

**WEB INTERVIEW SCREENSHOTS
FOR THE OUTPATIENT AND AMBULATORY SURGERY CAHPS SURVEY
(OAS CAHPS®)**

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

OAS CAHPS® Survey

Thank you for participating in the Outpatient and Ambulatory Surgery CAHPS Survey. To ensure privacy, please enter [NAME]'s date of birth to access the survey.

MM/DD/YYYY

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1240. Expiration date __/__/__. The time required to complete this information collection is estimated to average 8 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.

CONFIRM – If yes, continue. If no, go to Q_INELIG

OAS CAHPS® Survey

That date of birth does not match our records. To ensure we have the correct record, please confirm if you had an outpatient surgery or procedure at [FACILITY NAME] on [DATE].

Yes

No

Next>

Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.

INTRO2

OAS CAHPS® Survey

[FACILITY NAME] is participating in a survey about patients' experiences with outpatient surgeries and procedures. The results will be used to help [FACILITY NAME] understand patient experiences in their facilities.

Your participation in this survey is completely voluntary and will not affect any health care or benefits you receive. All information you provide is confidential and is protected by the Privacy Act.

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Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.

INTRO3

OAS CAHPS® Survey

This survey asks about your experience at [FACILITY NAME]. For this survey, we use the term “**procedure**” for diagnostic, surgical or other procedures. We refer to “**facility**” as the place where you had your procedure. Please answer these questions only for the procedure you had on [DATE]. Do not include any other procedures in your answers.

The first few questions are about getting ready for your procedure. Include any information you received before and on the day of your procedure.

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Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.

Q1

OAS CAHPS® Survey

BEFORE YOUR PROCEDURE

Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?

- Yes, definitely
- Yes, somewhat
- No

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Questions? Contact the OAS CAHPS Survey Coordination Team at oscahps@rti.org or call 1-866-590-7468.

Q2

OAS CAHPS® Survey	
BEFORE YOUR PROCEDURE	
<p>Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?</p>	
<p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.	

Q3

OAS CAHPS® Survey	
ABOUT THE FACILITY AND STAFF	
<p><i>The next questions ask about the day of your procedure.</i></p>	
<p>Did the check-in process run smoothly?</p>	
<p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.	

Q4

OAS CAHPS [®] Survey	
ABOUT THE FACILITY AND STAFF	
<p>Was the facility clean?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.	

Q5

OAS CAHPS [®] Survey	
ABOUT THE FACILITY AND STAFF	
<p>Were the clerks and receptionists at the facility as helpful as you thought they should be?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.	

Q6

OAS CAHPS® Survey	
ABOUT THE FACILITY AND STAFF	
<p>Did the clerks and receptionists at the facility treat you with courtesy and respect?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oscahps@rti.org or call 1-866-590-7468.	

Q7

OAS CAHPS® Survey	
ABOUT THE FACILITY AND STAFF	
<p>Did the doctors and nurses treat you with courtesy and respect?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oscahps@rti.org or call 1-866-590-7468.	

Q8

OAS CAHPS® Survey	
ABOUT THE FACILITY AND STAFF	
<p>Did the doctors and nurses make sure you were as comfortable as possible?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<input type="button" value=" <Back"/>	<input type="button" value=" Next >"/>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.</p>	

Q9

OAS CAHPS® Survey	
COMMUNICATIONS ABOUT YOUR PROCEDURE	
<p><i>As a reminder, please include any information you received before and on the day of the procedure.</i></p> <p>Did the doctors and nurses explain your procedure in a way that was easy to understand?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<input type="button" value=" <Back"/>	<input type="button" value=" Next >"/>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.</p>	

Q10

LOGIC AFTER: IF Q10 = NO THEN GO TO Q13

OAS CAHPS® Survey	
COMMUNICATIONS ABOUT YOUR PROCEDURE	
<p>Anesthesia is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<input type="button" value=" <Back"/>	<input type="button" value=" Next >"/>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at oscahps@rti.org or call 1-866-590-7468.</p>	

Q11

OAS CAHPS® Survey	
COMMUNICATIONS ABOUT YOUR PROCEDURE	
<p>Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<input type="button" value=" <Back"/>	<input type="button" value=" Next >"/>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at oscahps@rti.org or call 1-866-590-7468.</p>	

Q12

OAS CAHPS [®] Survey	
COMMUNICATIONS ABOUT YOUR PROCEDURE	
<p>Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<input type="button" value=" <Back"/>	<input type="button" value=" Next >"/>
Questions? Contact the OAS CAHPS Survey Coordination Team at oscahps@rti.org or call 1-866-590-7468.	

Q13

OAS CAHPS [®] Survey	
COMMUNICATIONS ABOUT YOUR PROCEDURE	
<p>Discharge instructions include things like symptoms you should watch for after your procedure, instructions about medicines, and home care. Before you left the facility, did you receive written discharge instructions?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<input type="button" value=" <Back"/>	<input type="button" value=" Next >"/>
Questions? Contact the OAS CAHPS Survey Coordination Team at oscahps@rti.org or call 1-866-590-7468.	

Q14

OAS CAHPS [®] Survey	
YOUR RECOVERY	
<p>Did your doctor or anyone from the facility prepare you for what to expect during your recovery?</p>	
<p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.	

Q15

OAS CAHPS [®] Survey	
YOUR RECOVERY	
<p>Some ways to control pain include prescription medicine, over-the-counter pain relievers or ice packs. Did your doctor or anyone from the facility give you information about what to do if you had pain as a result of your procedure?</p>	
<p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.	

Q16

OAS CAHPS® Survey	
YOUR RECOVERY	
<p>At any time after leaving the facility, did you have pain as a result of your procedure?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
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<p>Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.</p>	

Q17

OAS CAHPS® Survey	
YOUR RECOVERY	
<p>Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had nausea or vomiting?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
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<p>Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.</p>	

Q18

OAS CAHPS [®] Survey	
YOUR RECOVERY	
<p>At any time after leaving the facility, did you have nausea or vomiting as a result of either your procedure or the anesthesia?</p>	
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.	

Q19

OAS CAHPS [®] Survey	
YOUR RECOVERY	
<p>Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?</p>	
<p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.	

Q20

OAS CAHPS® Survey	
YOUR RECOVERY	
<p>At any time after leaving the facility, did you have bleeding as a result of your procedure?</p>	
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.	

Q21

OAS CAHPS® Survey	
YOUR RECOVERY	
<p>Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?</p>	
<p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.	

Questions? Contact the OAS CAHPS Survey Coordination Team at ocasahps@rti.org or call 1-866-590-7468.

Q24

OAS CAHPS [®] Survey	
YOUR OVERALL EXPERIENCE	
<p>Would you recommend this facility to your friends and family?</p> <p><input type="radio"/> Definitely no</p> <p><input type="radio"/> Probably no</p> <p><input type="radio"/> Probably yes</p> <p><input type="radio"/> Definitely yes</p>	
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Questions? Contact the OAS CAHPS Survey Coordination Team at ocasahps@rti.org or call 1-866-590-7468.	

Q25

OAS CAHPS [®] Survey	
ABOUT YOU	
<p>In general, how would you rate your overall health?</p> <p><input type="radio"/> Excellent</p> <p><input type="radio"/> Very good</p> <p><input type="radio"/> Good</p> <p><input type="radio"/> Fair</p> <p><input type="radio"/> Poor</p>	

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Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.

Q26

OAS CAHPS[®] Survey

ABOUT YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.

Q27

OAS CAHPS[®] Survey

ABOUT YOU

What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 79
- 80 to 84
- 85 or older

Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q28

OAS CAHPS[®] Survey

ABOUT YOU

Are you male or female?

- Male
- Female

Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.

Q29

OAS CAHPS[®] Survey

ABOUT YOU

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

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Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.

Q30

LOGIC AFTER: IF Q30 = NO THEN GO TO Q32

OAS CAHPS[®] Survey

ABOUT YOU

Are you of Hispanic, Latino, or Spanish origin?

- Yes, Hispanic, Latino, or Spanish
- No, not Hispanic, Latino, or Spanish

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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q31

OAS CAHPS [®] Survey	
ABOUT YOU	
Which group best describes you?	
<input type="radio"/> Mexican, Mexican American, Chicano	
<input type="radio"/> Puerto Rican	
<input type="radio"/> Cuban	
<input type="radio"/> Another Hispanic, Latino, or Spanish origin	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.	

Q32

OAS CAHPS [®] Survey	
ABOUT YOU	
What is your race? You may select one or more categories.	
<input type="checkbox"/> White	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> None of the above	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.	

Q32a PRELOGIC: IF Q32 = ASIAN, ASK Q32a; ELSE, GO TO Q33

OAS CAHPS® Survey	
ABOUT YOU	
<p>Which groups best describe you? You may select one or more categories.</p> <ul style="list-style-type: none"><input type="checkbox"/> Asian Indian<input type="checkbox"/> Chinese<input type="checkbox"/> Filipino<input type="checkbox"/> Japanese<input type="checkbox"/> Korean<input type="checkbox"/> Vietnamese<input type="checkbox"/> Other Asian<input type="checkbox"/> NONE OF THE ABOVE	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.	

Q32b PRELOGIC: IF Q32 = HAWAIIAN, ASK Q32b ELSE, GO TO Q33.

OAS CAHPS® Survey	
ABOUT YOU	
<p>Which groups best describe you? You may select one or more categories.</p> <ul style="list-style-type: none"><input type="checkbox"/> Native Hawaiian<input type="checkbox"/> Guamanian or Chamorro<input type="checkbox"/> Samoan<input type="checkbox"/> Other Pacific Islander<input type="checkbox"/> NONE OF THE ABOVE	
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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q33

OAS CAHPS[®] Survey

ABOUT YOU

How well do you speak English?

- Very well
- Well
- Not well
- Not at all

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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q34

LOGIC AFTER: IF Q34 = NO THEN GO TO Q36

OAS CAHPS[®] Survey

ABOUT YOU

Do you speak a language other than English at home?

- Yes
- No

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Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q35

OAS CAHPS [®] Survey	
ABOUT YOU	
What is that language?	
<input type="radio"/> Spanish	
<input type="radio"/> Other Language (<i>Please specify</i>):	<input type="text"/>
<input type="button" value=" <Back"/>	<input type="button" value=" Next >"/>
Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.	

Q36

LOGIC AFTER: IF Q36 = NO THEN GO TO Q_END

OAS CAHPS [®] Survey	
ABOUT YOU	
Did someone help you complete this survey?	
<input type="radio"/> Yes	
<input type="radio"/> No	
<input type="button" value=" <Back"/>	<input type="button" value=" Next >"/>

Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q37

OAS CAHPS[®] Survey

ABOUT YOU

How did that person help you? *Check 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 explain*):
- No one helped me complete this survey

Questions? Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org or call 1-866-590-7468.

Q_END

OAS CAHPS[®] Survey

You have completed the OAS CAHPS Survey. Thank you for your time.

Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.

Q_INELIG PRELOGIC: DOB DOES NOT MATCH WHAT WE HAVE ON FILE AND
CONFIRM=NO

OAS CAHPS[®] Survey

Thank you for your time. Looks like you are not the person we need to complete this survey.

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End>

Questions? Contact the OAS CAHPS Survey Coordination Team at ascahps@rti.org or call 1-866-590-7468.