME]?

<1> YES [GO TO CONFIRM PATIENT]

<2> NO [REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING: This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. Is [SAMPLED PATIENT NAME] available to complete a survey that [HE/SHE] started at an earlier date?

CONFIRM PATIENT: This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. I would like to confirm that I am speaking with [SAMPLED PATIENT NAME]. I am calling to continue the survey started on an earlier date. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

SPEAKING WITH SAMPLED PATIENT

INTRO Hi, this is [INTERVIEWER NAME], calling (OPTIONAL TO STATE from [DATA COLLECTION CONTRACTOR]) on behalf of [HOSPITAL NAME]. [HOSPITAL NAME] is participating in a survey about the care people receive in the hospital. This survey is part of a national initiative to measure the quality of care in hospitals. Survey results can be used by people to choose a hospital. Your answers may be shared with the hospital for purposes of quality improvement.

Participation in the survey is completely voluntary and will not affect your health care or your benefits. It should take about 8 minutes [OR HOSPITAL/SURVEY VENDOR SPECIFY] to answer.

This call may be monitored (OPTIONAL TO STATE and/or recorded) for quality improvement purposes.

OPTIONAL QUESTION TO INCLUDE:

I'd like to begin the survey now, is this a good time for us to continue?

NOTE: THE STATED NUMBER OF MINUTES TO COMPLETE THE SURVEY MUST BE AT LEAST 8 MINUTES. IF SUPPLEMENTAL ITEMS ARE ADDED TO THE SURVEY, THIS NUMBER SHOULD BE INCREASED ACCORDINGLY.

S1: Our records show that you were discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE (mm/dd/yyyy)]. Is that right?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES [GO TO Q1_INTRO]
<2> NO [GO TO INEL1]
<3> DON'T KNOW [GO TO INEL1]
<4> REFUSAL [GO TO INEL1]

CONFIRMING INELIGIBLE PATIENTS

INEL1: Were you ever at this hospital?
<1> YES [GO TO INEL2]
<2> NO [GO TO INEL_END]

INEL2: Were you a patient at this hospital in the last year?
<1> YES [GO TO INEL3]
<2> NO [GO TO INEL_END]

INEL3: When was this?

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO Q1_INTRO; OTHERWISE, GO TO INEL_END.

INEL_END: Thank you for your time. It looks like we made a mistake. Have a good (day/evening).

BEGIN HCAHPS QUESTIONS

Q1_INTRO Please answer the questions in this survey about this stay at [HOSPITAL NAME]. When thinking about your answers, do not include any other hospital stays. The first questions are about the care you received from nurses during this hospital stay.

BE PREPARED TO PROBE IF THE PATIENT ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT.

Q1 During this hospital stay, how often do nurses treat you with courtesy and respect? Would you say... ++d

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q2 During this hospital stay, how often did nurses listen carefully to you? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q3 During this hospital stay, how often did nurses explain things in a way you could understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q4 During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually,
- <4> Always, or
- <9> I never pressed the call button?

<M> MISSING/DK

Q5_INTRO The next questions are about the care you received from doctors during this hospital stay.

Q5 During this hospital stay, how often did doctors treat you with courtesy and respect? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q6 During this hospital stay, how often did doctors listen carefully to you? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q7 During this hospital stay, how often did doctors explain things in a way you could understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q8_INTRO The next set of questions is about the hospital environment.

Q8 During this hospital stay, how often were your room and bathroom kept clean? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q9 During this hospital stay, how often was the area around your room quiet at night?
Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

- <M> MISSING/DK

Q10_INTRO The next questions are about your experiences in this hospital.

Q10 During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES
- <2> NO [GO TO Q12]

- <M> MISSING/DK [GO TO Q12]

Q11 How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

- [<8> NOT APPLICABLE]
- <M> MISSING/DK

[NOTE: IF Q10 = "2 - NO" THEN Q11 = "8 - NOT APPLICABLE" OR IF Q10 = "M - MISSING/DK" THEN Q11 = "MISSING/DK"]

Q12 During this hospital stay, did you have any pain?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES
- <2> NO [GO TO Q15]

- <M> MISSING/DK [GO TO Q15]

Q13 During this hospital stay, how often did hospital staff talk with you about how much pain you had? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<8> NOT APPLICABLE]

<M> MISSING/DK

[NOTE: IF Q12 = "2 - NO" THEN Q13 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q13 = "M - MISSING/DK"]

Q14 During this hospital stay, how often did hospital staff talk with you about how to treat your pain? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<8> NOT APPLICABLE]

<M> MISSING/DK

[NOTE: IF Q12 = "2 - NO" THEN Q14 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q14 = "M - MISSING/DK"]

Q15 During this hospital stay, were you given any medicine that you had not taken before?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES
- <2> NO [GO TO Q18_INTRO]
- <M> MISSING/DK [GO TO Q18_INTRO]

Q16 Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<8> NOT APPLICABLE]

<M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q16 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q16 = "M - MISSING/DK"]

Q17 Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<8> NOT APPLICABLE]

<M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18_INTRO The next questions are about when you left the hospital.

Q18 After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

READ RESPONSE CHOICES 1, 2 AND 3 ONLY *IF NECESSARY*

- <1> OWN HOME
- <2> SOMEONE ELSE'S HOME
- <3> ANOTHER HEALTH FACILITY [GO TO Q21]

- <M> MISSING/DK [GO TO Q21]

Q19 During this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO

[<8> NOT APPLICABLE]

<M> MISSING/DK

[NOTE: IF Q18 = "3 - ANOTHER HEALTH FACILITY" THEN Q19 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q19 = "M - MISSING/DK"]

Q20 During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO

[<8> NOT APPLICABLE]

<M> MISSING/DK

[NOTE: IF Q18 = "3 - ANOTHER HEALTH FACILITY" THEN Q20 = "8 - NOT APPLICABLE" IF Q18 = "M - MISSING/DK" THEN Q20 = "M - MISSING/DK"]

Q21 We want to know your overall rating of your stay at [FACILITY NAME]. This is the stay that ended around [DISCHARGE DATE (mm/dd/yyyy)]. Please do not include any other hospital stays in your answer.

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING: “Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?”

- <0> 0
- <1> 1
- <2> 2
- <3> 3
- <4> 4
- <5> 5
- <6> 6
- <7> 7
- <8> 8
- <9> 9
- <10> 10

<M> MISSING/DK

Q22 Would you recommend this hospital to your friends and family? Would you say...

- <1> Definitely no,
- <2> Probably no,
- <3> Probably yes, or
- <4> Definitely yes?

<M> MISSING/DK

Q23_INTRO We have a few more questions about this hospital stay.

Q23 During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left. Would you say...

- <1> Strongly disagree,
- <2> Disagree,
- <3> Agree, or
- <4> Strongly agree?

<M> MISSING/DK

Q24 When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. Would you say...

- <1> Strongly disagree,
- <2> Disagree,
- <3> Agree, or
- <4> Strongly agree?

<M> MISSING/DK

Q25 When I left the hospital, I clearly understood the purpose for taking each of my medications. Would you say...

- <1> Strongly disagree,
- <2> Disagree,
- <3> Agree,
- <4> Strongly agree, or
- <5> I was not given any medication when I left the hospital?

<M> MISSING/DK

IF THE PATIENT SEEMS CONFUSED BECAUSE HE/SHE RECEIVED A PRESCRIPTION INSTEAD OF MEDICATION, THEN PROBE BY READING THE FOLLOWING: "If you left the hospital with a prescription for a medication rather than an actual medication, please answer the question based on your understanding of the purpose for taking the prescription."

Q26_INTRO This next set of questions is about you.

Q26 During this hospital stay, were you admitted to this hospital through the Emergency Room?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO

<M> MISSING/DK

Q27 In general, how would you rate your overall health? Would you say that it is...

<1> Excellent,

<2> Very good,

<3> Good,

<4> Fair, or

<5> Poor?

<M> MISSING/DK

Q28 In general, how would you rate your overall mental or emotional health? Would you say that it is...

<1> Excellent,

<2> Very good,

<3> Good,

<4> Fair, or

<5> Poor?

<M> MISSING/DK

Q29 What is the highest grade or level of school that you have completed? Please listen to all six response choices before you answer. Did you...

- <1> Complete the 8th grade or less,
- <2> Complete some high school, but did not graduate,
- <3> Graduate from high school or earn a GED,
- <4> Complete some college or earn a 2-year degree,
- <5> Graduate from a 4-year college, or
- <6> Complete more than a 4-year college degree?

<M> MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELORS DEGREE SHOULD BE CODED AS 4. IF THE PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF HE/SHE HAS A HIGH SCHOOL DIPLOMA AND CODE 2 OR 3, AS APPROPRIATE.

Q30 Are you of Spanish, Hispanic or Latino origin or descent?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <X> YES
- <1> NO

<M> MISSING/DK

IF YES: Would you say you are... (READ ALL RESPONSE CHOICES)

- <2> Puerto Rican,
- <3> Mexican, Mexican American, Chicano,
- <4> Cuban, or
- <5> Other Spanish/Hispanic/Latino?

<M> MISSING/DK

[FOR TELEPHONE INTERVIEWING, QUESTION 31 IS BROKEN INTO PARTS A-E]

READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE PATIENT REPLIES, “WHY ARE YOU ASKING MY RACE?”:

We ask about your race for demographic purposes. We want to be sure that the people we survey accurately represent the racial diversity in this country.

IF THE PATIENT REPLIES, “I ALREADY TOLD YOU MY RACE”:

I understand, however the survey requires me to ask about all races so results can include people who are multiracial. If the race does not apply to you please answer “No”. Thanks for your patience.

Q31 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer “Yes” or “No” to each of the categories.

Q31A Are you White?

- <1> YES/WHITE
- <0> NO/NOT WHITE

- <M> MISSING/DK

Q31B Are you Black or African-American?

- <1> YES/BLACK OR AFRICAN AMERICAN
- <0> NO/NOT BLACK OR AFRICAN AMERICAN

- <M> MISSING/DK

Q31C Are you Asian?

- <1> YES/ASIAN
- <0> NO/NOT ASIAN

- <M> MISSING/DK

Q31D Are you Native Hawaiian or other Pacific Islander?

- <1> YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- <0> NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

- <M> MISSING/DK

Q31E Are you American Indian or Alaska Native?

- <1> YES/AMERICAN INDIAN OR ALASKA NATIVE
- <0> NO/NOT AMERICAN INDIAN OR ALASKA NATIVE

<M> MISSING/DK

Q32 What language do you mainly speak at home? Please listen to all seven response choices before you answer. Would you say that you mainly speak...

- <1> English, [GO TO END]
- <2> Spanish, [GO TO END]
- <3> Chinese, [GO TO END]
- <4> Russian, [GO TO END]
- <5> Vietnamese, [GO TO END]
- <6> Portuguese, or [GO TO END]
- <9> Some other language? [GO TO Q32A]

<M> MISSING/DK [GO TO END]

IF THE PATIENT REPLIES WITH MULTIPLE LANGUAGES, PROBE:
Would you say that you mainly speak [LANGUAGE A] or [LANGUAGE B]?

IF THE PATIENT REPLIES THAT THEY SPEAK AMERICAN PLEASE
CODE AS 1 – ENGLISH.

Q32A What other language do you mainly speak at home?

[NOTE: PLEASE DOCUMENT THE OTHER LANGUAGE AND MAINTAIN
IN YOUR INTERNAL RECORDS.]

END: Those are all the questions I have. Thank you for your time. Have a good
(day/evening).

< THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL PUBLISHED
MATERIALS CONTAINING THIS CATI SCRIPT >

<NOTE: QUESTIONS 1-22 AND 26-32 ARE PART OF THE HCAHPS SURVEY AND ARE WORKS OF THE U.S.
GOVERNMENT. THESE HCAHPS QUESTIONS ARE IN THE PUBLIC DOMAIN AND THEREFORE ARE NOT
SUBJECT TO U.S. COPYRIGHT LAWS. THE THREE CARE TRANSITIONS MEASURE® QUESTIONS
(QUESTIONS 23-25) ARE COPYRIGHT OF ERIC A. COLEMAN, MD, MPH, ALL RIGHTS RESERVED.>

< THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL PUBLISHED MATERIALS CONTAINING THIS CATI SCRIPT >

“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 0938-0981. The time required to complete this information collected is estimated to average 8 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.”