Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey

(OAS CAHPS®)

**A patient experience of care survey about outpatient and ambulatory surgeries and procedures**

**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 (Expires: TBD). 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.**

Survey Instructions

Answer all the questions by checking 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:

Example response checkbox (not checked). Yes

Example response checkbox (checked). No Instruction: Arrow pointing to the right **If No, go to #1**

This survey asks about your experience at the facility named in the cover letter. 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(s) you had on the date included in the cover letter. Do not include any other procedures in your answers.**

I. Before Your Procedure

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

1. Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?
2. Checkbox Yes, definitely
3. Checkbox Yes, somewhat
4. Checkbox No
5. Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?
6. Checkbox Yes, definitely
7. Checkbox Yes, somewhat
8. Checkbox No

II. About the Facility and Staff

The next questions ask about the day of your procedure.

1. Did the check-in process run smoothly?
2. checkbox Yes, definitely
3. Checkbox Yes, somewhat
4. Check box No
5. Was the facility clean?
6. Check box Yes, definitely
7. Check box Yes, somewhat
8. Check box No
9. Were the clerks and receptionists at the facility as helpful as you thought they should be?
10. Check box Yes, definitely
11. Check box Yes, somewhat
12. Check box No
13. Did the clerks and receptionists at the facility treat you with courtesy and respect?
14. Check box Yes, definitely
15. Check box Yes, somewhat
16. Check box No
17. Did the doctors and nurses treat you with courtesy and respect?
18. Check box Yes, definitely
19. Check box Yes, somewhat
20. Check box No
21. Did the doctors and nurses make sure you were as comfortable as possible?
22. Check box Yes, definitely
23. Check box Yes, somewhat
24. Check box No

III. Communications About your Procedure

**As a reminder, please include any information you received before and on the day of the procedure.**

1. Did the doctors and nurses explain your procedure in a way that was easy to understand?
2. Check box Yes, definitely
3. Check box Yes, somewhat
4. Check box No
5. Anesthesia is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia?
6. Check box Yes
7. Check box No Instruction: Arrow pointing to the right **If No, go to #13**
8. Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand?
9. Check box Yes, definitely
10. Check box Yes, somewhat
11. Check box No
12. Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand?
13. Check box Yes, definitely
14. Check box Yes, somewhat
15. Check box No
16. 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 get written discharge instructions?
17. Check box Yes
18. Check box No

IV. Your Recovery

1. Did your doctor or anyone from the facility prepare you for what to expect during your recovery?
2. Check box Yes, definitely
3. Check box Yes, somewhat
4. Check box No
5. 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?
6. Check box Yes, definitely
7. Check box Yes, somewhat
8. Check box No
9. At any time after leaving the facility, did you have pain as a result of your procedure?
10. Check box Yes
11. Check box No
12. 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?
13. Check box Yes, definitely
14. Check box Yes, somewhat
15. Check box No
16. At any time after leaving the facility, did you have nausea or vomiting as a result of either your procedure or the anesthesia?
17. Check box Yes
18. Check box No
19. 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?
20. Check box Yes, definitely
21. Check box Yes, somewhat
22. Check box No
23. At any time after leaving the facility, did you have bleeding as a result of your procedure?
24. Check box Yes
25. Check box No
26. 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?
27. Check box Yes, definitely
28. Check box Yes, somewhat
29. Check box No
30. At any time after leaving the facility, did you have any signs of infection?
31. Check box Yes
32. Check box No

V. Your Overall Experience

1. 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?

Check box 0 Worst facility possible

Check box 1

Check box 2

Check box 3

Check box 4

Check box 5

Check box 6

Check box 7

Check box 8

Check box 9

Check box 10 Best facility possible

1. Would you recommend this facility to your friends and family?
2. Check box Definitely no
3. Check box Probably no
4. Check box Probably yes
5. Check box Definitely yes

VI. About You

1. In general, how would you rate your overall health?
2. Check box Excellent
3. Check box Very good
4. Check box Good
5. Check box Fair
6. Check box Poor
7. In general, how would you rate your overall mental or emotional health?
8. Check box Excellent
9. Check box Very good
10. Check box Good
11. Check box Fair
12. Check box Poor
13. What is your age?
14. Check box 18 to 24
15. Check box 25 to 34
16. Check box 35 to 44
17. Check box 45 to 54
18. Check box 55 to 64
19. Check box 65 to 74
20. Check box 75 to 79
21. Check box 80 to 84
22. Check box 85 or older
23. Are you male or female?
24. Check box Male
25. Check box Female
26. What is the highest grade or level of school that you have completed?
27. Check box 8th grade or less
28. Check box Some high school, but did not graduate
29. Check box High school graduate or GED
30. Check box Some college or 2-year degree
31. Check box 4-year college graduate
32. Check box More than 4-year college degree
33. Are you of Hispanic, Latino, or Spanish origin?
34. Check box Yes, Hispanic, Latino, or Spanish
35. Check box No, not Hispanic, Latino, or Spanish Instruction: Arrow pointing to the right **If No, go to #32**
36. Which group best describes you?
37. Check box Mexican, Mexican American, Chicano
38. Check box Puerto Rican
39. Check box Cuban
40. Check box Another Hispanic, Latino, or Spanish origin
41. What is your race? You may select one or more categories.
42. Check box White
43. Check box Black or African American
44. Check box American Indian or Alaska Native
45. Check box Asian Indian
46. Check box Chinese
47. Check box Filipino
48. Check box Japanese
49. Check box Korean
50. Check box Vietnamese
51. Check box Other Asian
52. Check box Native Hawaiian
53. Check box Guamanian or Chamorro
54. Check box Samoan
55. Check box Other Pacific Islander
56. How well do you speak English?
57. Check box Very well
58. Check box Well
59. Check box Not well
60. Check box Not at all
61. Do you speak a language other than English at home?
62. Check box Yes
63. Check box No Instruction: Arrow pointing to the right **If No, go to #36**
64. What is that language?
65. Check box Spanish
66. Check box Other Language  
    (PLEASE SPECIFY):  
       
    *(Please print.)*
67. Did someone help you complete this survey?
68. Check box Yes
69. Check box No Instruction: Arrow pointing to the right: **If No, go to END.**
70. How did that person help you? Check all that apply.
71. Check box Read the questions to me
72. Check box Wrote down the answers I gave
73. Check box Answered the questions for me
74. Check box Translated the questions into my language
75. Check box Helped in some other way:  
    (EXPLAIN):  
       
    *(Please print.)*
76. Check box No one helped me complete this survey

**END**