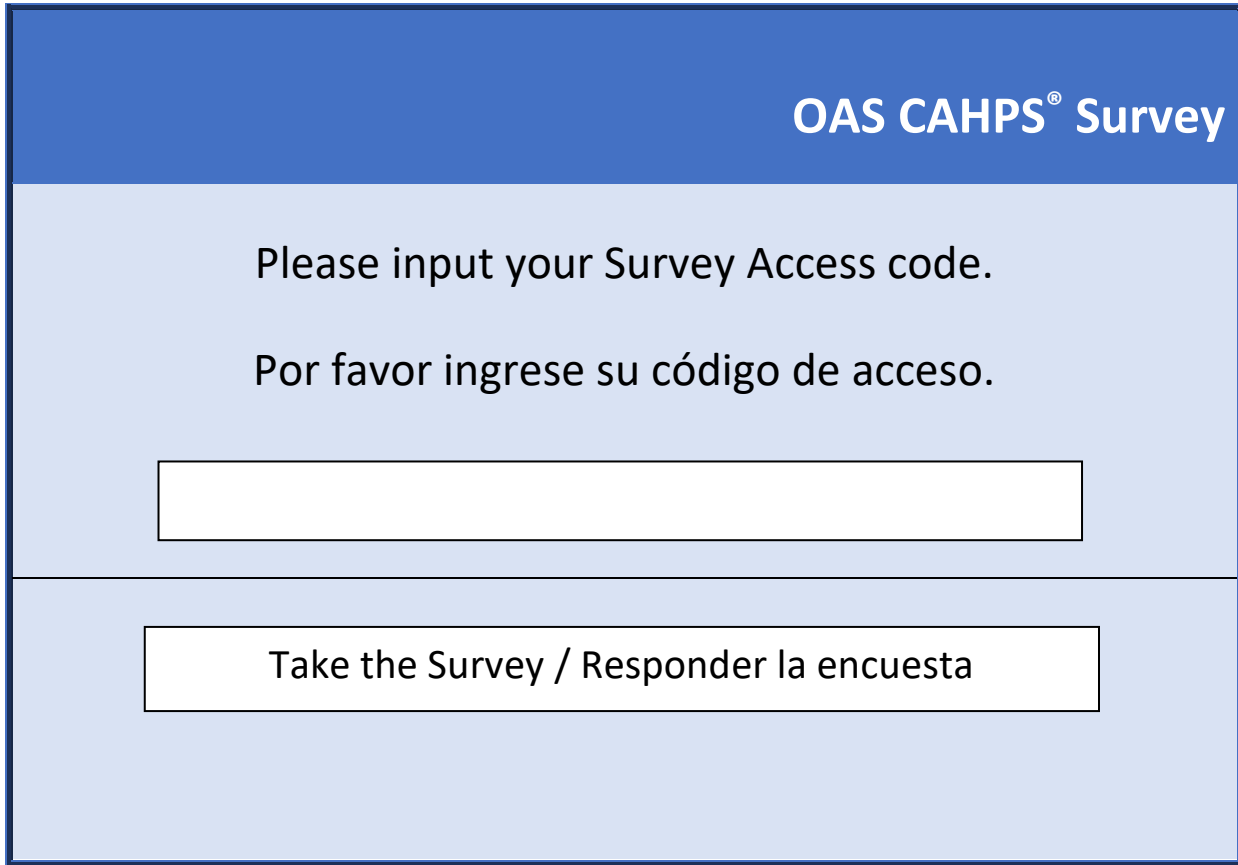


**WEB SURVEY INSTRUMENT WITH EXAMPLE LAYOUT  
FOR THE OUTPATIENT AND AMBULATORY SURGERY CAHPS SURVEY  
(OAS CAHPS®)**

EXAMPLE LANDING PAGE, IF GENERIC WEB SURVEY URL USED



The image shows a landing page for the OAS CAHPS Survey. It features a blue header with the text "OAS CAHPS® Survey". Below the header, there is a light blue background with the text "Please input your Survey Access code." and "Por favor ingrese su código de acceso." followed by a white input field. At the bottom, there is a white button with the text "Take the Survey / Responder la encuesta".

**OAS CAHPS® Survey**

Please input your Survey Access code.  
Por favor ingrese su código de acceso.

Take the Survey / Responder la encuesta

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

## OAS CAHPS<sup>®</sup> Survey

**Patient Name: <FULL NAME FROM PATIENT RECORD>**

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 [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-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 November 30, 2024. 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 – LOGIC AFTER: IF YES, CONTINUE. IF NO, GO TO Q\_INELIG

OAS CAHPS <sup>®</sup> Survey	
<p>That date of birth does not match our records. To ensure we have the correct record, please confirm <b>if</b> you had an outpatient surgery or procedure at [FACILITY NAME] on [DATE].</p> <p><input type="radio"/> Yes, I had an outpatient surgery or procedure at [FACILITY NAME]</p> <p><input type="radio"/> No, I did not have an outpatient surgery or procedure at [FACILITY NAME]</p>	
<b>Next&gt;</b>	
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free <b>1-800-XXX-XXXX</b> .	

INTRO2

OAS CAHPS <sup>®</sup> Survey	
<p>[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.</p> <p>Your participation in this survey is completely voluntary. All information you provide is confidential and is protected by the Privacy Act.</p>	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free <b>1-800-XXX-XXXX</b> .	

**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 **[VENDOR NAME]** via email at **[VENDOR EMAIL ADDRESS]** or call toll-free **1-800-XXX-XXXX**.

Q1

**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?**

- Yes, definitely
- Yes, somewhat
- No

[<Back](#)      [Next>](#)

Questions? Contact **[VENDOR NAME]** via email at **[VENDOR EMAIL ADDRESS]** or call toll-free **1-800-XXX-XXXX**.

Q2

OAS CAHPS <sup>®</sup> Survey	
<b>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>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q3

OAS CAHPS <sup>®</sup> Survey	
<b>ABOUT THE FACILITY AND STAFF</b>	
<p><b>The next questions ask about the day of your procedure.</b></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>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q4

OAS CAHPS <sup>®</sup> Survey	
<b>ABOUT THE FACILITY AND STAFF</b>	
<p><b>Was the facility clean?</b></p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q5

OAS CAHPS <sup>®</sup> Survey	
<b>ABOUT THE FACILITY AND STAFF</b>	
<p><b>Were the clerks and receptionists at the facility as helpful as you thought they should be?</b></p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q6

OAS CAHPS <sup>®</sup> Survey	
ABOUT THE FACILITY AND STAFF	
<p><b>Did the clerks and receptionists at the facility treat you with courtesy and respect?</b></p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q7

OAS CAHPS <sup>®</sup> Survey	
ABOUT THE FACILITY AND STAFF	
<p><b>Did the doctors and nurses treat you with courtesy and respect?</b></p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q8

OAS CAHPS® Survey	
<b>ABOUT THE FACILITY AND STAFF</b>	
<p><b>Did the doctors and nurses make sure you were as comfortable as possible?</b></p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q9

OAS CAHPS® Survey	
<b>COMMUNICATIONS ABOUT YOUR PROCEDURE</b>	
<p><b>As a reminder, please include any information you received before and on the day of the procedure.</b></p> <p><b>Did the doctors and nurses explain your procedure in a way that was easy to understand?</b></p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	



Q10

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

OAS CAHPS <sup>®</sup> Survey	
<b>COMMUNICATIONS ABOUT YOUR PROCEDURE</b>	
<p><b>Anesthesia is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia?</b></p>	
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q11

OAS CAHPS <sup>®</sup> Survey	
<b>COMMUNICATIONS ABOUT YOUR PROCEDURE</b>	
<p><b>Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand?</b></p>	
<p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q12

OAS CAHPS <sup>®</sup> Survey	
<b>COMMUNICATIONS ABOUT YOUR PROCEDURE</b>	
<p><b>Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand?</b></p>	
<p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q13

OAS CAHPS <sup>®</sup> Survey	
<b>COMMUNICATIONS ABOUT YOUR PROCEDURE</b>	
<p><b>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 get written discharge instructions?</b></p>	
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q14

OAS CAHPS <sup>®</sup> Survey	
YOUR RECOVERY	
<p><b>Did your doctor or anyone from the facility prepare you for what to expect during your recovery?</b></p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q15

OAS CAHPS <sup>®</sup> Survey	
YOUR RECOVERY	
<p><b>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.</b></p> <p><b>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?</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q16

OAS CAHPS <sup>®</sup> Survey	
YOUR RECOVERY	
At any time after leaving the facility, did you have pain as a result of your procedure?	
<input type="radio"/> Yes	
<input type="radio"/> No	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q17

OAS CAHPS <sup>®</sup> 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 nausea or vomiting?	
<input type="radio"/> Yes	
<input type="radio"/> No	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q18

OAS CAHPS® Survey	
YOUR RECOVERY	
<p>At any time after leaving the facility, did you have nausea or vomiting as a result of either your procedure or the anesthesia?</p>	
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q19

OAS CAHPS® Survey	
YOUR RECOVERY	
<p>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?</p>	
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q20

OAS CAHPS <sup>®</sup> Survey	
YOUR RECOVERY	
<p>At any time after leaving the facility, did you have bleeding as a result of your procedure?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q21

OAS CAHPS <sup>®</sup> Survey	
YOUR RECOVERY	
<p>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?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q22

OAS CAHPS <sup>®</sup> Survey	
YOUR RECOVERY	
At any time after leaving the facility, did you have any signs of infection?	
<input type="radio"/> Yes	
<input type="radio"/> No	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q23

OAS CAHPS <sup>®</sup> Survey	
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	10
<input type="radio"/>	<input type="radio"/>
1	
<input type="radio"/>	
2	
<input type="radio"/>	
3	
<input type="radio"/>	
4	
<input type="radio"/>	
5	
<input type="radio"/>	
6	
<input type="radio"/>	
7	
<input type="radio"/>	
8	
<input type="radio"/>	
9	
<input type="radio"/>	
10	
<input type="radio"/>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q24

OAS CAHPS <sup>®</sup> Survey	
<b>YOUR OVERALL EXPERIENCE</b>	
<b>Would you recommend this facility to your friends and family?</b>	
<input type="radio"/> Definitely no	
<input type="radio"/> Probably no	
<input type="radio"/> Probably yes	
<input type="radio"/> Definitely yes	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q25

OAS CAHPS <sup>®</sup> Survey	
<b>ABOUT YOU</b>	
<b>In general, how would you rate your overall health?</b>	
<input type="radio"/> Excellent	
<input type="radio"/> Very good	
<input type="radio"/> Good	
<input type="radio"/> Fair	
<input type="radio"/> Poor	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	



Q26

OAS CAHPS <sup>®</sup> Survey	
<b>ABOUT YOU</b>	
<p><b>In general, how would you rate your overall mental or emotional health?</b></p>	
<p><input type="radio"/> Excellent</p> <p><input type="radio"/> Very good</p> <p><input type="radio"/> Good</p> <p><input type="radio"/> Fair</p> <p><input type="radio"/> Poor</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q27

OAS CAHPS <sup>®</sup> Survey	
<b>ABOUT YOU</b>	
<p><b>What is the highest grade or level of school that you have completed?</b></p>	
<p><input type="radio"/> 8th grade or less</p> <p><input type="radio"/> Some high school, but did not graduate</p> <p><input type="radio"/> High school graduate or GED</p> <p><input type="radio"/> Some college or 2-year degree</p> <p><input type="radio"/> 4-year college graduate</p> <p><input type="radio"/> More than 4-year college degree</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q28

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

OAS CAHPS <sup>®</sup> Survey	
<b>ABOUT YOU</b>	
<p><b>Are you of Hispanic, Latino, or Spanish origin?</b></p> <p><input type="radio"/> Yes, Hispanic, Latino, or Spanish</p> <p><input type="radio"/> No, not Hispanic, Latino, or Spanish</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q29

OAS CAHPS <sup>®</sup> Survey	
<b>ABOUT YOU</b>	
<p><b>Which group best describes you?</b></p> <p><input type="radio"/> Mexican, Mexican American, Chicano</p> <p><input type="radio"/> Puerto Rican</p> <p><input type="radio"/> Cuban</p> <p><input type="radio"/> Another Hispanic, Latino, or Spanish origin</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

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

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Next>

Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.

Q30A PRELOGIC: IF Q30 = ASIAN, ASK Q30A; ELSE, GO TO Q31

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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Next>

Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.

Q30B PRELOGIC: IF Q30 = HAWAIIAN, ASK Q30B ELSE, GO TO Q31.

OAS CAHPS® Survey	
<b>ABOUT YOU</b>	
<p><b>Which groups best describe you? You may select one or more categories.</b></p> <ul style="list-style-type: none"><li><input type="radio"/> Native Hawaiian</li><li><input type="radio"/> Guamanian or Chamorro</li><li><input type="radio"/> Samoan</li><li><input type="radio"/> Other Pacific Islander</li><li><input type="radio"/> None of the above</li></ul>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q31

OAS CAHPS® Survey	
<b>ABOUT YOU</b>	
<p><b>How well do you speak English?</b></p> <ul style="list-style-type: none"><li><input type="radio"/> Very well</li><li><input type="radio"/> Well</li><li><input type="radio"/> Not well</li><li><input type="radio"/> Not at all</li></ul>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q32

ABOUT YOU

What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Russian
- Vietnamese
- Portuguese
- German
- Some other language

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Next>

Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.

Q33

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

OAS CAHPS <sup>®</sup> Survey	
<b>ABOUT YOU</b>	
<b>Did someone help you complete this survey?</b>	
<input type="radio"/> Yes	
<input type="radio"/> No	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q34

OAS CAHPS® Survey	
<b>ABOUT YOU</b>	
<p><b>How did that person help you? Check all that apply.</b></p> <ul style="list-style-type: none"><li><input type="radio"/> Read the questions to me</li><li><input type="radio"/> Entered the answers I gave</li><li><input type="radio"/> Answered the questions for me</li><li><input type="radio"/> Translated the questions into my language</li><li><input type="radio"/> Helped in some other way (<i>Please explain</i>): <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div></li><li><input type="radio"/> No one helped me complete this survey</li></ul>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	

Q\_END

OAS CAHPS® Survey	
<p><b>You have completed the OAS CAHPS Survey. Thank you for your time.</b></p> <p><b>Please click the “Submit” button.</b></p>	
<a href="#">&lt;Back</a>	<a href="#">Submit&gt;</a>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free 1-800-XXX-XXXX.	



Q\_INELIG PRELOGIC: DOB DOES NOT MATCH WHAT IS IN HOPD/ASC PATIENT FILE  
AND CONFIRM=NO

OAS CAHPS® Survey	
<p><b>Thank you for your time. It looks like you are not the person we need to complete this survey.</b></p>	
<b>&lt;Back</b>	<b>End&gt;</b>
Questions? Contact [VENDOR NAME] via email at [VENDOR EMAIL ADDRESS] or call toll-free <b>1-800-XXX-XXXX</b> .	