Existing Question	Proposed Question	Type of Change
1. Identify the number of clinicians in your practice	1. Identify the number of clinicians in your practice	No change
2. Identify a contact to complete all required fields for the CAHPS registration marked with an asterisk.	2. Identify a contact to complete all required fields for the CAHPS registration marked with an asterisk.	No change
3. Registration confirmation	3. Registration confirmation	No change

Reason for Change	Burden Change
N/A	N/A
N/A	N/A
N/A	N/A

Existing Question	Proposed Question	Type of Change
1.1.a. ORGANIZATION NAME	1.1.a. ORGANIZATION NAME	No change
1.1.b. MAILING ADDRESS 1	1.1.b. MAILING ADDRESS 1	No change
1.1.c. MAILING ADDRESS 2	1.1.c. MAILING ADDRESS 2	No change
1.1.d. CITY	1.1.d. CITY	No change
1.1.e. STATE	1.1.e. STATE	No change
1.1.f. ZIP CODE	1.1.f. ZIP CODE	No change
1.1.g. TELEPHONE AND FAX (area code, number and extension)	1.1.g. TELEPHONE AND FAX (area code, number and extension)	No change
1.2.a. PRIMARY CONTACT PERSON FIRST NAME MIDDLE INITIAL LAST NAME	1.2.a. PRIMARY CONTACT PERSON FIRST NAME MIDDLE INITIAL LAST NAME	No change
1.2.b. TITLE	1.2.b. TITLE	No change
1.2.c DEGREE (e.g., RN, MD, PhD)	1.2.c DEGREE (e.g., RN, MD, PhD)	No change
1.2.d. MAILING ADDRESS 1	1.2.d. MAILING ADDRESS 1	No change
1.2.e. MAILING ADDRESS 2	1.2.e. MAILING ADDRESS 2	No change
1.2.f. CITY	1.2.f. CITY	No change
1.2.g. STATE	1.2.g. STATE	No change
1.2.h. ZIP CODE	1.2.h. ZIP CODE	No change
1.2.i. TELEPHONE AND FAX (area code, number and extension)	1.2.i. TELEPHONE AND FAX (area code, number and extension)	No change
1.2.j. EMAIL ADDRESS	1.2.j. EMAIL ADDRESS	No change
1.3.a. Have you been approved as a vendor to implement other CMS or CAHPS surveys in the past 5 years?	1.3.a. Have you been approved as a vendor to implement other CMS or CAHPS surveys in the past 5 years?	No change
1.3.b. Have you been a subcontractor to an approved vendor for other CMS or CAHPS surveys in the past 5 years?	1.3.b. Have you been a subcontractor to an approved vendor for other CMS or CAHPS surveys in the past 5 years?	No change
1.3.c. If Yes, please provide the name of the survey vendor(s) and the survey(s) for which you've been a subcontractor.	1.3.c. If Yes, please provide the name of the survey vendor(s) and the survey(s) for which you've been a subcontractor.	No change
2.1.a. Survey experience: Within the last 5 years, do you have at least 3 years of experience conducting surveys with the Medicare population and administering CAHPS surveys?	2.1.a. Survey experience: Within the last 5 years, do you have at least 3 years of experience conducting surveys with the Medicare population and administering CAHPS surveys?	No change
2.1.b. Experience details: Complete this section with information from the 5. most recent CAHPS and Medicare population survey projects in which your organization administered surveys:	2.1.b. Experience details: Complete this section with information from the 5. most recent CAHPS and Medicare population survey projects in which your organization administered surveys:	No change
Survey Project #1 What was the survey name? What was the average sample size in the data collection period? When did your organization collect data? (month/year of start and end dates) For how many clients did your organization administer this survey? In what language(s) did you administer the survey?	What was the survey name? What was the average sample size in the data collection period? When did your organization collect data? (month/year of start and end dates) For how many clients did your organization administer this survey? In which mode(s) did you administer the survey (web-mail-phone, mail only, telephone only, mail-phone, etc.)? In what language(s) did you administer the survey?	Revised item

Survey Project #2 What was the survey name? What was the average sample size in the data collection period? When did your organization collect data? (month/year of start and end dates) For how many clients did your organization administer this survey? In what language(s) did you administer the survey?	What was the survey name? What was the average sample size in the data collection period? When did your organization collect data? (month/year of start and end dates) For how many clients did your organization administer this survey? In which mode(s) did you administer the survey (web-mail-phone, mail only, telephone only, mail-phone, etc.)? In what language(s) did you administer the survey?	Revised item
Survey Project #3 What was the survey name? What was the average sample size in the data collection period? When did your organization collect data? (month/year of start and end dates) For how many clients did your organization administer this survey? In what language(s) did you administer the survey?	What was the survey name? What was the average sample size in the data collection period? When did your organization collect data? (month/year of start and end dates) For how many clients did your organization administer this survey? In which mode(s) did you administer the survey (web-mail-phone, mail only, telephone only, mail-phone, etc.)? In what language(s) did you administer the survey?	Revised item
Survey Project #4 What was the survey name? What was the average sample size in the data collection period? When did your organization collect data? (month/year of start and end dates) For how many clients did your organization administer this survey? In what language(s) did you administer the survey?	What was the survey name? What was the average sample size in the data collection period? When did your organization collect data? (month/year of start and end dates) For how many clients did your organization administer this survey? In which mode(s) did you administer the survey (web-mail-phone, mail only, telephone only, mail-phone, etc.)? In what language(s) did you administer the survey?	Revised item
Survey Project #5 What was the survey name? What was the average sample size in the data collection period? When did your organization collect data? (month/year of start and end dates) For how many clients did your organization administer this survey? In what language(s) did you administer the survey?	What was the survey name? What was the average sample size in the data collection period? When did your organization collect data? (month/year of start and end dates) For how many clients did your organization administer this survey? In which mode(s) did you administer the survey (web-mail-phone, mail only, telephone only, mail-phone, etc.)? In what language(s) did you administer the survey?	Revised item
2.1.c. Number of years in business: Have you been in business at least 4 years?	2.1.c. Number of years in business: Have you been in business at least 4 years?	No change
2.1.d. Number of years conducting surveys: For at least 3 of the past 5 years, have you administered surveys in a Mixed-Mode methodology (mail survey administration followed by CATI administration with non-respondents)?	2.1.d. Number of years conducting surveys: For at least 3 of the past 5 years, have you administered surveys using mail-phone methodology (mail survey administration followed by CATI administration with non-respondents)?	Revised item
N/A	2.1.e. For at least 3 of the past 5 years, have you administered web-mode surveys (web survey administration followed by mail survey or CATI administration with non-respondents)?	New item

2.1.e. Experience with multiple survey languages: Do you have experience administering surveys in English, Spanish, and at least one other language from the list at right? If yes, please check the languages other than English and Spanish in which you've administered surveys.	2.1.f. Experience with multiple survey languages: Do you have experience administering surveys in English, Spanish, and at least one other language from the list at right? If yes, please check the languages other than English and Spanish in which you've administered surveys.	No change
2.2.a Designate key survey personnel: Does your organization have a: Project Manager who has administered Mixed-Mode surveys for at least 3 years; and Information Systems Specialist/Computer Programmer/Developer with survey experience for a minimum of 1 year; and Telephone Survey/Mail Survey Supervisor (with a minimum of 1 year of prior experience in the role); and Organizational back-up staff to cover key staff?	~~your organization have a:~~ Project Manager who has administered mail-phone surveys for at least 3 years; and Web Survey Manager who has administered web mode surveys that include follow-up of non-response via mail survey or CATI for at least 3 years; and Web Survey Programmer with survey experience for a minimum of 1 year; and Information Systems Specialist/Computer Programmer/Developer with survey experience for a minimum of 1 year; and Mail Survey Supervisor (with a minimum of 1 year of prior experience in the role); and Telephone Survey Supervisor (with a minimum of 1 year of prior experience in the role); and Organizational back-up staff to cover key staff?	Revised item
2.2.b. System resources: Does your organization have a secure commercial workplace with the physical plant resources to handle the volume of surveys being administered, including: Computer and technical equipment; and An electronic survey management system to track fielded surveys through the entire protocol?	2.2.b. System resources: Does your organization have a secure commercial workplace with the physical plant resources to handle the volume of surveys being administered, including: Computer and technical equipment; and An electronic survey management system to track fielded surveys through the entire protocol?	No change
2.2.c.1. Mixed-Mode of survey administration: Your organization will be given the mail and telephone versions of the CAHPS for MIPS Survey in electronic form for cover letters. Can your organization print and copy the survey materials in accordance with the specifications and timeline provided, use commercial software/resources to ensure that the addresses and telephone numbers are up-to-date for all the sample patients, and keep the information that identifies the people taking part in the survey confidential?	~~Your organization will be given the web, mail,~~ and telephone versions of the CAHPS for MIPS Survey in electronic form and text for web survey invitations (letters and emails) and survey cover letters. Can your organization: Generate and send emails, print and copy survey materials, and program electronic data collection in accordance with the specifications, templates, and timeline provided; and Use commercial software/resources to ensure that the addresses and telephone numbers are up-to-date for all sampled patients; and Process survey returns and remove applicable records from additional outreach; and Keep the information that identifies the people taking part in the survey confidential?	Revised item
2.2.c.2. You acknowledge that telephone interviews may be conducted remotely if your organization adheres to the remote work guidelines in the CAHPS for MIPS Survey Quality Assurance Guidelines Version 2026?	2.2.c.2. You acknowledge that telephone interviews may be conducted remotely if your organization adheres to the remote work guidelines in the CAHPS for MIPS Survey Quality Assurance Guidelines Version 2027?	No change
2.2.d.2.1. Data submission: Can your organization encrypt data files for transmission in accordance with required specifications?	2.2.d.2.1. Data submission: Can your organization encrypt data files for transmission in accordance with required specifications?	No change

2.2.d.2. Does your organization have previous experience with 8-bit Unicode Transformation Format (UTF-8) or 16-bit Unicode Transformation Format (UTF-16) files, and submitting encrypted data to an external data warehouse?	2.2.d.2. Does your organization have previous experience with 8-bit Unicode Transformation Format (UTF-8) or 16-bit Unicode Transformation Format (UTF-16) files, and submitting encrypted data to an external data warehouse?	No change
2.2.d.3. Will authorizations and business associate agreements be established between your organization and the group, virtual group, Alternative Payment Model (APM) Entity, or Shared Savings Program Accountable Care Organization (ACO)?	2.2.d.3. Will authorizations and business associate agreements be established between your organization and the group, virtual group, Alternative Payment Model (APM) Entity, or Shared Savings Program Accountable Care Organization (ACO)?	No change
2.2.e. Data security: Can your organization register with the CMS Contractor and follow data specifications and procedures in order to send and receive encrypted data from the Internet?	2.2.e. Data security: Can your organization register with the CMS Contractor and follow data specifications and procedures in order to send and receive encrypted data from the Internet?	No change
2.2.f. Confidentiality: Can your organization meet all Health Insurance Portability and Accountability Act (HIPAA) rules and regulations and store survey-related paper, scanned images, audio recordings or electronic data files, including sample information and submitted data, securely and confidentially for a minimum of 6 years?	2.2.f. Confidentiality: Can your organization meet all Health Insurance Portability and Accountability Act (HIPAA) rules and regulations and store survey-related paper, scanned images, audio recordings or electronic data files, including sample information and submitted data, securely and confidentially for a minimum of 6 years?	No change
2.2.g. Technical assistance/customer support: Can your organization provide toll-free customer telephone support and respond within 24-48 hours to all languages in which you're administering the survey?	2.2.g. Can your organization provide customer support via email and phone and respond within 24-48 hours to all languages in which you're administering the survey?	Revised item
Procedures: Can your organization set up and document quality control procedures for all phases of survey implementation including: training; customer support line operations; printing, mailing and recording receipt of surveys; telephone administration of survey (electronic telephone interviewing system); coding, editing, or keying in survey data; preparing final person-level data files for submission; and all other functions and processes that affect the administration of the CAHPS for MIPS Survey?	Procedures: Can your organization set up and document quality control procedures for all phases of survey implementation including: training; customer support line operations; web survey administration via https; printing, mailing and recording receipt of surveys; telephone administration of survey (electronic telephone interviewing system); coding, editing, or keying in survey data; preparing final person-level data files for submission; and all other functions and processes that affect the administration of the CAHPS for MIPS Survey?	Revised item
2.3.b. Can your organization provide documentation as requested for site visits and conference calls, including but not limited to: HIPAA compliance, mail material production, staff training records, telephone interviewer monitoring records, and file construction documentation?	2.3.b. Can your organization provide documentation as requested for site visits and conference calls, including but not limited to: HIPAA compliance, web email and letter production, mail material production, staff training records, telephone interviewer monitoring records, and file construction documentation?	Revised item
2.4 EXPLANATION: Please explain why you replied "NO" to any of the questions in Section 2.	2.4 EXPLANATION: Please explain why you replied "NO" to any of the questions in Section 2.	No change

3.1.a. LIST OF KEY PROJECT STAFF 1. Project Manager (Staff Name, Email, Telephone) 2. Mail Survey Supervisor (Staff Name, Email, Telephone) 3. Telephone Survey Supervisor (Staff Name, Email, Telephone) 4. Information Systems Specialist/Computer Programmer/Developer (Staff Name, Email, Telephone)	1. Project Manager (Staff Name, Email, Telephone) 2. Web Survey Manager (Staff Name, Email, Telephone) 3. Web Survey Programmer (Staff Name, Email, Telephone) 4. Mail Survey Supervisor (Staff Name, Email, Telephone) 5. Telephone Survey Supervisor (Staff Name, Email, Telephone) 6. Information Systems Specialist/Computer Programmer/Developer (Staff Name, Email, Telephone)	Revised item
N/A	Indicate a minimum and maximum dollar value associated with the range of costs for administration of the CAHPS for MIPS Survey in English and Spanish using the mail-phone survey administration protocol detailed in the CAHPS for MIPS Survey Quality Assurance Guidelines Version 2027 for a sample of 860 patients. The minimum and maximum values you enter will be reported together as a cost range. Indicate whether the dollar values entered above are: Per sampled patient Per sample of 860 patients *Optional*: Please describe the factors associated with your range of costs (e.g., what factors result in costs closer to the minimum value and what factors result in costs closer to the maximum value?), and any clarification of why cost may vary. (Maximum of 500 characters)	New item
N/A	associated with the range of costs for a group, subgroup, virtual group, or APM Entity (including Shared Savings Program ACOs) to include one of the optional language translations provided by CMS. Dollar values should indicate the range of costs that would be added to the cost of survey administration using the required languages of English and Spanish. The minimum and maximum values you enter will be reported together as a cost range. Indicate which language or languages are included in the dollar values entered above (Mark All That Apply): Indicate whether the dollar values entered above are: Per sampled patient Per sample of 860 patients *Optional*: Please describe the factors associated with your range of costs (e.g., what factors result in costs closer to the minimum value and what factors result in costs closer to the maximum value?), and any clarification of why cost may vary. (Maximum of 500 characters)	New item

4.1.a. Check here if your organization doesn't plan to use subcontractors for the 2026 survey administration and skip to Part 5. If your organization will use subcontractors, fill out the following about your organization's subcontractors.	5.1.a. Check here if your organization doesn't plan to use subcontractors for the 2027 survey administration and skip to Part 5. If your organization will use subcontractors, fill out the following about your organization's subcontractors.	No change
Subcontractor 1 Name, Address, Telephone Number, and Primary Contact: What will the subcontractor do in administering the 2026 CAHPS for MIPS Survey? How many years has your organization worked with the subcontractor? How many years has the subcontractor administered surveys? How many years has the subcontractor been in business? What experience does the subcontractor have related to how it will administer the CAHPS for MIPS Survey? What general survey experience does the subcontractor have?	Subcontractor 1 Name, Address, Telephone Number, and Primary Contact: What will the subcontractor do in administering the 2027 CAHPS for MIPS Survey? How many years has your organization worked with the subcontractor? How many years has the subcontractor administered surveys? How many years has the subcontractor been in business? What experience does the subcontractor have related to how it will administer the CAHPS for MIPS Survey? What general survey experience does the subcontractor have?	No change
Number, and Primary Contact: What will the subcontractor do in administering the 2026 CAHPS for MIPS Survey? How many years has your organization worked with the subcontractor? How many years has the subcontractor administered surveys? How many years has the subcontractor been in business? What experience does the subcontractor have related to how it will administer the CAHPS for MIPS Survey? What general survey experience does the subcontractor have?	Number, and Primary Contact: What will the subcontractor do in administering the 2027 CAHPS for MIPS Survey? How many years has your organization worked with the subcontractor? How many years has the subcontractor administered surveys? How many years has the subcontractor been in business? What experience does the subcontractor have related to how it will administer the CAHPS for MIPS Survey? What general survey experience does the subcontractor have?	No change
Part 6. Rules of Participation Any organization participating in the CAHPS for MIPS Survey must adhere to the following Rules of Participation	Part 7. Rules of Participation Any organization participating in the CAHPS for MIPS Survey must adhere to the following Rules of Participation	No change
Part 7. Applicant Organization Qualification and Acceptance I certify that: • I have reviewed and agree to meet the Rules of Participation for participating in the CAHPS for MIPS Survey. • The statements herein are true, complete, and accurate to the best of my knowledge, and I accept the obligation to comply with the 2026 CAHPS for MIPS Survey Vendor Minimum Business Requirements.	Part 8. Applicant Organization Qualification and Acceptance I certify that: • I have reviewed and agree to meet the Rules of Participation for participating in the CAHPS for MIPS Survey. • The statements herein are true, complete, and accurate to the best of my knowledge, and I accept the obligation to comply with the 2027 CAHPS for MIPS Survey Vendor Minimum Business Requirements.	No change

Reason for Change	Burden Change
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
Revised to capture information in support of web mode administration as required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes

Revised to capture information in support of web mode administration as required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes
Revised to capture information in support of web mode administration as required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes
Revised to capture information in support of web mode administration as required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes
Revised to capture information in support of web mode administration as required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes
N/A	N/A
Revised to capture information in support of web mode administration as required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes
Collection of these data required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes

N/A	N/A
Revised to capture information in support of web mode administration as required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes
N/A	N/A
Revised to capture information in support of web mode administration as required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes
N/A	N/A
N/A	N/A

N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
Revised to capture information in support of web mode administration as required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes
Revised to capture information in support of web mode administration as required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes
Revised to capture information in support of web mode administration as required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes
N/A	N/A

Revised to capture information in support of web mode administration as required by the Calendar Year 2026 Physician Fee Schedule Final Rule	Yes
Collection of these data required by the Calendar Year 2025 Physician Fee Schedule Final Rule	Yes
Collection of these data required by the Calendar Year 2025 Physician Fee Schedule Final Rule	Yes

N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

Existing Question	Proposed Question
1. Our records show that you visited the provider named below in the last 6 months. Is that right?	1. Our records show that you visited the provider named below in the last 6 months. Is that right?
2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?	2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?
3. How long have you been going to this provider?	3. How long have you been going to this provider?
4. In the last 6 months, how many times did you visit this provider to get care for yourself?	4. In the last 6 months, how many times did you visit this provider to get care for yourself?
5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that **needed care right away**?	5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that **needed care right away**?
6. In the last 6 months, when you contacted this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?	6. In the last 6 months, when you contacted this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?
7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?	7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?
8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?
9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?	9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?
10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?	11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?
12. In the last 6 months, how often did this provider listen carefully to you?	12. In the last 6 months, how often did this provider listen carefully to you?
13. In the last 6 months, how often did this provider seem to know the important information about your medical history?	13. In the last 6 months, how often did this provider seem to know the important information about your medical history?
14. In the last 6 months, how often did this provider show respect for what you had to say?	14. In the last 6 months, how often did this provider show respect for what you had to say?
15. In the last 6 months, how often did this provider spend enough time with you?	15. In the last 6 months, how often did this provider spend enough time with you?

16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?	16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?
17. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	17. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
18. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?	18. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?
19. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?	19. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?
20. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?	20. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?
21. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	21. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?
22. In the last 6 months, how often did clerks and receptionists at this provider's office as helpful as you thought they should be?	22. In the last 6 months, how often did clerks and receptionists at this provider's office as helpful as you thought they should be?
23. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	23. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?	24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?
25. In the last 6 months, did you try to make any appointments with specialists?	25. In the last 6 months, did you try to make any appointments with specialists?
26. In the last 6 months, how often was it easy to get appointments with specialists?	26. In the last 6 months, how often was it easy to get appointments with specialists?
27. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about a health diet and healthy eating habits?	27. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about a health diet and healthy eating habits?
28. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?	28. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?
29. In the last 6 months, did you take any prescription medicine?	29. In the last 6 months, did you take any prescription medicine?
30. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?	30. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?

31. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?	31. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?
32. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?	32. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?
33. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?	33. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?
34. In general, how would you rate your overall health?	34. In general, how would you rate your overall health?
35. In general, how would you rate your overall mental or emotional health?	35. In general, how would you rate your overall mental or emotional health?
36. In the last 12 months, have you see a doctor or other health provider 3 or more times for the same condition or problem?	36. In the last 12 months, have you see a doctor or other health provider 3 or more times for the same condition or problem?
37. Is this a condition or problem that has lasted for at least 3 months?	37. Is this a condition or problem that has lasted for at least 3 months?
38. Do you now need or take medicine prescribed by a doctor?	38. Do you now need or take medicine prescribed by a doctor?
39. Is this medicine to treat a condition that has lasted for at least 3 months?	39. Is this medicine to treat a condition that has lasted for at least 3 months?
40. In the last 6 months, were any of your visits for your own health care... 40a. In person? 40b. By phone? 40c. By video call?	40. In the last 6 months, were any of your visits for your own health care... 40a. In person? 40b. By phone? 40c. By video call?
41. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?	41. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?
42. What is your age?	42. What is your age?
43. Are you male or female?	43. Are you male or female?
44. What is the highest grade or level of school that you have completed?	44. What is the highest grade or level of school that you have completed?
45. Do you speak a language other than English at home?	45. Do you speak a language other than English at home?

46. What is the language you speak at home?	46. What is the language you speak at home?
47. How well do you speak English?	47. How well do you speak English?
48. Are you deaf or do you have serious difficulty hearing?	48. Are you deaf or do you have serious difficulty hearing?
49. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	49. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
50. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	50. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
51. Do you have serious difficulty walking or climbing stairs?	51. Do you have serious difficulty walking or climbing stairs?
52. Do you have difficulty dressing or bathing?	52. Do you have difficulty dressing or bathing?
53. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?	53. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?
54. Do you ever use the internet at home?	54. Do you ever use the internet at home?
55. Are you of Hispanic, Latino or Spanish origin?	55. Are you of Hispanic, Latino or Spanish origin?
56. Which group best describes you?	56. Which group best describes you?
57. What is your race? Mark one or more.	57. What is your race? Mark one or more.
58. Did someone help you complete this survey?	58. Did someone help you complete this survey?
59. How did that person help you? Mark one or mor	59. How did that person help you? Mark one or mor

Type of Change	Reason for Change	Burden Change
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No

New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No

New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No

New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No
New survey mode, no change to survey content	Addition of web mode required by the Calendar Year 2026 Physician Fee Schedule Final Rule	No

Existing Question	Proposed Question
1. Our records show that you visited the provider named below in the last 6 months. Is that right?	1. Our records show that you visited the provider named below in the last 6 months. Is that right?
2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?	2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?
3. How long have you been going to this provider?	3. How long have you been going to this provider?
4. In the last 6 months, how many times did you visit this provider to get care for yourself?	4. In the last 6 months, how many times did you visit this provider to get care for yourself?
5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that **needed care right away**?	5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that **needed care right away**?
6. In the last 6 months, when you contacted this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?	6. In the last 6 months, when you contacted this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?
7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?	7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?
8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?
9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?	9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?
10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?	11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?
12. In the last 6 months, how often did this provider listen carefully to you?	12. In the last 6 months, how often did this provider listen carefully to you?
13. In the last 6 months, how often did this provider seem to know the important information about your medical history?	13. In the last 6 months, how often did this provider seem to know the important information about your medical history?
14. In the last 6 months, how often did this provider show respect for what you had to say?	14. In the last 6 months, how often did this provider show respect for what you had to say?
15. In the last 6 months, how often did this provider spend enough time with you?	15. In the last 6 months, how often did this provider spend enough time with you?
16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?	16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?
17. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	17. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
18. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?	18. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?
19. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?	19. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?
20. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?	20. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?

21. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	21. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?
22. In the last 6 months, how often did clerks and receptionists at this provider's office as helpful as you thought they should be?	22. In the last 6 months, how often did clerks and receptionists at this provider's office as helpful as you thought they should be?
23. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	23. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?	24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?
25. In the last 6 months, did you try to make any appointments with specialists?	25. In the last 6 months, did you try to make any appointments with specialists?
26. In the last 6 months, how often was it easy to get appointments with specialists?	26. In the last 6 months, how often was it easy to get appointments with specialists?
27. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about a health diet and healthy eating habits?	27. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about a health diet and healthy eating habits?
28. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?	28. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?
29. In the last 6 months, did you take any prescription medicine?	29. In the last 6 months, did you take any prescription medicine?
30. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?	30. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?
31. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?	31. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?
32. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?	32. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?
33. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?	33. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?
34. In general, how would you rate your overall health?	34. In general, how would you rate your overall health?
35. In general, how would you rate your overall mental or emotional health?	35. In general, how would you rate your overall mental or emotional health?
36. In the last 12 months, have you see a doctor or other health provider 3 or more times for the same condition or problem?	36. In the last 12 months, have you see a doctor or other health provider 3 or more times for the same condition or problem?
37. Is this a condition or problem that has lasted for at least 3 months?	37. Is this a condition or problem that has lasted for at least 3 months?
38. Do you now need or take medicine prescribed by a doctor?	38. Do you now need or take medicine prescribed by a doctor?
39. Is this medicine to treat a condition that has lasted for at least 3 months?	39. Is this medicine to treat a condition that has lasted for at least 3 months?
40. In the last 6 months, were any of your visits for your own health care... 40a. In person? 40b. By phone? 40c. By video call?	40. In the last 6 months, were any of your visits for your own health care... 40a. In person? 40b. By phone? 40c. By video call?

41. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?	41. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?
42. What is your age?	42. What is your age?
43. Are you male or female?	43. Are you male or female?
44. What is the highest grade or level of school that you have completed?	44. What is the highest grade or level of school that you have completed?
45. Do you speak a language other than English at home?	45. Do you speak a language other than English at home?
46. What is the language you speak at home?	46. What is the language you speak at home?
47. How well do you speak English?	47. How well do you speak English?
48. Are you deaf or do you have serious difficulty hearing?	48. Are you deaf or do you have serious difficulty hearing?
49. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	49. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
50. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	50. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
51. Do you have serious difficulty walking or climbing stairs?	51. Do you have serious difficulty walking or climbing stairs?
52. Do you have difficulty dressing or bathing?	52. Do you have difficulty dressing or bathing?
53. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?	53. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?
54. Do you ever use the internet at home?	54. Do you ever use the internet at home?
55. Are you of Hispanic, Latino or Spanish origin?	55. Are you of Hispanic, Latino or Spanish origin?
56. Which group best describes you?	56. Which group best describes you?
57. What is your race? Mark one or more.	57. What is your race? Mark one or more.
58. Did someone help you complete this survey?	58. Did someone help you complete this survey?
59. How did that person help you? Mark one or mor	59. How did that person help you? Mark one or mor

Type of Change	Reason for Change	Burden Change
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A

No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A

No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A
No change	N/A	N/A

Existing Question	Proposed Question	Type of Change
Q1. Our records show that you visited the provider named below in the last 6 months. Is that right?	Q1. Our records show that you visited the provider named below in the last 6 months. Is that right?	No change
Q2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?	Q2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?	No change
Q3. How long have you been going to this provider?	Q3. How long have you been going to this provider?	No change
Q4. In the last 6 months, how many times did you visit this provider to get care for yourself?	Q4. In the last 6 months, how many times did you visit this provider to get care for yourself?	No change
Q5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that **needed care right away**?	Q5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that **needed care right away**?	No change
Q6. In the last 6 months, when you contacted this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?	Q6. In the last 6 months, when you contacted this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?	No change
Q7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?	Q7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?	No change
Q8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	Q8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	No change
Q9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?	Q9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?	No change
Q10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	Q10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	No change
Q11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?	Q11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?	No change
Q12. In the last 6 months, how often did this provider listen carefully to you?	Q12. In the last 6 months, how often did this provider listen carefully to you?	No change
Q13. In the last 6 months, how often did this provider seem to know the important information about your medical history?	Q13. In the last 6 months, how often did this provider seem to know the important information about your medical history?	No change
Q14. In the last 6 months, how often did this provider show respect for what you had to say?	Q14. In the last 6 months, how often did this provider show respect for what you had to say?	No change
Q15. In the last 6 months, how often did this provider spend enough time with you?	Q15. In the last 6 months, how often did this provider spend enough time with you?	No change
Q16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?	Q16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?	No change
Q17. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	Q17. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	No change
Q18. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?	Q18. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?	No change

Q19. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?	Q19. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?	No change
Q20. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?	Q20. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?	No change
Q21. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	Q21. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	No change
Q22. In the last 6 months, how often did clerks and receptionists at this provider's office as helpful as you thought they should be?	Q22. In the last 6 months, how often did clerks and receptionists at this provider's office as helpful as you thought they should be?	No change
Q23. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	Q23. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	No change
Q24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the provider named in Question 1 of this survey a specialist?	Q24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the provider named in Question 1 of this survey a specialist?	No change
Q25. In the last 6 months, did you try to make any appointments with specialists?	Q25. In the last 6 months, did you try to make any appointments with specialists?	No change
Q26. In the last 6 months, how often was it easy to get appointments with specialists?	Q26. In the last 6 months, how often was it easy to get appointments with specialists?	No change
Q27. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about a health diet and healthy eating habits?	Q27. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about a health diet and healthy eating habits?	No change
Q28. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?	Q28. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?	No change
Q29. In the last 6 months, did you take any prescription medicine?	Q29. In the last 6 months, did you take any prescription medicine?	No change
Q30. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?	Q30. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?	No change
Q31. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?	Q31. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?	No change
Q32. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?	Q32. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?	No change
Q33. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?	Q33. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?	No change
Q34. In general, how would you rate your overall health?	Q34. In general, how would you rate your overall health?	No change
Q35. In general, how would you rate your overall mental or emotional health?	Q35. In general, how would you rate your overall mental or emotional health?	No change
Q36. In the last 12 months, have you see a doctor or other health provider Q3 or more times for the same condition or problem?	Q36. In the last 12 months, have you see a doctor or other health provider Q3 or more times for the same condition or problem?	No change
Q37. Is this a condition or problem that has lasted for at least Q3 months?	Q37. Is this a condition or problem that has lasted for at least Q3 months?	No change

Q38. Do you now need or take medicine prescribed by a doctor?	Q38. Do you now need or take medicine prescribed by a doctor?	No change
Q39. Is this medicine to treat a condition that has lasted for at least Q3 months?	Q39. Is this medicine to treat a condition that has lasted for at least Q3 months?	No change
Q40a. In the last 6 months, were any of your visits for your own health care in person?	Q40a. In the last 6 months, were any of your visits for your own health care in person?	No change
Q40b. In the last 6 months, were any of your visits for your own health care by phone?	Q40b. In the last 6 months, were any of your visits for your own health care by phone?	No change
Q40c. In the last 6 months, were any of your visits for your own health care by video call?	Q40c. In the last 6 months, were any of your visits for your own health care by video call?	No change
Q41. During the last Q4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?	Q41. During the last Q4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?	No change
Q42. What is your age?	Q42. What is your age?	No change
Q43. Are you male or female?	Q43. Are you male or female?	No change
Q44. What is the highest grade or level of school that you have completed?	Q44. What is the highest grade or level of school that you have completed?	No change
Q45. Do you speak a language other than English at home?	Q45. Do you speak a language other than English at home?	No change
Q46. What is the language you speak at home?	Q46. What is the language you speak at home?	No change
Q47. How well do you speak English?	Q47. How well do you speak English?	No change
Q48. Are you deaf or do you have serious difficulty hearing?	Q48. Are you deaf or do you have serious difficulty hearing?	No change
Q49. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	Q49. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	No change
Q50. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	Q50. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	No change
Q51. Do you have serious difficulty walking or climbing stairs?	Q51. Do you have serious difficulty walking or climbing stairs?	No change
Q52. Do you have difficulty dressing or bathing?	Q52. Do you have difficulty dressing or bathing?	No change
Q53. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	Q53. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	No change
Q54. Do you ever use the internet at home?	Q54. Do you ever use the internet at home?	No change
Q55. Are you of Hispanic, Latino or Spanish origin?	Q55. Are you of Hispanic, Latino or Spanish origin?	No change
Q56. Which group best describes you?	Q56. Which group best describes you?	No change
Q57a. Are you American Indian or Alaska Native?	Q57a. Are you American Indian or Alaska Native?	No change
Q57b. (Are you) Black or African American?	Q57b. (Are you) Black or African American?	No change
Q57c. (Are you) Asian?	Q57c. (Are you) Asian?	No change
Q57c1. (Are you) Asian Indian?	Q57c1. (Are you) Asian Indian?	No change
Q57c2. (Are you) Chinese?	Q57c2. (Are you) Chinese?	No change
Q57c3. (Are you) Filipino?	Q57c3. (Are you) Filipino?	No change
Q57c4. (Are you) Japanese?	Q57c4. (Are you) Japanese?	No change
Q57c5. (Are you) Korean?	Q57c5. (Are you) Korean?	No change
Q57c6. (Are you) Vietnamese?	Q57c6. (Are you) Vietnamese?	No change
Q57c7. (Are you) another Asian race?	Q57c7. (Are you) another Asian race?	No change
Q57d. (Are you) Native Hawaiian or Pacific Islander	Q57d. (Are you) Native Hawaiian or Pacific Islanc	No change
Q57d1. (Are you) Guamanian or Chamorro?	Q57d1. (Are you) Guamanian or Chamorro?	No change

Q57d2. (Are you) Native Hawaiian?	Q57d2. (Are you) Native Hawaiian?	No change
Q57d3. (Are you) Samoan?	Q57d3. (Are you) Samoan?	No change
Q57d4. (Are you) another Pacific Islander race?	Q57d4. (Are you) another Pacific Islander race?	No change
Q57e. (Are you) White?	Q57e. (Are you) White?	No change
Q58. <INTERVIEWER CODE: DID SOMEONE HELP THE SAMPLED PERSON TO COMPLETE THE INTERVIEW?>	Q58. <INTERVIEWER CODE: DID SOMEONE HELP THE SAMPLED PERSON TO COMPLETE THE INTERVIEW?>	No change
Q59a. <HOW DID THAT PERSON HELP?> <READ THE QUESTIONS TO SAMPLED PERSON>	Q59a. <HOW DID THAT PERSON HELP?> <READ THE QUESTIONS TO SAMPLED PERSON>	No change
Q59b. <HOW DID THAT PERSON HELP?> <REPEATED THE ANSWERS SAMPLED PERSON GAVE>	Q59b. <HOW DID THAT PERSON HELP?> <REPEATED THE ANSWERS SAMPLED PERSON GAVE>	No change
Q59c. <HOW DID THAT PERSON HELP?> <ANSWERED THE QUESTIONS FOR SAMPLED PERSON>	Q59c. <HOW DID THAT PERSON HELP?> <ANSWERED THE QUESTIONS FOR SAMPLED PERSON>	No change
Q59d. <HOW DID THAT PERSON HELP?> <TRANSLATED THE QUESTIONS INTO SAMPLED PERSON'S LANGUAGE>	Q59d. <HOW DID THAT PERSON HELP?> <TRANSLATED THE QUESTIONS INTO SAMPLED PERSON'S LANGUAGE>	No change
Q59e. <HOW DID THAT PERSON HELP?> <HELPED IN SOME OTHER WAY>	Q59e. <HOW DID THAT PERSON HELP?> <HELPED IN SOME OTHER WAY>	No change

Reason for Change	Burden Change
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A