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 [®] Surv
Please input your sur	vey access code.
Por favor ingrese su c	ódigo de acceso.
Take the Survey /	Tome parte de la encuesta

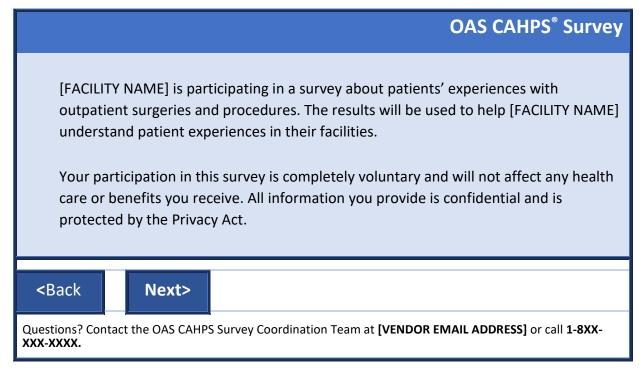
INTRO1 – IF NO DATE OF BIRTH MATCH, GO TO CONFIRM

	OAS CAHPS [®] Survey
Patient Name: <full nan<="" td=""><td>IE FROM PATIENT RECORD></td></full>	IE FROM PATIENT RECORD>
, , , ,	g in the Outpatient and Ambulatory Surgery CAHPS Survey. To ne correct person, please enter your date of birth to access the
	MM/DD/YYYY
Next>	
Questions? Contact the OAS CAI	HPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-
unless it displays a valid OMB cont 1240 with an expiration date of De estimated to average 8 minutes pe gather the data needed, and comp accuracy of the time estimate(s) or	tion Act of 1995, no persons are required to respond to a collection of information rol number. The valid OMB control number for this information collection is 0938- cember 31, 2021. The time required to complete this information collection is er response, including the time to review instructions, search existing data resources, lete and review the information collection. If you have comments concerning the suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, er, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

OAS CAHPS [®] Survey	Y	
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, I had an outpatient surgery or procedure at [FACILITY NAME] 		
 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-XXXX.		

INTRO2



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-XXXXX.

OAS CAHPS [®] Survey
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
O No
<back next=""></back>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXXX.

Q2
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
O No
<back next=""></back>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX- XXX-XXXX.

OAS CAHPS [®] Survey
ABOUT THE FACILITY AND STAFF
The <i>next</i> questions ask about the day of your procedure.
Did the check-in process run smoothly?
O Yes, definitely
O Yes, somewhat
O No
<back next=""></back>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX.

			OAS CAHPS [®] Survey
		ABOUT THE FACILITY AND STAFF	
Was the	e facility clean?		
O Yes	, definitely		
O Yes	s, somewhat		
O No			
<back< th=""><th>Next></th><th></th><th></th></back<>	Next>		
Questions? Cor XXX-XXXX.	tact the OAS CAHPS	5 Survey Coordination Team at [VENDOR E l	MAIL ADDRESS] or call 1-8XX-

OAS CAHPS [®] Survey
ABOUT THE FACILITY AND STAFF
Were the clerks and receptionists as helpful as you thought they should be?
O Yes, definitely
O Yes, somewhat
O No
<back next=""></back>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX- XXX-XXXX.

Q6
OAS CAHPS [®] Survey
ABOUT THE FACILITY AND STAFF
Did the clerks and receptionists treat you with courtesy and respect?
O Yes, definitely
O Yes, somewhat
O No
<back next=""></back>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX- XXX-XXXX.

C	AS CAHPS [®] Survey
ABOUT THE FACILITY AND STAFF	
Did the doctors and nurses treat you with courtesy and respe	ct?
O Yes, definitely	
○ Yes, somewhat	
O No	
<back next=""></back>	
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMA XXX-XXXX.	IL ADDRESS] or call 1-8XX-

OAS CAHPS [®] Survey
ABOUT THE FACILITY AND STAFF
Did the doctors and nurses make sure you were as comfortable as possible?
O Yes, definitely
O Yes, somewhat
Ο Νο
<back next=""></back>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX- XXX-XXXX.
29
0AS CAHPS [®] Survey
-
OAS CAHPS [®] Survey
OAS CAHPS [®] Survey COMMUNICATIONS ABOUT YOUR PROCEDURE As a reminder, please include any information you received before and on the day of
OAS CAHPS [®] Survey 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
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?
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
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

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

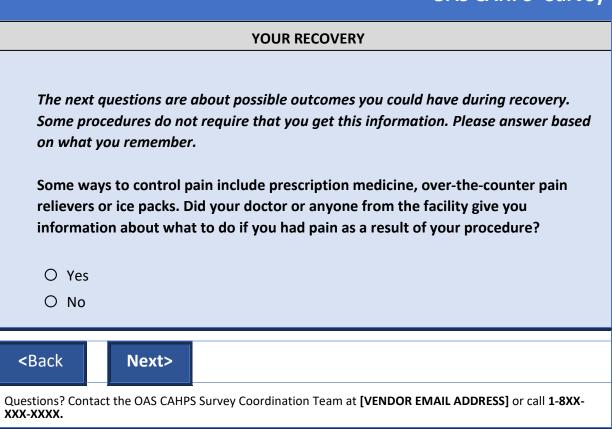
Q10	LOGIC AFTER: IF Q10 = NO OR BLANK, THEN GO TO Q13
	OAS CAHPS [®] Survey
	COMMUNICATIONS ABOUT YOUR PROCEDURE
	Anesthesia is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia? Yes No
<	Back Next>
	stions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX- - XXXX.

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?
O Yes, definitely
O Yes, somewhat
O No
<back next=""></back>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX- XXX-XXXX.

OAS CAHPS [®] S	urvey
COMMUNICATIONS ABOUT YOUR PROCEDURE	
Did your doctor or anyone from the facility explain the possible side effects o anesthesia in a way that was easy to understand?	f the
O Yes, definitely	
O Yes, somewhat	
O No	
<back next=""></back>	
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call XXX-XXXX.	1-8XX-

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?	
O No	
<back next=""></back>	
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXXX.	

Q14
OAS CAHPS [®] Survey
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
<back next=""></back>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX- XXX-XXXX.



	OAS CAHPS [®] Survey
	YOUR RECOVERY
At any O Yes O No	
<back< th=""><th>Next></th></back<>	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX- XXX-XXXX.	

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OAS CAHPS [®] Surv	vey
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 No 	
<back next=""></back>	
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX XXX-XXXX.	-

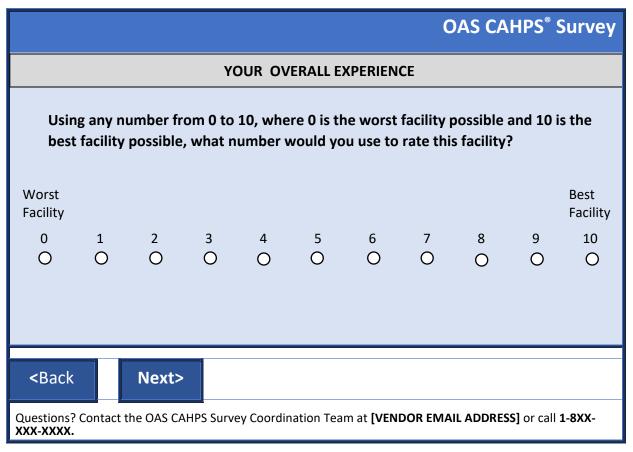
OAS CAHPS [®] Survey
YOUR RECOVERY
At any time after leaving the facility, did you have nausea or vomiting as a result of either your procedure or the anesthesia?
O Yes O No
A State

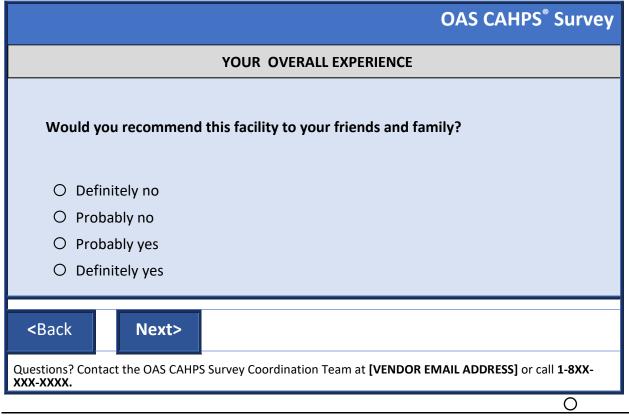
OAS CAHPS [®] Survey
YOUR RECOVERY
Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure? Yes No
<back next=""></back>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL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

	OAS CAHPS [®] Survey
	YOUR RECOVERY
At any t procede	time after leaving the facility, did you have bleeding as a result of your ure?
O Yes	5
O No	
<back< th=""><th>Next></th></back<>	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXXX.	

Q21		
	OAS CAHPS [®] Survey	
	YOUR RECOVERY	
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 No		
<back< th=""><th>Next></th></back<>	Next>	
Questions? Con XXX-XXXX.	ntact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-	

	OAS CAHPS [®] Survey
	YOUR RECOVERY
At any t	time after leaving the facility, did you have any signs of infection?
O Yes	
O No	
<back< th=""><th>Next></th></back<>	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXXX.	

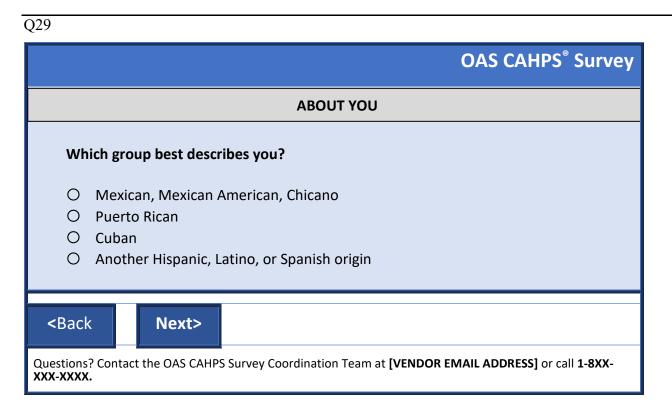




Q25	
	OAS CAHPS [®] Survey
ABOUT YOU	
In general, how would you rate your overall health?	,
O Excellent	
O Very good	
O Good	
O Fair	
O Poor	
<back next=""></back>	
Questions? Contact the OAS CAHPS Survey Coordination Team at [VE XXX-XXXX.	NDOR EMAIL ADDRESS] or call 1-8XX-

OAS CAHPS [®] Survey			
ABOUT YOU			
In general, how would you rate your overall mental or emotional health?			
O Excellent			
O Very good			
O Good			
O Fair			
O Poor			
<back next=""></back>			
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX- XXX-XXXX.			

OAS CAHPS[®] Survey ABOUT YOU What is the highest grade or level of school that you have completed? O 8th grade or less Some high school, but did not graduate High school graduate or GED ○ Some college or 2-year degree O 4-year college graduate More than 4-year college degree <Back Next> Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX. Q28 LOGIC AFTER: IF Q28 = NO OR BLANK, THEN GO TO Q30 **OAS CAHPS[®] Survey ABOUT YOU** Are you of Hispanic, Latino, or Spanish origin? • Yes, Hispanic, Latino, or Spanish ○ No, not Hispanic, Latino, or Spanish <Back Next> Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.



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

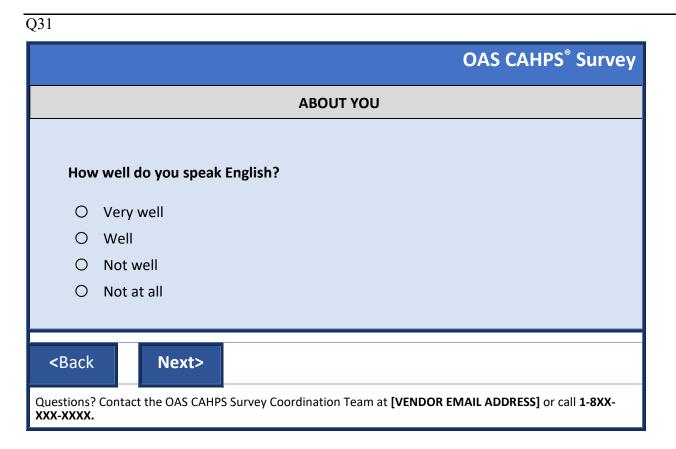
19

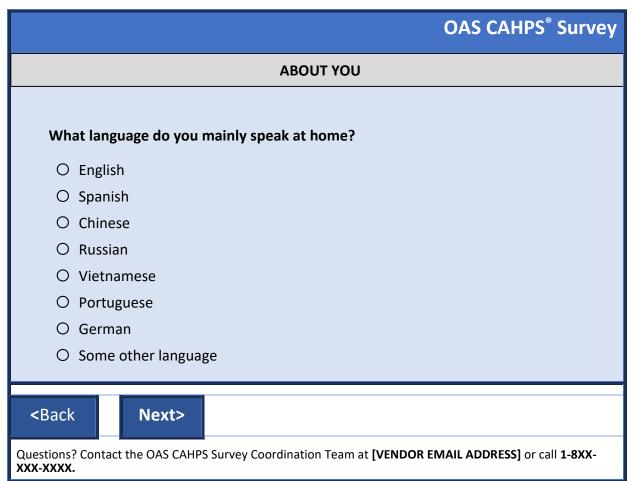
Q30a PRELOGIC: IF Q30 = ASIAN, ASK Q30a; ELSE, GO TO Q31

OAS CAHPS [®] Survey			
ABOUT YOU			
Which groups best describe you? You may select one or more categories.			
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- XXX-XXXX.			

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

	OAS CAHPS [®] S	urvey	
ABOUT YOU			
Which groups best describe you? You may select one or more categories.			
☐ Gi ☐ Sa ☐ Ot	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander None of the above		
<back< td=""><th>Next></th><th></th></back<>	Next>		
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXXX.			





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

	OAS CAHPS [®] Survey		
ABOUT YOU			
Did someone help you complete this survey?			
○ Yes ○ No			
<back< th=""><th>Next></th></back<>	Next>		
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.			

Q34					
	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>				
	stions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX- XXXX.				

Q_END

	OAS CAHPS [®] Survey				
	You have completed the OAS CAHPS Survey. Thank you for your time. Please click the "Submit" button.				
<back< td=""><td>Submit></td></back<>	Submit>				
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX.					

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

	OAS CAHPS [®] Survey
Thank ye survey.	ou for your time. It looks like you are not the person we need to compete this
<back< th=""><th>End></th></back<>	End>
Questions? Cont XXX-XXXX.	tact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-