Web Interview Screenshots  
for the Outpatient and Ambulatory Surgery CAHPS Survey

(OAS CAHPS®)

INTRO1 – IF NO DATE OF BIRTH MATCH, GO TO CONFIRM

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| OAS CAHPS® Survey | | | |
| Thank you for participating in the Outpatient and Ambulatory Surgery CAHPS Survey. To ensure privacy, please enter [NAME]’s date of birth to access the survey.  MM/DD/YYYY  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 0938-1240. Expiration date \_/\_/\_.The time required to complete this information collection 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 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. | | | |
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| Next> |  |  |  |
| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

CONFIRM – If yes, continue. If no, go to Q\_INELIG

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| OAS CAHPS® Survey | | | |
| That date of birth does not match our records. To ensure we have the correct record, please confirm if you had an outpatient surgery or procedure at [FACILITY NAME] on [DATE].   * + Yes   + No | | | |
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| Next> |  |  |  |
| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

INTRO2

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| OAS CAHPS® Survey | | | |
| [FACILITY NAME] is participating in a survey about patients’ experiences with outpatient surgeries and procedures. The results will be used to help [FACILITY NAME] understand patient experiences in their facilities.  Your participation in this survey is completely voluntary and will not affect any health care or benefits you receive. All information you provide is confidential and is protected by the Privacy Act. | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

INTRO3

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| OAS CAHPS® Survey | | | |
| This survey asks about your experience at [FACILITY NAME]. For this survey, we use the term “procedure” for diagnostic, surgical or other procedures. We refer to “facility” as the place where you had your procedure. Please answer these questions only for the procedure you had on [DATE]. Do not include any other procedures in your answers.  The first few questions are about getting ready for your procedure. Include any information you received before and on the day of your procedure. | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q1

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| OAS CAHPS® Survey | | | |
| **BEFORE YOUR PROCEDURE**  Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?     * + Yes, definitely   + Yes, somewhat   + No | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q2

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| OAS CAHPS® Survey | | | |
| **BEFORE YOUR PROCEDURE**  Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q3

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| OAS CAHPS® Survey | | | |
| *The next questions ask about the day of your procedure.*  **ABOUT THE FACILITY AND STAFF**  Did the check-in process run smoothly?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q4

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| OAS CAHPS® Survey | | | |
| **ABOUT THE FACILITY AND STAFF**  Was the facility clean?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q5

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| OAS CAHPS® Survey | | | |
| **ABOUT THE FACILITY AND STAFF**  Were the clerks and receptionists at the facility as helpful as you thought they should be?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q6

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| OAS CAHPS® Survey | | | |
| **ABOUT THE FACILITY AND STAFF**  Did the clerks and receptionists at the facility treat you with courtesy and respect?   * + Yes, definitely   + Yes, somewhat   + No | | | |
|  | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q7

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| OAS CAHPS® Survey | | | |
| **ABOUT THE FACILITY AND STAFF**  Did the doctors and nurses treat you with courtesy and respect?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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| <Back |  | **Next>** |  |
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Q8

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| OAS CAHPS® Survey | | | |
| **ABOUT THE FACILITY AND STAFF**  Did the doctors and nurses make sure you were as comfortable as possible?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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Q9

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| OAS CAHPS® Survey | | | |
| *As a reminder, please include any information you received before and on the day of the procedure.*  **COMMUNICATIONS ABOUT YOUR PROCEDURE**  Did the doctors and nurses explain your procedure in a way that was easy to understand?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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Q10 LOGIC AFTER: IF Q10 = NO THEN GO TO Q13

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| OAS CAHPS® Survey | | | |
| **COMMUNICATIONS ABOUT YOUR PROCEDURE**  Anesthesia is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia?   * + Yes   + No | | | |
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| <Back |  | **Next>** |  |
| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q11

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| OAS CAHPS® Survey | | | |
| **COMMUNICATIONS ABOUT YOUR PROCEDURE**  Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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Q12

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| OAS CAHPS® Survey | | | |
| **COMMUNICATIONS ABOUT YOUR PROCEDURE**  Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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Q13

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| OAS CAHPS® Survey | | | |
| **COMMUNICATIONS ABOUT YOUR PROCEDURE**  Discharge instructions include things like symptoms you should watch for after your procedure, instructions about medicines, and home care. Before you left the facility, did you receive written discharge instructions?   * + Yes   + No | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q14

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| OAS CAHPS® Survey | | | |
| **YOUR RECOVERY**  Did your doctor or anyone from the facility prepare you for what to expect during your recovery?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q15

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| OAS CAHPS® Survey | | | |
| **YOUR RECOVERY**  Some ways to control pain include prescription medicine, over-the-counter pain relievers or ice packs. Did your doctor or anyone from the facility give you information about what to do if you had pain as a result of your procedure?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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Q16

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| OAS CAHPS® Survey | | | |
| **YOUR RECOVERY**  At any time after leaving the facility, did you have pain as a result of your procedure?   * + Yes   + No | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q17

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| OAS CAHPS® Survey | | | |
| **YOUR RECOVERY**  Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had nausea or vomiting?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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Q18

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| OAS CAHPS® Survey | | | |
| **YOUR RECOVERY**  At any time after leaving the facility, did you have nausea or vomiting as a result of either your procedure or the anesthesia?   * + Yes   + No | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q19

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| OAS CAHPS® Survey | | | |
| **YOUR RECOVERY**  Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q20

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| OAS CAHPS® Survey | | | |
| **YOUR RECOVERY**  At any time after leaving the facility, did you have bleeding as a result of your procedure?   * + Yes   + No | | | |
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Q21

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| OAS CAHPS® Survey | | | |
| **YOUR RECOVERY**  Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?   * + Yes, definitely   + Yes, somewhat   + No | | | |
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Q22

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| OAS CAHPS® Survey | | | |
| **YOUR RECOVERY**  At any time after leaving the facility, did you have any signs of infection?   * + Yes   + No | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q23

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| OAS CAHPS® Survey | | | |
| **YOUR OVERALL EXPERIENCE**  Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Worst Facility |  |  |  |  |  |  |  |  |  | Best Facility | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |  |  |  |  |  |  |  |  |  |  |  | | | | |
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Q24

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| OAS CAHPS® Survey | | | |
| **YOUR OVERALL EXPERIENCE**  Would you recommend this facility to your friends and family?   * + Definitely no   + Probably no   + Probably yes   + Definitely yes | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q25

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  In general, how would you rate your overall health?   * + Excellent   + Very good   + Good   + Fair   + Poor | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q26

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  In general, how would you rate your overall mental or emotional health?   * + Excellent   + Very good   + Good   + Fair   + Poor | | | |
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Q27

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  What is your age?   * 18 to 24 * 25 to 34 * 35 to 44 * 45 to 54 * 55 to 64 * 65 to 74 * 75 to 79 * 80 to 84 * 85 or older | | | |
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Q28

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  Are you male or female?   * + Male   + Female | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q29

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  What is the highest grade or level of school that you have completed?   * 8th grade or less * Some high school, but did not graduate * High school graduate or GED * Some college or 2-year degree * 4-year college graduate * More than 4-year college degree | | | |
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Q30 LOGIC AFTER: IF Q30 = NO THEN GO TO Q32

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  Are you of Hispanic, Latino, or Spanish origin?   * + Yes, Hispanic, Latino, or Spanish   + No, not Hispanic, Latino, or Spanish | | | |
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| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q31

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  Which group best describes you?   * Mexican, Mexican American, Chicano * Puerto Rican * Cuban * Another Hispanic, Latino, or Spanish origin | | | |
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Q32

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  What is your race? You may select one or more categories.  White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Pacific Islander  None of the above | | | |
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Q32a PRELOGIC: IF Q32 = ASIAN, ASK Q32a; ELSE, GO TO Q33

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  Which groups best describe you? *You may select one or more categories.*  Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian  NONE OF THE ABOVE | | | |
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Q32b PRELOGIC: IF Q32 = HAWAIIAN, ASK Q32b ELSE, GO TO Q33.

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  Which groups best describe you? *You may select one or more categories.*  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander  NONE OF THE ABOVE | | | |
|  | | | |
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Q33

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  How well do you speak English?   * Very well * Well * Not well * Not at all | | | |
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Q34 LOGIC AFTER: IF Q34 = NO THEN GO TO Q36

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  Do you speak a language other than English at home?   * + Yes   + No | | | |
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Q35

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  What is that language?   * + Spanish   + Other Language (*Please specify*): | | | |
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Q36 LOGIC AFTER: IF Q36 = NO THEN GO TO Q\_END

|  |  |  |  |
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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  Did someone help you complete this survey?   * + Yes   + No | | | |
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Q37

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| OAS CAHPS® Survey | | | |
| **ABOUT YOU**  How did that person help you? *Check all that apply.*  Read the questions to me  Wrote down the answers I gave  Answered the questions for me  Translated the questions into my language  Helped in some other way (*Please explain*):  No one helped me complete this survey | | | |
|  | | | |
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Q\_END

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| --- | --- | --- | --- |
| OAS CAHPS® Survey | | | |
| You have completed the OAS CAHPS Survey. Thank you for your time. | | | |
|  | | | |
| <Back |  | **Submit>** |  |
| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |

Q\_INELIG PRELOGIC: DOB DOES NOT MATCH WHAT WE HAVE ON FILE AND CONFIRM=NO

|  |  |  |  |
| --- | --- | --- | --- |
| OAS CAHPS® Survey | | | |
| Thank you for your time. Looks like you are not the person we need to compete this survey. | | | |
|  | | | |
| <Back |  | **End>** |  |
| Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468. | | | |