

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

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

| <b>OAS CAHPS® Survey</b>   |  |
|--|--|
| <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>   |  |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">MM/DD/YYYY</div>   |  |
| <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> |  |
| <div style="background-color: #0056b3; color: white; padding: 5px; display: inline-block;">Next&gt;</div>  |  |
| <p>Questions? Contact the OAS CAHPS Survey Coordination Team at <a href="mailto:ascahps@rti.org">ascahps@rti.org</a> or call 1-866-590-7468.</p>   |  |

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

| <b>OAS CAHPS® Survey</b>   |  |
|--|--|
| <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>   |  |
| <div style="background-color: #0056b3; color: white; padding: 5px; display: inline-block;">Next&gt;</div>  |  |
| <p>Questions? Contact the OAS CAHPS Survey Coordination Team at <a href="mailto:ascahps@rti.org">ascahps@rti.org</a> 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](mailto: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](mailto: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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q2

| OAS CAHPS® Survey   |   |
|---|---|
| <b>Q2. BEFORE YOUR PROCEDURE</b>  |   |
| <p><b>Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?</b></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=" &lt;Back"/>  | <input type="button" value=" Next &gt;"/> |
| <p>Questions? Contact the OAS CAHPS Survey Coordination Team at <a href="mailto:oascahps@rti.org">oascahps@rti.org</a> or call 1-866-590-7468.</p>                |   |

Q3

| OAS CAHPS® Survey  |   |
|--|---|
| <b>Q3. ABOUT THE FACILITY AND STAFF</b>  |   |
| <p><i>The next questions ask about the day of your procedure.</i></p>  |   |
| <p><b>Did the check-in process run smoothly?</b></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=" &lt;Back"/>   | <input type="button" value=" Next &gt;"/> |
| <p>Questions? Contact the OAS CAHPS Survey Coordination Team at <a href="mailto:oascahps@rti.org">oascahps@rti.org</a> or call 1-866-590-7468.</p> |   |

Q4

| OAS CAHPS® Survey   |                          |
|---|--------------------------|
| Q4. ABOUT THE FACILITY AND STAFF  |                          |
| Was the facility clean?   |                          |
| <input type="radio"/> Yes, definitely   |                          |
| <input type="radio"/> Yes, somewhat   |                          |
| <input type="radio"/> No  |                          |
| <a href="#">&lt;Back</a>  | <a href="#">Next&gt;</a> |
| Questions? Contact the OAS CAHPS Survey Coordination Team at <a href="mailto:oascahps@rti.org">oascahps@rti.org</a> 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?   |                          |
| <input type="radio"/> Yes, definitely   |                          |
| <input type="radio"/> Yes, somewhat   |                          |
| <input type="radio"/> No  |                          |
| <a href="#">&lt;Back</a>  | <a href="#">Next&gt;</a> |
| Questions? Contact the OAS CAHPS Survey Coordination Team at <a href="mailto:oascahps@rti.org">oascahps@rti.org</a> 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=" &lt;Back"/>  | <input type="button" value=" Next &gt;"/> |
| Questions? Contact the OAS CAHPS Survey Coordination Team at <a href="mailto:oascahps@rti.org">oascahps@rti.org</a> 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=" &lt;Back"/>  | <input type="button" value=" Next &gt;"/> |
| Questions? Contact the OAS CAHPS Survey Coordination Team at <a href="mailto:oascahps@rti.org">oascahps@rti.org</a> or call 1-866-590-7468. |   |

Q8

| OAS CAHPS® Survey   |   |
|---|---|
| <b>Q8. ABOUT THE FACILITY AND STAFF</b>   |   |
| 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  |   |
| <input type="button" value=" &lt;Back"/>  | <input type="button" value=" Next &gt;"/> |
| Questions? Contact the OAS CAHPS Survey Coordination Team at <a href="mailto:oascahps@rti.org">oascahps@rti.org</a> or call 1-866-590-7468. |   |

Q9

| OAS CAHPS® Survey   |   |
|---|---|
| <b>Q9. COMMUNICATIONS ABOUT YOUR PROCEDURE</b>  |   |
| <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  |   |
| <input type="button" value=" &lt;Back"/>  | <input type="button" value=" Next &gt;"/> |

Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468.

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

OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q11

OAS CAHPS<sup>®</sup> 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](mailto: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](mailto: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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Next>

Questions? Contact the OAS CAHPS Survey Coordination Team at [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q16

OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q17

OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q18

OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q19

OAS CAHPS<sup>®</sup> 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](mailto: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](mailto: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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q22

OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q23

OAS CAHPS<sup>®</sup> 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](mailto: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](mailto: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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q26

**OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q27

**OAS CAHPS<sup>®</sup> 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

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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.

Q28

**OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q29

OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q30

LOGIC AFTER: IF Q30 = NO THEN GO TO Q32

OAS CAHPS<sup>®</sup> 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](mailto: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](mailto: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](mailto:oascahps@rti.org) or call 1-866-590-7468.

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

**OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

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

**OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q33

OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q34

LOGIC AFTER: IF Q34 = NO THEN GO TO Q36

OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q35

OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q36

LOGIC AFTER: IF Q36 = NO THEN GO TO Q\_END

OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.

Q37

OAS CAHPS<sup>®</sup> 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](mailto:oascahps@rti.org) or call 1-866-590-7468.



Q\_END

| OAS CAHPS® Survey  |                            |
|--|----------------------------|
| <p><b>You have completed the OAS CAHPS Survey. Thank you for your time.</b></p>  |                            |
| <a href="#">&lt;Back</a>   | <a href="#">Submit&gt;</a> |
| <p>Questions? Contact the OAS CAHPS Survey Coordination Team at <a href="mailto:ocasahps@rti.org">ocasahps@rti.org</a> 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><b>Thank you for your time. Looks like you are not the person we need to complete this survey.</b></p>  |                         |
| <a href="#">&lt;Back</a>   | <a href="#">End&gt;</a> |
| <p>Questions? Contact the OAS CAHPS Survey Coordination Team at <a href="mailto:ocasahps@rti.org">ocasahps@rti.org</a> or call 1-866-590-7468.</p> |                         |