

**WEB INTERVIEW SCREENSHOTS
FOR THE OUTPATIENT AND AMBULATORY SURGERY CAHPS SURVEY
(OAS CAHPS®)**

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

OAS CAHPS® Survey	
<p>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.</p>	
<input type="text" value="MM/DD/YYYY"/>	
<p>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.</p>	
<input type="button" value="Next>"/>	
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.</p>	

CONFIRM – If yes, continue. If no, go to Q_INELIG

OAS CAHPS® Survey	
<p>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].</p>	
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<input type="button" value="Next>"/>	
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.</p>	

INTRO2

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 ascahps@rti.org or call 1-866-590-7468.

INTRO3

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 ascahps@rti.org or call 1-866-590-7468.

Q1

OAS CAHPS® Survey

Q1. 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 or call 1-866-590-7468.

Q2

OAS CAHPS [®] Survey	
Q2. BEFORE YOUR PROCEDURE	
<p>Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?</p>	
<p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<input type="button" value=" <Back"/>	<input type="button" value=" Next >"/>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.</p>	

Q3

OAS CAHPS [®] Survey	
Q3. ABOUT THE FACILITY AND STAFF	
<p><i>The next questions ask about the day of your procedure.</i></p>	
<p>Did the check-in process run smoothly?</p>	
<p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<input type="button" value=" <Back"/>	<input type="button" value=" Next >"/>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.</p>	

Q4

OAS CAHPS[®] Survey

Q4. 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 or call 1-866-590-7468.

Q5

OAS CAHPS[®] Survey

Q5. 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 or call 1-866-590-7468.

Q6

OAS CAHPS® Survey	
Q6. ABOUT THE FACILITY AND STAFF	
Did the clerks and receptionists at the facility treat you with courtesy and respect?	
<input type="radio"/> Yes, definitely	
<input type="radio"/> Yes, somewhat	
<input type="radio"/> No	
<input type="button" value=" <Back"/>	<input type="button" value=" Next >"/>
Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.	

Q7

OAS CAHPS® Survey	
Q7. ABOUT THE FACILITY AND STAFF	
Did the doctors and nurses treat you with courtesy and respect?	
<input type="radio"/> Yes, definitely	
<input type="radio"/> Yes, somewhat	
<input type="radio"/> No	
<input type="button" value=" <Back"/>	<input type="button" value=" Next >"/>
Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.	

Q8

OAS CAHPS® Survey	
Q8. ABOUT THE FACILITY AND STAFF	
Did the doctors and nurses make sure you were as comfortable as possible?	
<input type="radio"/> Yes, definitely	
<input type="radio"/> Yes, somewhat	
<input type="radio"/> No	
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Questions? Contact the OAS CAHPS Survey Coordination Team at ocasahps@rti.org or call 1-866-590-7468.	

Q9

OAS CAHPS® Survey	
Q9. COMMUNICATIONS ABOUT YOUR PROCEDURE	
<i>As a reminder, please include any information you received before and on the day of the procedure.</i>	
Did the doctors and nurses explain your procedure in a way that was easy to understand?	
<input type="radio"/> Yes, definitely	
<input type="radio"/> Yes, somewhat	
<input type="radio"/> No	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q10 LOGIC AFTER: IF Q10 = NO THEN GO TO Q13

OAS CAHPS[®] Survey

Q10. 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q11

OAS CAHPS[®] Survey

Q11. 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q12

OAS CAHPS® Survey

Q12. 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q13

OAS CAHPS® Survey

Q13. 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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Q14

OAS CAHPS® Survey

Q14. 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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Q15

OAS CAHPS® Survey

Q15. 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q16

OAS CAHPS[®] Survey

Q16. 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 or call 1-866-590-7468.

Q17

OAS CAHPS[®] Survey

Q17. 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q18

OAS CAHPS[®] Survey

Q18. 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 or call 1-866-590-7468.

Q19

OAS CAHPS[®] Survey

Q19. 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 or call 1-866-590-7468.

Q20

OAS CAHPS[®] Survey

Q20. 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q21

OAS CAHPS[®] Survey

Q21. 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q22

OAS CAHPS® Survey

Q22. 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 or call 1-866-590-7468.

Q23

OAS CAHPS® Survey

Q23. 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q24

OAS CAHPS® Survey

Q24. 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 or call 1-866-590-7468.

Q25

OAS CAHPS® Survey

Q26. 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 or call 1-866-590-7468.

Q26

OAS CAHPS[®] Survey

Q28. ABOUT YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q27

OAS CAHPS[®] Survey

Q30. 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

Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q28

OAS CAHPS[®] Survey

Q32. 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 or call 1-866-590-7468.

Q29

OAS CAHPS[®] Survey

Q34. 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q30

LOGIC AFTER: IF Q30 = NO THEN GO TO Q32

OAS CAHPS[®] Survey

Q36. 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 or call 1-866-590-7468.

Q31

OAS CAHPS® Survey

Q38. ABOUT YOU

Which group best describes you?

- Mexican, Mexican American, Chicano
- Puerto Rican
- Cuban
- Another Hispanic, Latino, or Spanish origin

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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q32

OAS CAHPS® Survey

1 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q32a PRELOGIC: IF Q32 = ASIAN, ASK Q32a; ELSE, GO TO Q33

OAS CAHPS[®] Survey

Q40. 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q32b PRELOGIC: IF Q32 = HAWAIIAN, ASK Q32b ELSE, GO TO Q33.

OAS CAHPS[®] Survey

Q42. 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q33

OAS CAHPS[®] Survey

Q44. ABOUT YOU

How well do you speak English?

- Very well
- Well
- Not well
- Not at all

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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q34

LOGIC AFTER: IF Q34 = NO THEN GO TO Q36

OAS CAHPS[®] Survey

Q46. ABOUT YOU

Do you speak a language other than English at home?

- Yes
- No

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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q35

OAS CAHPS[®] Survey

Q48. ABOUT YOU

What is that language?

Spanish

Other Language (*Please specify*):

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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q36

LOGIC AFTER: IF Q36 = NO THEN GO TO Q_END

OAS CAHPS[®] Survey

Q50. ABOUT YOU

Did someone help you complete this survey?

- Yes
- No

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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q37

OAS CAHPS[®] Survey

Q52. 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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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q_END

OAS CAHPS [®] Survey	
<p>You have completed the OAS CAHPS Survey. Thank you for your time.</p>	
<Back	Submit>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at ocasahps@rti.org or call 1-866-590-7468.</p>	

Q_INELIG PRELOGIC: DOB DOES NOT MATCH WHAT WE HAVE ON FILE AND
CONFIRM=NO

OAS CAHPS [®] Survey	
<p>Thank you for your time. Looks like you are not the person we need to complete this survey.</p>	
<Back	End>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at ocasahps@rti.org or call 1-866-590-7468.</p>	