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# CAHPS<sup>®</sup> Health Plan Surveys

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**Version: Child Medicaid Survey 5.0**

**Language: English**

## Notes

- **Release of 5.0 version:** The CAHPS Health Plan Surveys were updated in the Spring of 2012. The updates are limited to minor changes to the wording of several items. These edits reflect the CAHPS Consortium's most recent findings from testing of related survey instruments. For specific information about the updates to this survey, please read **CAHPS Health Plan Surveys: Overview of the Questionnaires** which is available at <https://www.cahps.ahrq.gov/Surveys-Guidance/HP/Get-Surveys-and-Instructions.aspx>
- **Supplemental items:** The current 5.0 version of the **Child Medicaid Survey** includes core items only; questions from the Item Set for Children with Chronic Conditions are temporarily excluded. These items will be added back to this survey once the CAHPS Consortium completes its review of all supplemental items for the Health Plan Surveys. (Information about this item set is available at <https://www.cahps.ahrq.gov/Surveys-Guidance/Item-Sets/Children-with-Chronic-Conditions.aspx>.) Users of this survey may find additional supplemental items developed by the CAHPS Consortium, as well as descriptions of major item sets, in the **Health Plan Surveys and Instructions** (<http://www.cahps.ahrq.gov/Surveys-Guidance/HP/Get-Surveys-and-Instructions.aspx>).



## 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.

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Find additional guidance in **Preparing a Questionnaire Using the CAHPS Health Plan Survey**, which is available at <https://www.cahps.ahrq.gov/Surveys-Guidance/HP/Get-Surveys-and-Instructions.aspx>.

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## 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.

1. Our records show that your child is now in {INSERT HEALTH PLAN NAME}. Is that right?

- Yes → **If Yes, go to #3**
- No

2. What is the name of your child’s health plan?

*Please print:* \_\_\_\_\_

\_\_\_\_\_

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**Your Child’s Health Care in the Last 6 Months**

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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.

3. In the last 6 months, did your child have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor’s office?

- Yes
- No → **If No, go to #5**

4. In the last 6 months, when your child **needed care right away**, how often did your child get care as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, , did you make any appointments for a **check-up or routine care** for your child at a doctor’s office or clinic?

- Yes
- No → **If No, go to #7**

6. In the last 6 months, how often did you get an appointment for a **check-up or routine care** for your child at a doctor’s office or clinic as soon as your child needed?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, **not** counting the times your child went to an emergency room, how many times did he or she go to a doctor’s office or clinic to get health care?

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

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child’s health care in the last 6 months?

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

9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

**Option: Insert additional questions about general health care here.**

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**Your Child’s Personal Doctor**

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10. A personal doctor is the one your child would see if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, go to #20 on page 4**

11. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- None → **If None, go to #19**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

12. In the last 6 months, how often did your child’s personal doctor explain things about your child’s health in a way that was easy to understand?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

13. In the last 6 months, how often did your child’s personal doctor listen carefully to you?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

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

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to #17**

16. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for **your child** to understand?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

18. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

19. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

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

**Option: Insert additional questions about personal doctor here.**

## Getting Health Care From Specialists

When you answer the next questions, do **not** include dental visits or care your child got when he or she stayed overnight in a hospital.

20. 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 6 months, did you make any appointments for your child to see a specialist?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #24**

21. In the last 6 months, how often did you get appointments for your child to see a specialist as soon as he or she needed?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

22. How many specialists has your child seen in the last 6 months?

<sup>0</sup>  None → **If None, go to #24**

<sup>1</sup>  1 specialist

<sup>2</sup>  2

<sup>3</sup>  3

<sup>4</sup>  4

<sup>5</sup>  5 or more specialists

23. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

0 Worst specialist possible

1

2

3

4

5

6

7

8

9

10 Best specialist possible

**Option: Insert additional questions about specialist care here.**

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## Your Child's Health Plan

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The next questions ask about your experience with your child's health plan.

24. In the last 6 months, did you get information or help from customer service at your child's health plan?

<sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to #27**

25. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

<sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

26. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

<sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

27. In the last 6 months, did your child's health plan give you any forms to fill out?

<sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to #29**

28. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

<sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

29. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

0 Worst health plan possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best health plan possible

**Option: Insert additional questions about the health plan here.**

**About Your Child and You**

**30.** In general, how would you rate your child’s overall health?

- <sup>1</sup> Excellent
- <sup>2</sup> Very Good
- <sup>3</sup> Good
- <sup>4</sup> Fair
- <sup>5</sup> Poor

**31.** In general, how would you rate your child’s overall **mental or emotional** health?

- <sup>1</sup> Excellent
- <sup>2</sup> Very Good
- <sup>3</sup> Good
- <sup>4</sup> Fair
- <sup>5</sup> Poor

**32.** What is **your child’s** age?

- <sup>1</sup> Less than 1 year old

\_\_\_\_\_ YEARS OLD (*write in*)

**33.** Is your child male or female?

- <sup>1</sup> Male
- <sup>2</sup> Female

**34.** Is your child of Hispanic or Latino origin or descent?

- <sup>1</sup> Yes, Hispanic or Latino
- <sup>2</sup> No, not Hispanic or Latino

**35.** What is your child’s race? Mark one or more.

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

**36.** What is **your** age?

- <sup>0</sup> Under 18
- <sup>1</sup> 18 to 24
- <sup>2</sup> 25 to 34
- <sup>3</sup> 35 to 44
- <sup>4</sup> 45 to 54
- <sup>5</sup> 55 to 64
- <sup>6</sup> 65 to 74
- <sup>7</sup> 75 or older

**37.** Are you male or female?

- <sup>1</sup> Male
- <sup>2</sup> Female

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

- <sup>1</sup> 8th grade or less
- <sup>2</sup> Some high school, but did not graduate
- <sup>3</sup> High school graduate or GED
- <sup>4</sup> Some college or 2-year degree
- <sup>5</sup> 4-year college graduate
- <sup>6</sup> More than 4-year college degree

**39. How are you related to the child?**

- <sup>1</sup>  Mother or father
- <sup>2</sup>  Grandparent
- <sup>3</sup>  Aunt or uncle
- <sup>4</sup>  Older brother or sister
- <sup>5</sup>  Other relative
- <sup>6</sup>  Legal guardian
- <sup>7</sup>  Someone else

*Please print:* \_\_\_\_\_

\_\_\_\_\_

**40. Did someone help you complete this survey?**

- <sup>1</sup>  Yes
- <sup>2</sup>  No →

**Thank you.  
Please return the completed survey in the postage-paid envelope.**

**41. How did that person help you? Mark one or more.**

- <sup>1</sup>  Read the questions to me
- <sup>2</sup>  Wrote down the answers I gave
- <sup>3</sup>  Answered the questions for me
- <sup>4</sup>  Translated the questions into my language
- <sup>5</sup>  Helped in some other way

*Please print:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Option: Insert other child-specific, member-specific, or other general questions here.**

**Thank you.**

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