
CAHPS[®] Clinician & Group Survey

Version: Child Primary Care Questionnaire 1.0

(Note: A 2.0 version of this instrument is also available.)

Language: English

Response Scale: 4 points

Note regarding the Never-to-Always response scale: This questionnaire employs a four-point response scale – “Never/Sometimes/Usually/Always” – which is the standard scale for CAHPS surveys. An alternative six-point scale adds “Almost never” and “Almost always” to the response options. Questionnaires with the six-point scale are available for downloading at <https://www.cahps.ahrq.gov/cahpskit/CG/CGChooseQX6p.asp>.

A version of the questionnaire with the six-point scale has been used by several early adopters of the survey; it is also the version that was endorsed by the National Quality Forum. The CAHPS Consortium is examining the performance of the two response scales in the context of this survey.



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Instructions for Front Cover

- Replace the cover of this document with your own front cover. Include a user-friendly title and your own logo.
- Include this text regarding the confidentiality of survey responses:

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

What To Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [INSERT VENDOR ADDRESS].

If you want to know more about this study, please call XXX-XXX-XXXX.

Instructions for Format of Questionnaire

Proper formatting of a questionnaire improves response rates, the ease of completion, and the accuracy of responses. The CAHPS team's recommendations include the following:

- If feasible, insert blank pages as needed so that the survey instructions (see next page) and the first page of questions start on the right-hand side of the questionnaire booklet.
- Maximize readability by using two columns, serif fonts for the questions, and ample white space.
- Number the pages of your document, but remove the headers and footers inserted to help sponsors and vendors distinguish among questionnaire versions.

Additional guidance is available in **Preparing a Questionnaire Using the CAHPS Clinician & Group Survey**:

https://www.cahps.ahrq.gov/cahpskit/files/32_CG_Preparing_a_Questionnaire.pdf

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → **If Yes, go to #1 on page 1**
 No

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

Your Child’s Doctor

1. Our records show that your child got care from the doctor named below in the last 12 months.

Name of doctor label goes here

Is that right?

- ¹ Yes
² No → **If No, go to #26 on page 4**

The questions in this survey booklet will refer to the doctor named in Question 1 as “this doctor.” Please think of that doctor as you answer the survey.

2. Is this the doctor you usually see if your child needs a check-up or gets sick or hurt?

- ¹ Yes
² No

3. How long has your child been going to this doctor?

- ¹ Less than 6 months
² At least 6 months but less than 1 year
³ At least 1 year but less than 3 years
⁴ At least 3 years but less than 5 years
⁵ 5 years or more

Your Child’s Care From This Doctor in the Last 12 Months

These questions ask about **your child’s** health care. Do **not** include care your child got when he or she stayed overnight in a hospital. Do **not** include the times your child went for dental care visits.

4. In the last 12 months, how many times did your child visit this doctor for care?

- ¹ None → **If None, go to #26 on page 4**
² 1 time
³ 2
⁴ 3
⁵ 4
⁶ 5 to 9
⁷ 10 or more times

5. In the last 12 months, did you phone this doctor’s office to get an appointment for your child for an illness, injury or condition that **needed care right away**?

- ¹ Yes
² No → **If No, go to #7**

6. In the last 12 months, when you phoned this doctor’s office to get an appointment for **care your child needed right away**, how often did you get an appointment as soon as you thought your child needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

7. In the last 12 months, did you make any appointments for a **check-up or routine care** for your child with this doctor?
- ¹ Yes
² No → **If No, go to #9**
8. In the last 12 months, when you made an appointment for a **check-up or routine care** for your child with this doctor, how often did you get an appointment as soon as you thought your child needed?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
9. In the last 12 months, did you phone this doctor's office with a medical question about your child during regular office hours?
- ¹ Yes
² No → **If No, go to #11**
10. In the last 12 months, when you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
11. In the last 12 months, did you phone this doctor's office with a medical question about your child **after** regular office hours?
- ¹ Yes
² No → **If No, go to #13**
12. In the last 12 months, when you phoned this doctor's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this doctor **within 15 minutes** of his or her appointment time?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
14. In the last 12 months, how often did this doctor explain things about your child's health in a way that was easy to understand?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
15. In the last 12 months, how often did this doctor listen carefully to you?
- ¹ Never
² Sometimes
³ Usually
⁴ Always

16. In the last 12 months, did you talk with this doctor about any problems or concerns you had about your child's health?

- ¹ Yes
² No → **If No, go to #18**

17. In the last 12 months, how often did this doctor give you easy to understand instructions about taking care of these health problems or concerns?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

18. In the last 12 months, how often did this doctor seem to know the important information about your child's medical history?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

19. In the last 12 months, how often did this doctor show respect for what you had to say?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

20. In the last 12 months, how often did this doctor spend enough time with your child?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

21. In the last 12 months, did this doctor order a blood test, x-ray or other test for your child?

- ¹ Yes
² No → **If No, go to #23**

22. In the last 12 months, when this doctor ordered a blood test, x-ray or other test for your child, how often did someone from this doctor's office follow up to give you those results?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

23. Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?

- 0 Worst doctor possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best doctor possible

Clerks and Receptionists at This Doctor's Office

24. In the last 12 months, how often were clerks and receptionists at this doctor's office as helpful as you thought they should be?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

25. In the last 12 months, how often did clerks and receptionists at this doctor's office treat you with courtesy and respect?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

About Your Child and You

26. In general, how would you rate your child's overall health?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

27. What is your child's age?

- 1 Less than 1 year old

_____ YEARS OLD (*write in*)

28. Is your child male or female?

- 1 Male
- 2 Female

29. Is your child of Hispanic or Latino origin or descent?

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino

30. What is your child's race? Please mark one or more.

- 1 White
- 2 Black or African-American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other

31. What is your age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

32. Are you male or female?

- Male
- Female

33. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

34. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

Please print: _____

35. Did someone help you complete this survey?

- Yes
- No → **Thank you.**

Please return the completed survey in the postage-paid envelope.

36. How did that person help you? Mark all that apply.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Please print: _____

Thank you

Please return the completed survey in the postage-paid envelope.

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Supplemental Items for the Child Primary Care Questionnaire 1.0

(Note: A 2.0 version of this instrument is also available.)

Language: English

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TABLE OF CONTENTS

After Hours Care.....8

Behavioral Health8

Doctor Communication With Child.....8

Doctor Thoroughness9

Health Improvement10

Prescription Medicines.....10

Provider Knowledge of Specialist Care10

Shared Decision Making.....11

Important instructions

Placing Supplemental Items in the Core Questionnaires. After you copy one or more supplemental items into the core questionnaire:

- **Fix the formatting** of the items as needed to fit into the two-column format.
- **Renumber** the supplemental item and **ALL** subsequent items so that they are consecutive.
- **Revise ALL skip instructions** in the questionnaire to make sure they point the respondent to the correct item number.

Definition of Specialist. If you choose to use one or more supplemental items that refer to specialists, please insert this definition before the first of these items: “Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.”

After Hours Care

Insert AH1 – AH2 after core question 12.

AH1. After hours care is health care when your child's usual doctor's office or clinic is closed. In the last 12 months, did you try to get any after hours care for your child at this doctor's office?

¹ Yes

² No → **If No, go to core question 13**

AH2. In the last 12 months, did the after hours care available from this doctor's office meet your needs?

¹ Yes

² No

Behavioral Health

Insert MH1 after core question 26.

MH1. In general, how would you rate your child's overall mental or emotional health?

¹ Excellent

² Very good

³ Good

⁴ Fair

⁵ Poor

Doctor Communication With Child

Insert DC1 – DC4 after core question 20.

DC1. Is your child able to talk with doctors about his or her health care?

¹ Yes

² No → **If No, go to core question 21**

DC2. In the last 12 months, how often did this doctor explain things in a way that was easy for **your child** to understand?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

DC3. In the last 12 months, how often did this doctor encourage **your child** to ask questions?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

DC4. In the last 12 months, how often did this doctor listen carefully to **your child**?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

Doctor Thoroughness

Insert DT1 – DT2 before core question 21.

DT1. In the last 12 months, did this doctor ever examine your child?

- ¹ Yes
² No → **If No, go to core question 21**

DT2. In the last 12 months, how often was this doctor as thorough as you thought your child needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

Health Improvement

Insert HI1 after core question 17.

HI1. In the last 12 months, did you and this doctor talk about specific things you could do to prevent illness in your child?

¹ Yes

² No

Prescription Medicines

Insert PM1 after core question 20.

PM1. In the last 12 months, did this doctor talk with you about all of the prescription medicines your child was taking?

¹ Yes

² No

Provider Knowledge of Specialist Care

Insert PK1 – PK2 after core question 20. Note: These items are recommended for use only if the sampled provider is not a specialist.

PK1. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did this doctor suggest your child see a specialist for a particular health problem?

¹ Yes

² No → **If No, go to core question 21**

PK2. In the last 12 months, how often did the doctor named in Question 1 seem informed and up-to-date about the care your child got from specialists?

¹ Never

² Sometimes

³ Usually

⁴ Always

Shared Decision Making

Insert SD1 – SD4 before core question 21.

SD1. Choices for your child’s treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did this doctor tell you there was more than one choice for your child’s treatment or health care?

¹ Yes

² No → **If No, go to core question 21**

SD2. In the last 12 months, did this doctor talk with you about the pros and cons of each choice for your child’s treatment or health care?

¹ Yes

² No

SD3. In the last 12 months, did this doctor give you enough information about each choice?

¹ Yes

² No

SD4. In the last 12 months, when there was more than one choice for your child’s treatment or health care, did this doctor ask which choice you thought was best for your child?

¹ Yes

² No