WEB SURVEY INSTRUMENT WITH EXAMPLE LAYOUT FOR THE OUTPATIENT AND AMBULATORY SURGERY CAHPS SURVEY (OAS CAHPS®)

LANDING PAGE, IF GENERIC WEB SURVEY URL USED

OAS CAHPS® Survey				
Please input your survey access code.				
Por favor ingrese su código de acceso.				
Take the Survey / Tome parte de la encuesta				

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

OAS CAHPS [®] Survey
Patient Name: <full from="" name="" patient="" record=""></full>
Thank you for participating in the Outpatient and Ambulatory Surgery CAHPS Survey. To ensure we are surveying the correct person, please enter your date of birth to access the survey. MM/DD/YYYY
Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXXX.
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 with an expiration date of December 31, 2021. 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.

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

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].

- O Yes, I had an outpatient surgery or procedure at [FACILITY NAME]
- O No, I did not have an outpatient surgery or procedure at [FACILITY NAME]

Next>

Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.

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.

<Back

Next>

Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.

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.

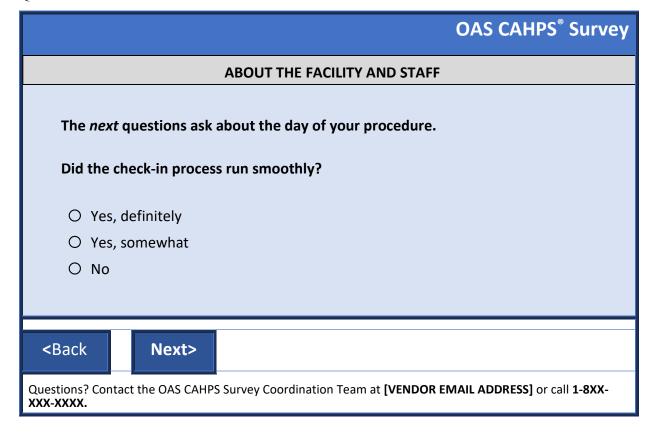
<Back

Next>

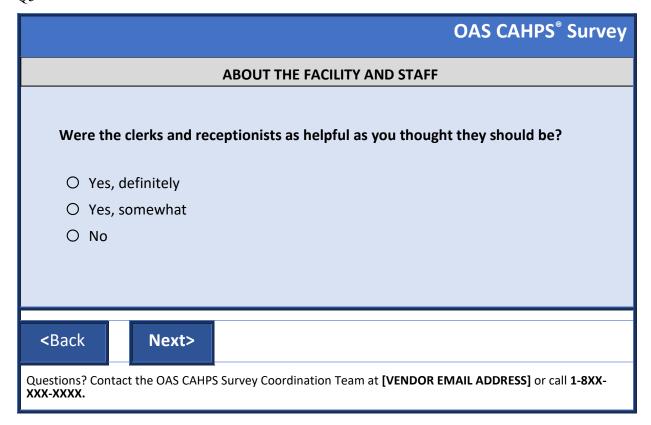
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.

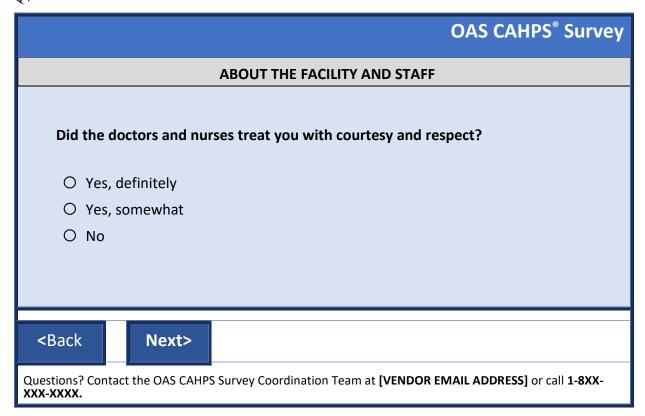
Q1

BEFORE YOUR PROCEDURE The first few questions are about getting ready for your procedure. Include any information you received before and on the day of your procedure. 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 No No Characteristics Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXXX-XXXX.



ABOUT THE FACILITY AND STAFF Was the facility clean? Yes, definitely Yes, somewhat No No No Characteristic Survey ABOUT THE FACILITY AND STAFF



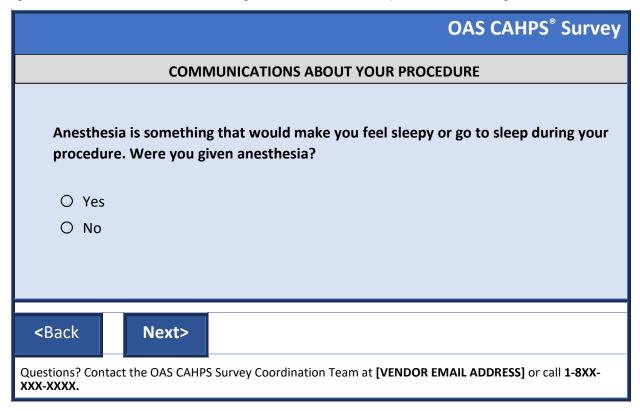


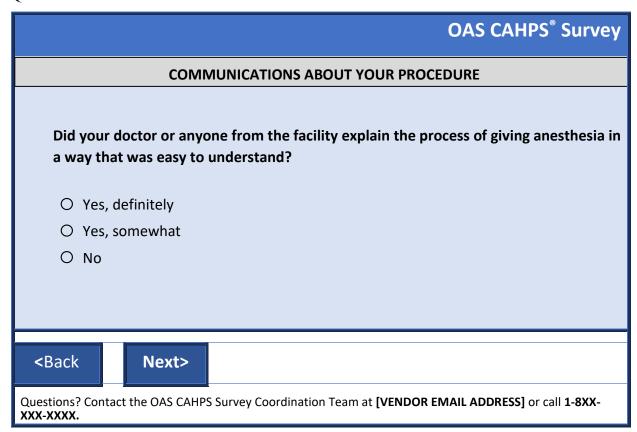
ABOUT THE FACILITY AND STAFF Did the doctors and nurses make sure you were as comfortable as possible? Yes, definitely Yes, somewhat No ABack Next> Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXXX.

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? Yes, definitely Yes, somewhat No No Cuestions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.

Q10 LOGIC AFTER: IF Q10 = NO OR BLANK, THEN GO TO Q13

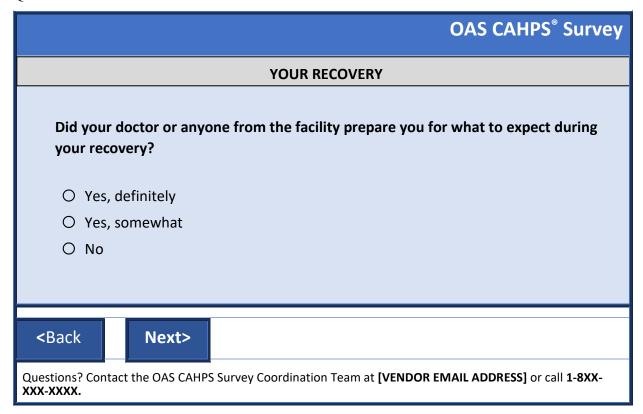




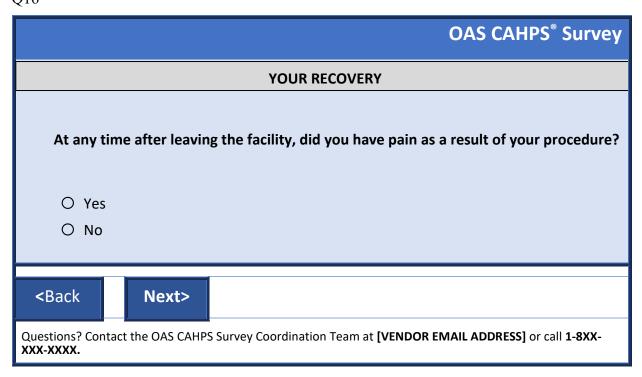
COMMUNICATIONS ABOUT YOUR PROCEDURE Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand? Yes, definitely Yes, somewhat No About 1-8xx Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8xx XXX-XXXX.

Q13

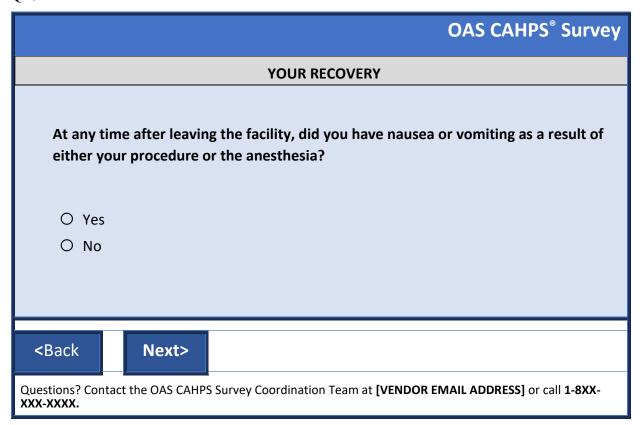
COMMUNICATIONS ABOUT YOUR PROCEDURE Discharge instructions include things like symptoms you should watch for after your procedure, instructions about medicines, and home care. Before you left the facility, did you receive written discharge instructions? Yes No No No Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.

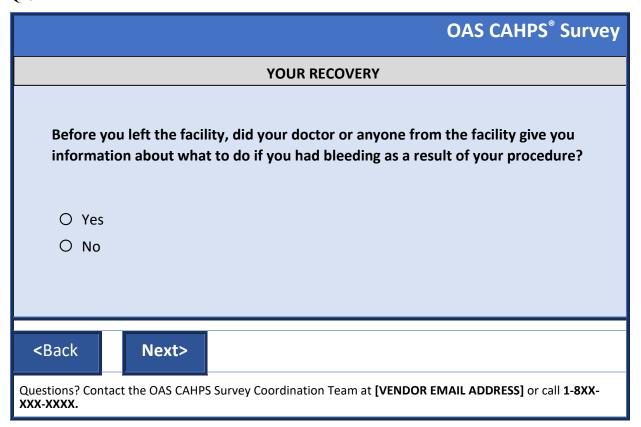


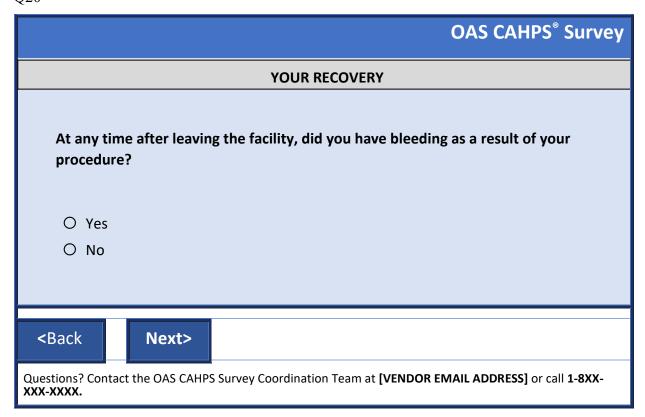
YOUR RECOVERY The next questions are about possible outcomes you could have during recovery. Some procedures do not require that you get this information. Please answer based on what you remember. Some ways to control pain include prescription medicine, over-the-counter pain relievers or ice packs. Did 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 No No No Rack Next> Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXXX.XXXX.

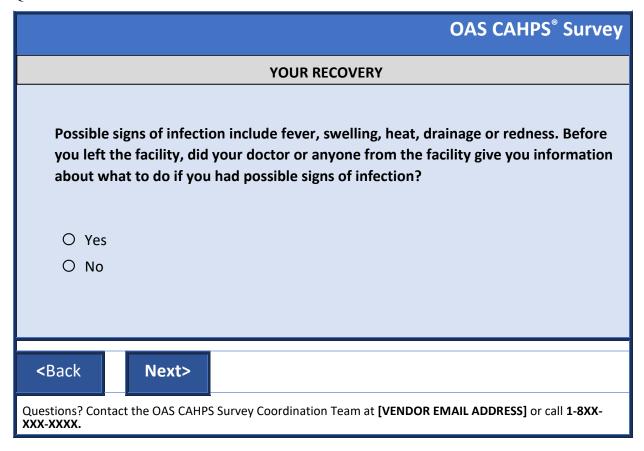


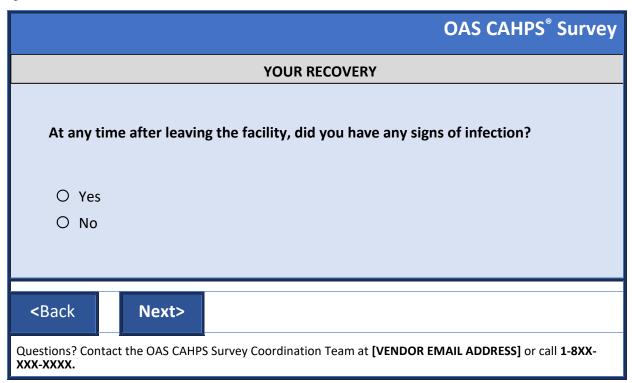
OAS CAHPS [®] S	urvey			
YOUR RECOVERY				
Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had nausea or vomiting? O Yes O No				
<back next=""></back>				
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXXX.				

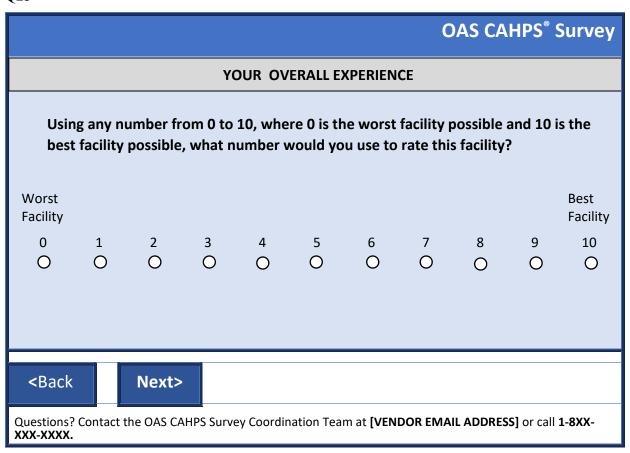


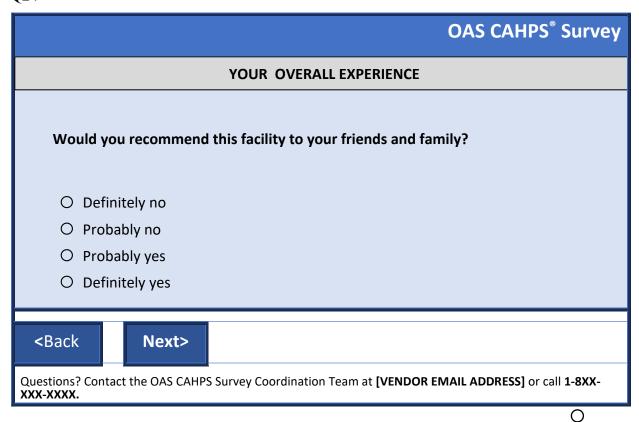


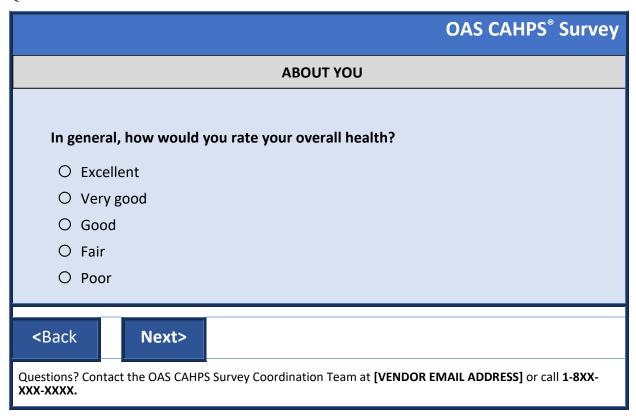


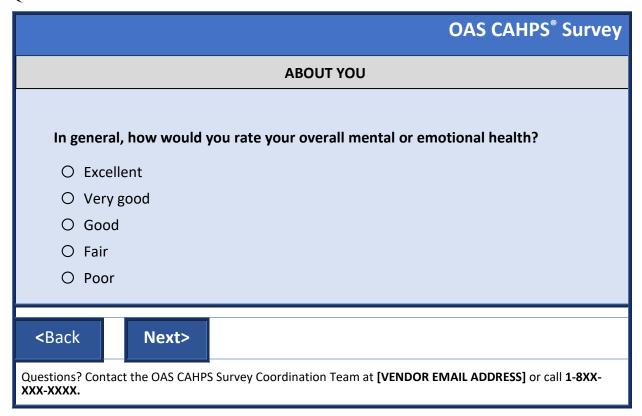






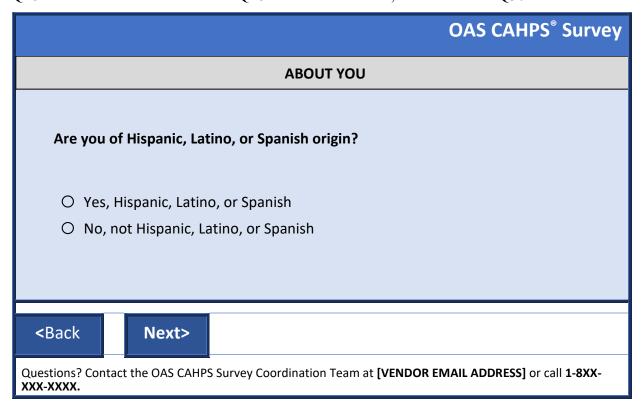




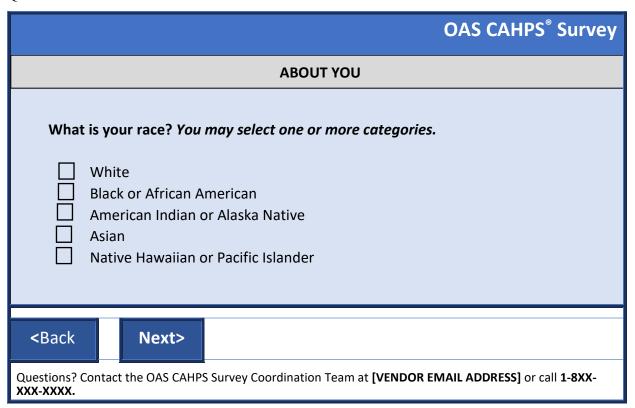


ABOUT YOU What is the highest grade or level of school that you have completed? 8th grade or less Some high school, but did not graduate High school graduate or GED Some college or 2-year degree 4-year college graduate More than 4-year college degree About 1-8xx-xxxxx.

Q28 LOGIC AFTER: IF Q28 = NO OR BLANK, THEN GO TO Q30



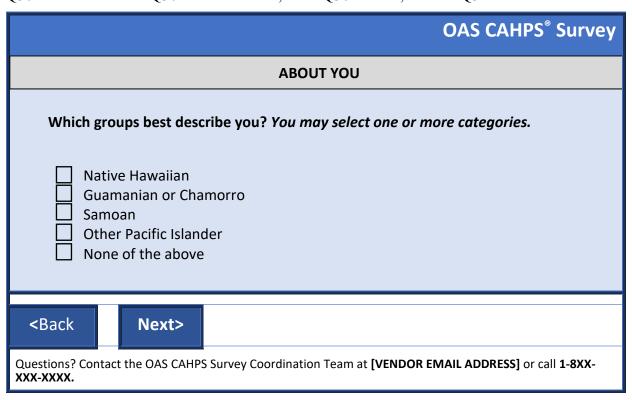
		OAS CAHPS® Survey		
ABOUT YOU				
Which	group best desci	ibes you?		
O Pu	erto Rican ban	American, Chicano atino, or Spanish origin		
<back< td=""><th>Next></th><th></th></back<>	Next>			
Questions? Cor	ntact the OAS CAHP	S Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX -		

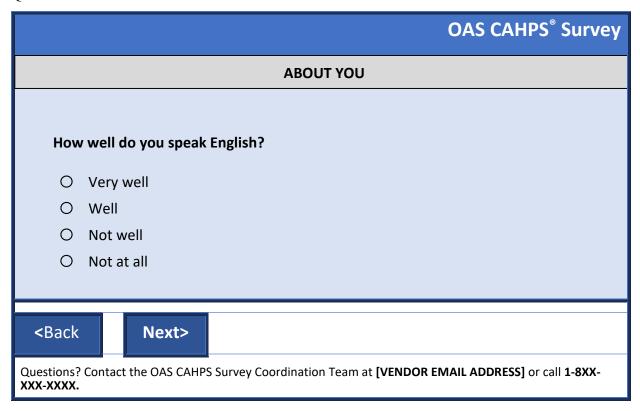


Q30a PRELOGIC: IF Q30 = ASIAN, ASK Q30a; ELSE, GO TO Q31

OAS CAHPS® Surve				
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				
<back next=""></back>				
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXXX.				

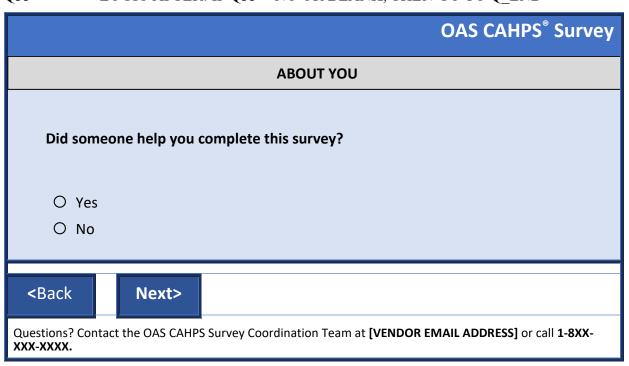
Q30b PRELOGIC: IF Q30 = HAWAIIAN, ASK Q30b ELSE, GO TO Q31.





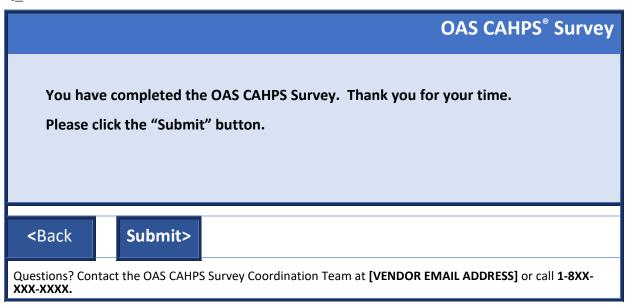
			OAS CAHPS® Survey		
ABOUT YOU					
What language do you mainly speak at home?					
O English					
O Spanish					
O Chinese					
O Russian					
O Vietname	O Vietnamese				
O Portuguese					
O German					
O Some other language					
<back< td=""><td>Next></td><td></td><td></td></back<>	Next>				
Questions? Contact the XXX-XXXX.	e OAS CAHPS	S Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-		

Q33 LOGIC AFTER: IF Q33 = NO OR BLANK, THEN GO TO Q END



	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					
<back next=""></back>					
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXXX.					

Q_END



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

