
**WEB SURVEY INSTRUMENT WITH EXAMPLE LAYOUT
FOR THE OUTPATIENT AND AMBULATORY SURGERY CAHPS SURVEY
(OAS CAHPS®)**

LANDING PAGE, IF GENERIC WEB SURVEY URL USED

OAS CAHPS® Survey

Please input your survey access code.

Por favor ingrese su código de acceso.

Take the Survey / Tome parte de la encuesta

Patient Name: <FULL NAME FROM PATIENT RECORD>

Thank you for participating in the Outpatient and Ambulatory Surgery CAHPS Survey. To ensure we are surveying the correct person, please enter your date of birth to access the survey.

MM/DD/YYYY

Next>

Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.

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 with an expiration date of December 31, 2021. 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.

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, I had an outpatient surgery or procedure at [FACILITY NAME]
- No, I did not have an outpatient surgery or procedure at [FACILITY NAME]

Next>

Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.

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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Next>

Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.

OAS CAHPS® Survey	
<p>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.</p>	
<Back	Next>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.</p>	

OAS CAHPS® Survey	
BEFORE YOUR PROCEDURE	
<p><i>The first few questions are about getting ready for your procedure. Include any information you received before and on the day of your procedure.</i></p>	
<p>Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?</p>	
<p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, somewhat</p> <p><input type="radio"/> No</p>	
<Back	Next>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.</p>	

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>	
<Back	Next>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.</p>	

Q3

OAS CAHPS[®] Survey	
ABOUT THE FACILITY AND STAFF	
<p>The <i>next</i> questions ask about the day of your procedure.</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>	
<Back	Next>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.</p>	

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>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q5

OAS CAHPS [®] Survey	
ABOUT THE FACILITY AND STAFF	
<p>Were the clerks and receptionists 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>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q6

OAS CAHPS® Survey	
ABOUT THE FACILITY AND STAFF	
<p>Did the clerks and receptionists 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>	
<Back	Next>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.</p>	

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>	
<Back	Next>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.</p>	

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>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

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>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q10

LOGIC AFTER: IF Q10 = NO OR BLANK, 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>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

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>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

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>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

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>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

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>	
<Back	Next>
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.</p>	

Q15

OAS CAHPS® Survey	
YOUR RECOVERY	
<p><i>The next questions are about possible outcomes you could have during recovery. Some procedures do not require that you get this information. Please answer based on what you remember.</i></p> <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</p> <p><input type="radio"/> No</p>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

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>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

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</p> <p><input type="radio"/> No</p>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

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>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

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</p> <p><input type="radio"/> No</p>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

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>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

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</p> <p><input type="radio"/> No</p>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q22

OAS CAHPS® Survey	
YOUR RECOVERY	
<p>At any time after leaving the facility, did you have any signs of infection?</p>	
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q23

OAS CAHPS® Survey										
YOUR OVERALL EXPERIENCE										
<p>Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?</p>										
Worst Facility										Best Facility
0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><Back Next></p>										
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.</p>										

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>										
<p><Back Next></p>										
<p>Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.</p>										



Q25

OAS CAHPS® Survey	
ABOUT YOU	
<p>In general, how would you rate your overall health?</p> <ul style="list-style-type: none"><input type="radio"/> Excellent<input type="radio"/> Very good<input type="radio"/> Good<input type="radio"/> Fair<input type="radio"/> Poor	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q26

OAS CAHPS® Survey	
ABOUT YOU	
<p>In general, how would you rate your overall mental or emotional health?</p> <ul style="list-style-type: none"><input type="radio"/> Excellent<input type="radio"/> Very good<input type="radio"/> Good<input type="radio"/> Fair<input type="radio"/> Poor	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q27

OAS CAHPS® Survey	
ABOUT YOU	
<p>What is the highest grade or level of school that you have completed?</p> <ul style="list-style-type: none"><input type="radio"/> 8th grade or less<input type="radio"/> Some high school, but did not graduate<input type="radio"/> High school graduate or GED<input type="radio"/> Some college or 2-year degree<input type="radio"/> 4-year college graduate<input type="radio"/> More than 4-year college degree	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q28

LOGIC AFTER: IF Q28 = NO OR BLANK, THEN GO TO Q30

OAS CAHPS® Survey	
ABOUT YOU	
<p>Are you of Hispanic, Latino, or Spanish origin?</p> <ul style="list-style-type: none"><input type="radio"/> Yes, Hispanic, Latino, or Spanish<input type="radio"/> No, not Hispanic, Latino, or Spanish	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q29

OAS CAHPS [®] Survey	
ABOUT YOU	
<p>Which group best describes you?</p> <ul style="list-style-type: none"><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	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q30

OAS CAHPS [®] Survey	
ABOUT YOU	
<p>What is your race? <i>You may select one or more categories.</i></p> <ul style="list-style-type: none"><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	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q30a PRELOGIC: IF Q30 = ASIAN, ASK Q30a; ELSE, GO TO Q31

OAS CAHPS® Survey	
ABOUT YOU	
<p>Which groups best describe you? <i>You may select one or more categories.</i></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	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q30b PRELOGIC: IF Q30 = HAWAIIAN, ASK Q30b ELSE, GO TO Q31.

OAS CAHPS® Survey	
ABOUT YOU	
<p>Which groups best describe you? <i>You may select one or more categories.</i></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	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q31

OAS CAHPS® Survey	
ABOUT YOU	
<p>How well do you speak English?</p> <p><input type="radio"/> Very well</p> <p><input type="radio"/> Well</p> <p><input type="radio"/> Not well</p> <p><input type="radio"/> Not at all</p>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q32

OAS CAHPS [®] Survey	
ABOUT YOU	
<p>What language do you mainly speak at home?</p> <ul style="list-style-type: none"><input type="radio"/> English<input type="radio"/> Spanish<input type="radio"/> Chinese<input type="radio"/> Russian<input type="radio"/> Vietnamese<input type="radio"/> Portuguese<input type="radio"/> German<input type="radio"/> Some other language	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q33

LOGIC AFTER: IF Q33 = NO OR BLANK, THEN GO TO Q_END

OAS CAHPS [®] Survey	
ABOUT YOU	
<p>Did someone help you complete this survey?</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q34

OAS CAHPS® Survey	
ABOUT YOU	
<p>How did that person help you? <i>Check all that apply.</i></p> <p><input type="checkbox"/> Read the questions to me</p> <p><input type="checkbox"/> Wrote down the answers I gave</p> <p><input type="checkbox"/> Answered the questions for me</p> <p><input type="checkbox"/> Translated the questions into my language</p> <p><input type="checkbox"/> Helped in some other way (<i>Please explain</i>): <input type="text"/></p> <p><input type="checkbox"/> No one helped me complete this survey</p>	
<Back	Next>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

Q_END

OAS CAHPS® Survey	
<p>You have completed the OAS CAHPS Survey. Thank you for your time.</p> <p>Please click the “Submit” button.</p>	
<Back	Submit>
Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.	

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

OAS CAHPS[®] Survey

Thank you for your time. It looks like you are not the person we need to compete this survey.

<Back

End>

Questions? Contact the OAS CAHPS Survey Coordination Team at [VENDOR EMAIL ADDRESS] or call 1-8XX-XXX-XXXX.