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		
	rticipating in the Outpatient and Ambulatory Surgery CAHPS Survey. To lease 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.			
Next>			
Questions? Contact	the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.		
CONEIDM If	and the state of INIELIC		

CONFIRM – If ves, continue. If no, go to O INELIG

OAS CAHPS [®] Surv	ey
at date of birth does not match our records. To ensure we have the correct record, ease confirm if you had an outpatient surgery or procedure at [FACILITY NAME] on [DA	TE].
O Yes	
O No	
Next>	
estions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-746	58.

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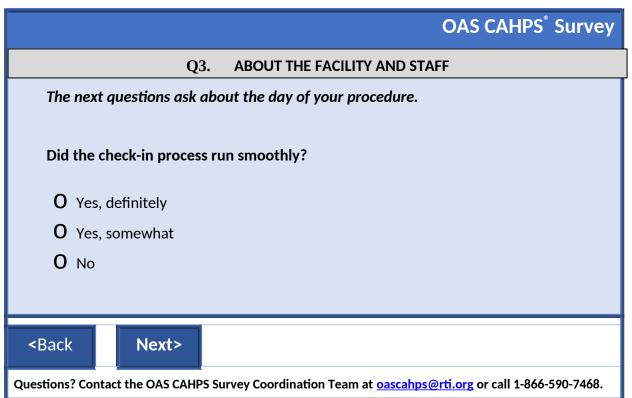
Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

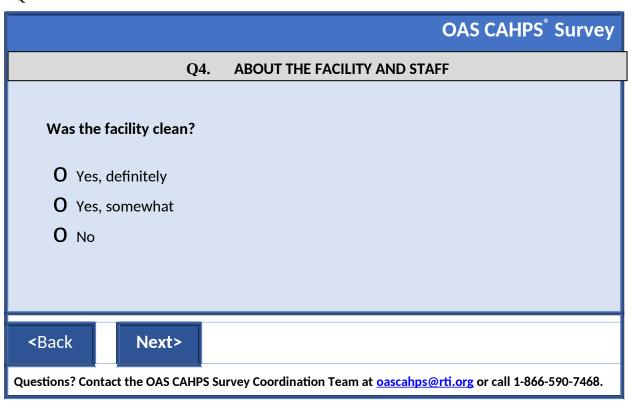
Q1

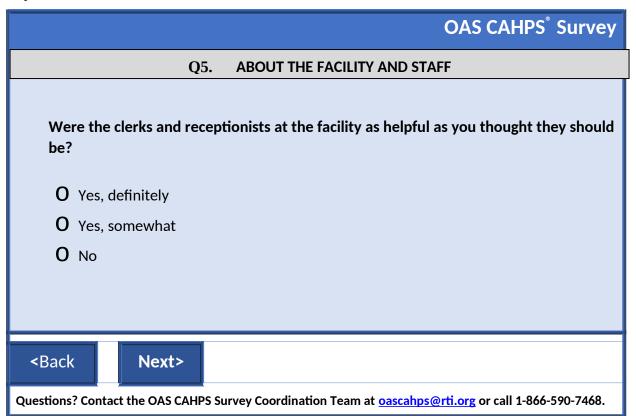
OAS CAHPS[®] Survey

Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure? O Yes, definitely O Yes, somewhat O No No No Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

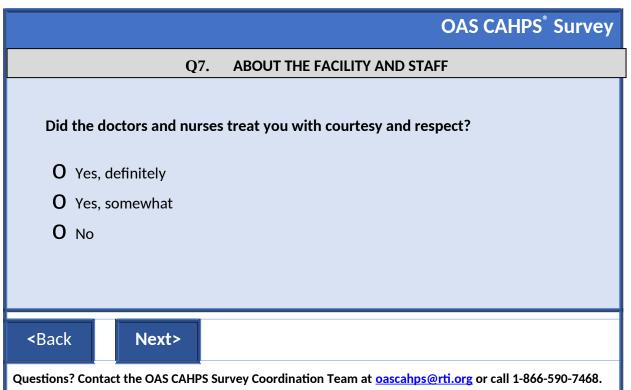
OAS CAHPS* Survey Q2. BEFORE YOUR PROCEDURE Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure? O Yes, definitely O Yes, somewhat O No CBack Next> Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.







OAS CAHPS® Survey Q6. ABOUT THE FACILITY AND STAFF Did the clerks and receptionists at the facility treat you with courtesy and respect? O Yes, definitely O Yes, somewhat O No | Sack | Next | | Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.



Q8. ABOUT THE FACILITY AND STAFF Did the doctors and nurses make sure you were as comfortable as possible? O Yes, definitely O Yes, somewhat O No Sack Next> Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q9

Q9. COMMUNICATIONS ABOUT YOUR PROCEDURE As a reminder, please include any information you received before and on the day of the procedure. Did the doctors and nurses explain your procedure in a way that was easy to understand? O Yes, definitely O Yes, somewhat O No

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

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? O Yes O No No No Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q11

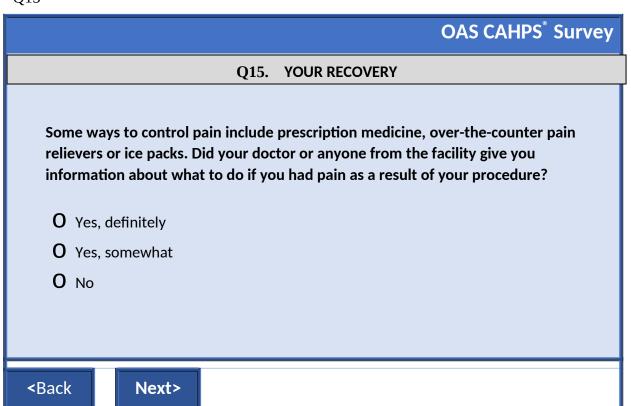
OAS CAHPS® Survey Q11. COMMUNICATIONS ABOUT YOUR PROCEDURE Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand? O Yes, definitely O Yes, somewhat O No

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? O Yes, definitely O Yes, somewhat O No <Back Next> Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

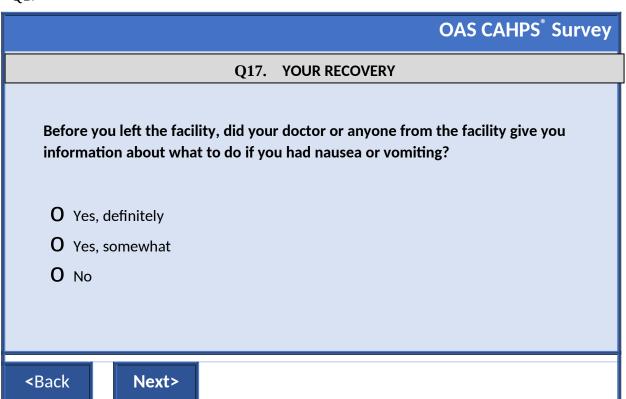
Q13

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? O Yes O No

OAS CAHPS* Survey Q14. YOUR RECOVERY Did your doctor or anyone from the facility prepare you for what to expect during your recovery? O Yes, definitely O Yes, somewhat O No Aback Next> Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.



Q16. YOUR RECOVERY At any time after leaving the facility, did you have pain as a result of your procedure? O Yes O No Aback Next> Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.



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? O Yes O No No No 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? O Yes, definitely O Yes, somewhat O 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? O Yes O No <Back Next> Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

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? O Yes, definitely O Yes, somewhat O No

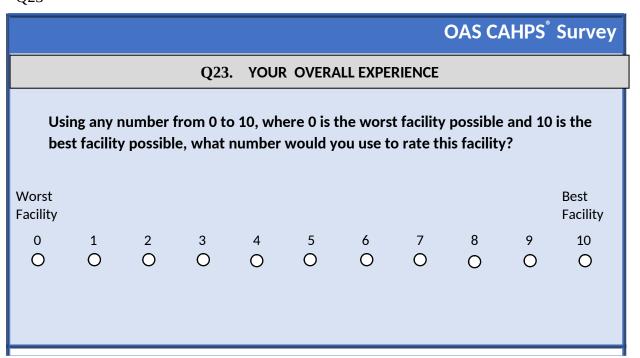
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Q22

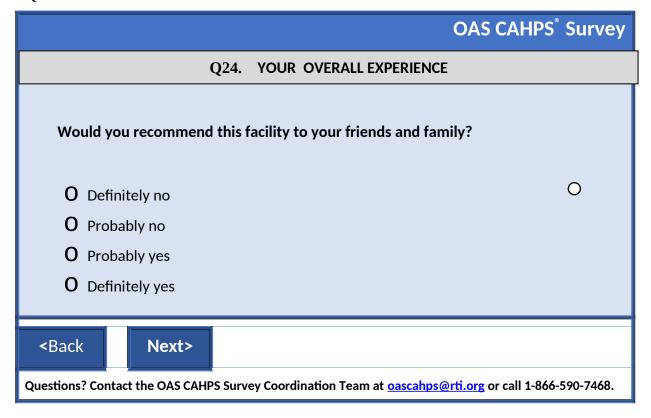
OAS CAHPS® Survey Q22. YOUR RECOVERY At any time after leaving the facility, did you have any signs of infection? O Yes O No ABack Next> Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.





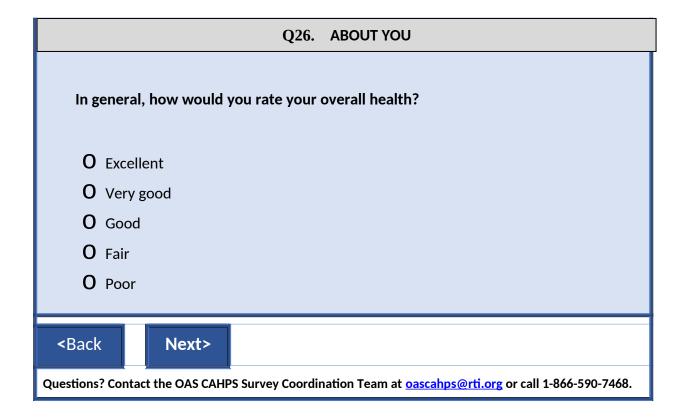
Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

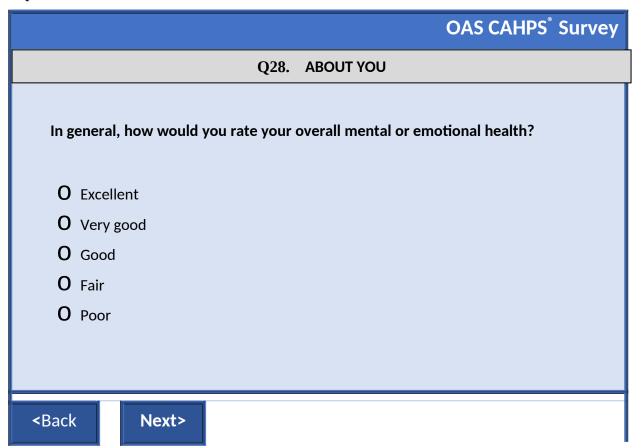
Q24



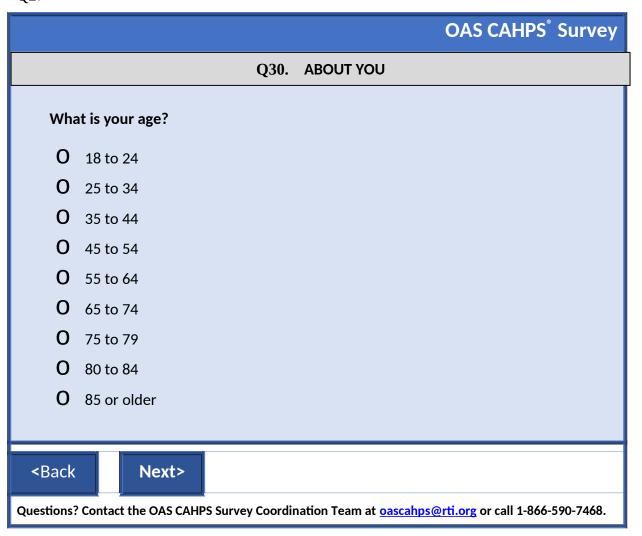
Q25

OAS CAHPS[®] Survey





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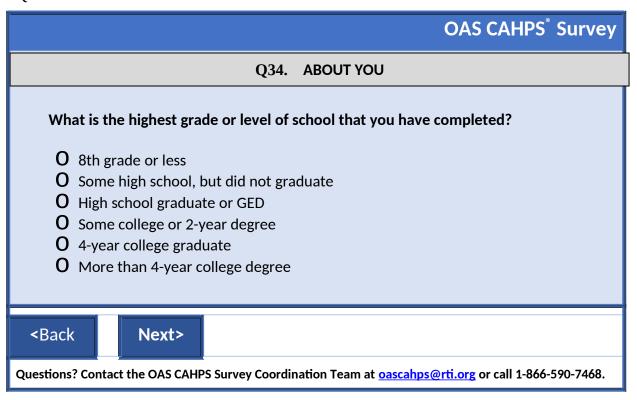
			OAS CAHPS [®] Survey
	Q32.	ABOUT YOU	
Are you male or female? O Male O Female			

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

Q29

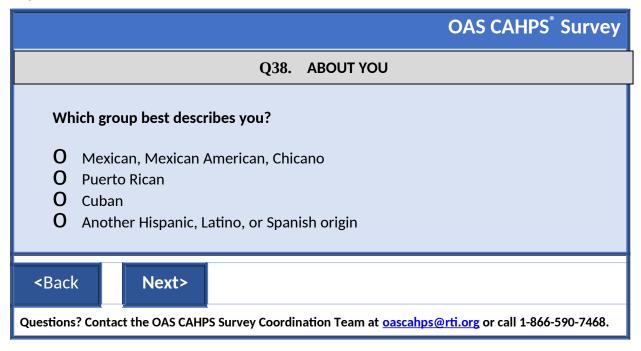


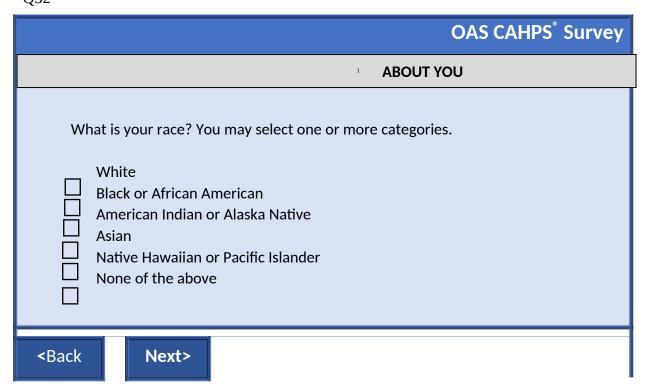
Q30 LOGIC AFTER: IF Q30 = NO THEN GO TO Q32

Q36. ABOUT YOU Are you of Hispanic, Latino, or Spanish origin? O Yes, Hispanic, Latino, or Spanish O No, not Hispanic, Latino, or Spanish

A Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q31





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 Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian NONE OF THE ABOVE	e or more categories.
<back next=""></back>	
Questions? Contact the OAS CAHPS Survey Coordination Team at oa	scahps@rti.org or call 1-866-590-7468.

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

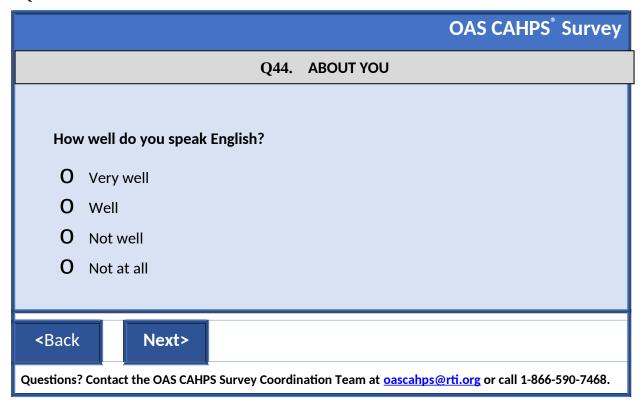
	OAS CAHPS [®] Survey
Q42. ABOUT YOU	
Which groups best describe you? You may select one or m Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander NONE OF THE ABOVE	ore categories.

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

Q33



Q34 LOGIC AFTER: IF Q34 = NO THEN GO TO Q36

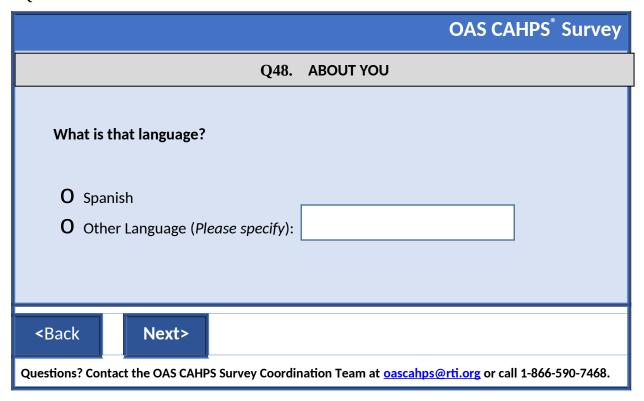
	OAS CAHPS [®] Survey
Q46. ABOUT YOU	
Do you speak a language other than English at home? O Yes	
O No	



Next>

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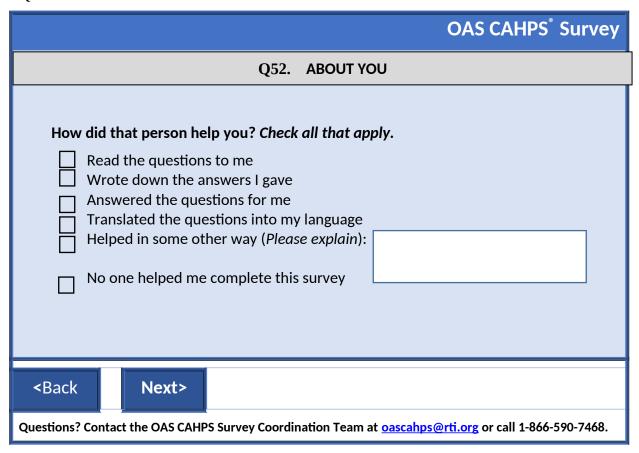
Q35



Q36 LOGIC AFTER: IF Q36 = NO THEN GO TO Q_END

OAS CAHPS[®] Survey

Q50. ABOUT YOU
Did someone help you complete this survey?
O Yes
O No
<back next=""></back>
Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.



Q_END

You have completed the OAS CAHPS Survey. Thank you for your time. | Submit | Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

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

