
CAHPS Clinician & Group Survey

Version: Adult Visit Survey 4.0 (beta)

Language: English

Notes

- **Purpose of Visit Survey 4.0 (beta):** This new version of the Clinician & Group Survey asks patients about their experiences with care at their most recent visit with an ambulatory care provider. The CAHPS team developed this version to support users in asking about all synchronous visits, including interactions in person, by phone, or by video.
- **Beta designation:** The “beta” designation means that the instrument has not yet been field tested by the CAHPS Consortium or approved as a CAHPS survey.
- **Front cover:** Users should replace the cover of this document with their own front cover, with a user-friendly title and their own logo.

Learn more about this survey at <https://www.ahrq.gov/cahps/surveys-guidance/cg/index.html>.
For assistance with this survey, please contact the CAHPS Help Line at 800-492-9261 or cahps1@westat.com.

Your Provider

1. Visits with a health care provider can be **in person, by phone, or by video**. Our records show that you had a recent visit with the provider named below.

Name of provider label goes here

Is that right?

- ¹ Yes
² No → **If No, go to #25 on page 3**

Please think of this provider as you answer the survey.

2. Is this the provider you usually talk to if you need a check-up, want advice about a health problem, or get sick or hurt?
- ¹ Yes
² No
3. How long has it been since your most recent in-person, phone, or video visit with this provider?
- ¹ Less than 1 month
² At least 1 months but less than 3 months
³ At least 3 months but less than 6 months
⁴ At least 6 months but less than 1 year
⁵ 1 year or more

These questions ask about your most recent visit with this provider.

4. Was your most recent visit with this provider **in person**?
- ¹ Yes → **If Yes, go to #11 on page 2**
² No

5. Was your most recent visit with this provider a **video visit**?

- ¹ Yes
² No → **If No, go to #9**

6. Did you need instructions from this provider's office about how to use video for this visit?

- ¹ Yes
² No → **If No, go to #8**

7. Did this provider's office give you all the instructions you needed to use video for this visit?

- ¹ Yes, definitely
² Yes, somewhat
³ No

8. During your most recent visit, was the video easy to use?

- ¹ Yes, definitely → **Go to #10**
² Yes, somewhat → **Go to #10**
³ No → **Go to #10**

9. Was your most recent visit with this provider by **phone**?

- ¹ Yes
² No → **If No, go to #11 on page 2**

10. During your most recent visit, were you and this provider able to hear each other clearly?

- ¹ Yes, definitely
² Yes, somewhat
³ No

11. Was your most recent visit for an illness, injury, or condition that **needed care right away**?

- Yes
- No → **If No, go to #13**

12. Was that recent visit as soon as you needed?

- Yes, definitely
- Yes, somewhat
- No

13. Did your most recent visit start on time?

- Yes, definitely
- Yes, somewhat
- No

14. During your most recent visit, did this provider explain things in a way that was easy to understand?

- Yes, definitely
- Yes, somewhat
- No

15. During your most recent visit, did this provider listen carefully to you?

- Yes, definitely
- Yes, somewhat
- No

16. During your most recent visit, did this provider show respect for what you had to say?

- Yes, definitely
- Yes, somewhat
- No

17. During your most recent visit, did this provider spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

18. During your most recent visit, did this provider have the medical information they needed about you?

- Yes, definitely
- Yes, somewhat
- No

19. During your most recent visit, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No → **If No, go to #21**

20. Did someone from this provider's office follow up to give you those results?

- Yes
- No

21. Using any number from 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to rate your **most recent visit**?

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

Staff at Provider's Office

22. Staff at a provider's office may talk with you about your visit, help set it up, and remind you about your appointment. Thinking about your most recent visit, did you talk to staff from this provider's office?

- ¹ Yes
² No → **If No, go to #25**

23. Thinking about your most recent visit, was the staff from this provider's office as helpful as you thought they should be?

- ¹ Yes, definitely
² Yes, somewhat
³ No

24. Thinking about your most recent visit, did the staff from this provider's office treat you with courtesy and respect?

- ¹ Yes, definitely
² Yes, somewhat
³ No

About You

25. In general, how would you rate your overall health?

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

26. In general, how would you rate your overall **mental or emotional** health?

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

27. What is your age?

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

28. Are you male or female?

- ¹ Male
² Female

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

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

30. Are you of Hispanic or Latino origin or descent?

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

31. What is your race? 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

32. Did someone help you complete this survey?

- 1 Yes
- 2 No → **Thank you.**

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

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

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

Thank you.

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