

Preparing a Questionnaire Using the CAHPS® Clinician & Group Survey

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Documents Available for the CAHPS Clinician & Group Survey

This document is part of a comprehensive set of instructional materials that address implementing the Clinician & Group Survey, analyzing the data, and reporting the results. All documents are available on the Agency for Healthcare Research and Quality's Web site: www.cahps.ahrq.gov. For assistance in accessing these documents, please contact the CAHPS Help Line at 800-492-9261 or cahps1@westat.com.

For descriptions of these documents, refer to *What's Available for the CAHPS Clinician & Group Survey 3.0*.

Questionnaires

- *CAHPS Clinician & Group Survey: Overview of the Questionnaires*
- *Clinician & Group Survey 3.0* (Adult and Child, English and Spanish)
- *Clinician & Group Survey 2.0* (Adult and Child, English and Spanish)
 - *12-Month Survey 2.0*
 - *Patient-Centered Medical Home Survey 2.0*
 - *Visit Survey 2.0*

Supplemental Items

- *Supplemental Items for the Adult Survey*
- *Supplemental Items for the Child Survey*
- *About the Health Literacy Item Set for Clinicians & Groups*
- *About the Cultural Competence Item Set*
- *About the Health Information Technology Item Set*
- *About the Patient-Centered Medical Home (PCMH) Item Set*

Survey Administration Guidelines

- *Preparing a Questionnaire Using the CAHPS Clinician & Group Survey*
- *Fielding the CAHPS Clinician & Group Survey*
- *Sample Notification Letters and Emails for the CAHPS Clinician & Group Survey*
- *Sample Telephone Script for the CAHPS Clinician & Group Survey*
- *Translating CAHPS Surveys*

Data Analysis Program and Guidelines

- *CAHPS Analysis Program (SAS)*
- *Preparing and Analyzing Data from the CAHPS Clinician & Group Survey*
- *Instructions for Analyzing Data from CAHPS Surveys*

Reporting Measures and Guidelines

- *Patient Experience Measures for the CAHPS Clinician & Group Survey*

Introduction

This document explains how to use the core and supplemental items from the CAHPS Clinician & Group Survey to construct a questionnaire that meets your needs. It focuses on steps you can take when preparing a questionnaire to ensure that it is consistent with your project's objectives and will generate useful information. These steps include—

- Incorporating supplemental questions
- Translating the questionnaire
- Formatting the questionnaire

Incorporating Supplemental Questions

Like most CAHPS surveys, the Clinician & Group Survey includes core items and supplemental items.

- **Core items** are questions that are **included in every questionnaire** to ensure standardization and comparability. They are applicable across various kinds of medical practices, including primary care and specialty care, and patient populations.
- **Supplemental items** are questions that may be added to the core items to customize the questionnaire to meet users' specific needs.

For more information on the topics covered by these items, refer to—

- *CAHPS Clinician & Group Survey: Overview of the Questionnaires*
- *Supplemental Items for the Adult Survey*
- *Supplemental Items for the Child Survey*

Users of the CAHPS Clinician & Group Survey are free to incorporate supplemental items in order to meet the needs of their organizations, local markets, and/or audiences. Some users add items so that they can satisfy multiple reporting requirements with one survey. For example, medical groups may want to incorporate questions from the CAHPS Survey for Accountable Care Organizations (ACOs) that is used by the Centers for Medicare & Medicaid Services (CMS). (For information about ACO-CAHPS, visit <http://acocahps.cms.gov/Content/Default.aspx>.) Others choose to add items that help physician practices and groups better understand what is driving their performance on core composite measures. For example, patients' responses to supplemental questions about the cultural competence of providers can pinpoint specific issues that may be undermining communication between the providers and their patients.

You can find a large number of items developed by the CAHPS team in *Supplemental Items for the Adult Survey* and *Supplemental Items for the Child Survey*. These supplemental items address issues of interest to certain provider types and audiences, such as questions about other doctors and providers, shared decision

making, health information technology, patient-centered medical homes, and health literacy.

Some items cover events that occur with low frequency in the general population, such as the use of interpreter services. **You should include them only if your sample design is likely to yield a sufficient number of responses to those questions for statistical analysis and reporting.** To learn more about the minimum number of responses needed and the implications for sample size, refer to *Fielding the CAHPS Clinician & Group Survey*.

Many of the supplemental items are combined into large item sets that focus on a specific topic. For descriptions of these item sets and associated measures, refer to—

- *About the Patient-Centered Medical Home Item Set*
- *About the Health Literacy Item Set for Clinicians & Groups*
- *About the Cultural Competence Item Set*
- *About the Health Information Technology Item Set*

You also have the option of adding your own items to the core questionnaire. Please follow the instructions provided in the next section for placement of these items in your survey.

Placement of Supplemental Items

The documents *Supplemental Items for the Adult Survey* and *Supplemental Items for the Child Survey* include detailed instructions for placing items in the Clinician & Group Survey. These instructions were designed to ensure consistency across surveys in the location and order of items and to support survey users in creating questionnaires that flow in a fashion that is consistent with how respondents think about the topics.

Whenever you add items, be sure to:

- **Renumber** the supplemental item and **ALL** subsequent items so that they are consecutive. Each questionnaire should start with question #1 and continue sequentially. Do not start renumbering within sections or any other place in the survey. Use integers only and not letters (e.g., 5a, 5b, AH1, AH2).
- **Revise ALL skip instructions** in the questionnaire to make sure they point respondents to the correct item number. Make sure you have already renumbered the survey items consecutively, then update the skip instructions to match the new survey item numbering.
 - Skip instructions may change from what is indicated in the item based on other supplemental items that are used.
 - Skip instructions should be formatted consistently.
 - Skip instructions in the formatted items often refer to “[core question] #x” where x represents an item number from the core survey. Be sure to delete “core question” and make sure the item number in the skip instructions is correct after renumbering.

- Format the items as needed to fit into the two-column format (if you are preparing the survey to be mailed).

For example, supplemental item PCMH1 ask whether respondents received information about what to do if they needed care during evenings, weekends, or holidays; the instructions say to insert this question after the item numbered 8 in the core survey:

Original supplemental items:

- 8.** In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

- PCMH1.** Did this provider’s office give you information about what to do if you needed care during evenings, weekends, or holidays?

- ¹ Yes
² No

- 9.** In the last 6 months, did you contact this provider’s office with a medical question during regular office hours?

- ¹ Yes
² No → **If No, go to #11**

Same questions when added to the core survey:

- 8.** In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

- 9.** Did this provider’s office give you information about what to do if you needed care during evenings, weekends, or holidays?

- ¹ Yes
² No

- 10.** In the last 6 months, did you contact this provider’s office with a medical question during regular office hours?

- ¹ Yes
² No → **If No, go to #12**

If you plan to add your own questions, append them in a new section **before** the “About You” section. Adding new items prior to core items is strongly discouraged as it creates a different context around the core items and may influence responses to the core items.

Concerns About Questionnaire Length

If you choose to add either supplemental items or your own items, pay attention to the length of the questionnaire. The longer the questionnaire, the greater the burden on the respondent. That said, research by the CAHPS grantees indicates that, up to a point, survey length has little impact on response rates.¹

Referring to Providers Instead of Doctors

The Clinician & Group Survey refers to “this provider” rather than “this doctor.” This language enables survey users to gather information about patients’ experiences with physicians as well as other types of health care providers, such as physician assistants (PAs) and nurse practitioners (NPs).

If you are assessing patients’ experiences with physicians only, you have the option of changing the survey to refer to “this doctor” instead of “this provider.” Be sure to apply this change consistently in all items, including any supplemental items you have added.

Please note that the term you choose (provider or doctor) has implications for other language in the survey (for example, text that defines a health care provider) and the sampling methods you should use. For free guidance, please contact the CAHPS User Network at cahps1@westat.com or 1-800-492-9261.

Translating CAHPS Surveys Into Other Languages

To help identify and reduce ethnic and racial disparities in health care, survey users may want to field translations of the survey that assess the experiences of individuals who are not fluent in English. Spanish translations of core and supplemental items are available, as are associated materials such as telephone scripts and notification letters.

To translate the CAHPS surveys into Spanish, two translators each produced a forward translation. Another bilingual reviewer then reviewed the two forward translations against each other and compared to the original English survey to develop the final Spanish survey. For guidance on translating a survey into a language other than English or Spanish, please see *Translating CAHPS Surveys* or contact the CAHPS User Network at cahps1@westat.com or 1-800-492-9261.

Formatting CAHPS Surveys

To ensure consistency across surveys, please observe the following guidelines when formatting your survey to be administered by mail, telephone, or the Web. Survey users should carefully consider which mode would be the most desirable and

¹ To learn more, see: Gallagher PM, Fowler FJ. Notes from the Field: Experiments in Influencing Response Rates from Medicaid Enrollees. 2000 Proceedings, Data Quality Section. American Statistical Association; Alexandria, VA; 971-976. Also see the FAQs on the CAHPS Web site: <https://cahps.ahrq.gov/apps/FAQ.aspx>.

appropriate for their patient population. For guidance on survey modes, please refer to *Fielding the CAHPS Clinician & Group Survey*.

Formatting the Questionnaire for Mail Surveys

The CAHPS Team strongly recommends taking steps to maximize the visual appeal and readability of mailed questionnaires. A well-formatted questionnaire contributes to response rates, completion rates, and the accuracy of responses.

The surveys available from the AHRQ Web site are formatted to be self-administered mail questionnaires that are explicitly designed to be easy to read. Important elements include the two-column format, the use of white space, and the font size and type (12-point Times New Roman). Please retain these elements if you add supplemental items to your questionnaire. The table below provides detailed recommendations for formatting the survey.

To minimize the number of pages required to print the questionnaire, survey users are often tempted to orient response options horizontally instead of vertically, especially for the 0-10 ratings items. However, research has shown that respondents are often confused by the horizontal orientation, which can lead to invalid responses. Therefore, the CAHPS Team strongly recommends maintaining the vertical orientation that is shown in the formatted questionnaires.

Guidelines for Questionnaire Formatting

Element	General recommendation	Rationale
General		
Layout	2 columns with line separating columns	Makes survey navigation easier for respondents
Margins	Top & Bottom = 1 inch; Left & Right = .75 inch; Header = .5 inch; Footer = .4 inch	Makes navigation easier for respondents
Orientation	Vertical	Avoids the confusion cause by the horizontal orientation of response options
Section Headings		
Font Size	Should appear slightly larger than item text. Use 13 pt as a guide (although font sizes can vary in actual size)	Minimum size necessary to ensure readability.
Font style	Any sans serif font (e.g., Arial), title case, bold, with line above and line below to separate heading from item text	Provides contrast to serif font and style used for text
Spacing	Double space before box and single space after box	Provides white space around heading
Item Text		
Font size	Minimum 12 pt.	Minimum size necessary to ensure readability

Element	General recommendation	Rationale
Font style	Any serif font (e.g., Times New Roman)	Improves readability
Visual emphasis	Item number bold, item text not bold; bold to emphasize individual words (instead of underlining)	Improves readability, facilitates identification of key words in item
Spacing	Single space (plus 6 pts. at end of item)	Improves readability
Hanging indent and tab after item number	0.4 inch	Improves readability
Response Options		
Font size	Minimum 12 pt. (Can use 12 pt. as a rough guide since size varies with style)	Minimum size required for readability
Font style	Any serif font (same as item font)	Improves readability
Spacing	Half line between item text and responses	Improves readability
Skip instructions	Bold	Emphasizes instruction to go to an item that is not sequential
Spacing between response and new item	Single plus additional 6 pts.	Improves readability
Indentation	Use vertical alignment of response options	Creates white space and improves readability
Precodes		
Use of precodes	Optional	Facilitates data entry
Location and style	Left of check box as superscript	De-emphasizes code for respondent
0-10 responses	Do not use precodes on 0-10 responses	Redundant with response options
Responses that are numbers	Do not use precodes on responses that are numbers	Minimizes possibility that respondents confuse precodes for response options

Formatting the Front Cover

The front cover of the formatted questionnaires is designed to identify the questionnaire for survey users and vendors; it is not intended for distribution to patients. The CAHPS Team recommends developing a customized cover that explains the purpose of the survey and identifies its sponsor. Be sure to include—

- The name of the survey sponsor.
- The sponsor’s logo, if appropriate.
- A statement about the voluntary nature of the survey and the confidentiality of all responses. Please use or adapt the statement provided with the questionnaires.

Respondents may not recognize the names of some survey sponsors, such as community alliances or collaboratives. In those cases, consider including the name of an entity that is more familiar to respondents, such as the provider's practice. This tactic increases the likelihood that the respondent will complete the survey.

Because appearances are important, use color as well as artwork to make the front cover of the questionnaire booklet attractive. Many commercial software applications (e.g., Word®, PowerPoint®) include clip art that you can easily and inexpensively incorporate into the design.

You can also use photographs to liven up the cover. However, pay attention to the photos you choose: Are the people in the photo representative of your survey population? Are the photos in the public domain? While these issues should be addressed, remember that efforts to make a questionnaire attractive and appealing to respondents should not overshadow the questions and instructions in the survey. It is important to strike a balance between appearance and utility.

Formatting the Scripts for Telephone Surveys

If you are planning to implement telephone surveys, refer to the instructions and model in *Sample Telephone Script for the CAHPS Clinician & Group Survey*. Make sure to keep the following guidelines in mind:

- If you add questions to the survey, adapt them to the format used in the script.
- If you include CAHPS supplemental items in your survey, follow the placement instructions provided in *Supplemental Items for the Adult Survey* and *Supplemental Items for the Child Survey*
- Include a “DON'T KNOW” (DK) and “REFUSED” (REF) response option, either in a Computer Assisted Telephone Interview (CATI) program or on the interviewer's manual notation sheet. “DON'T KNOW” and “REFUSED” responses would typically not be read aloud on the telephone. Unless otherwise noted, “DON'T KNOW” and “REFUSED” responses should follow the same skip pattern as the “NO” response option.
- Omit the last two questions of the core questionnaires that ask about receiving assistance in completing the questionnaire. These are not included in telephone scripts because interviews should not be conducted with proxy respondents.

Formatting Web-Based Surveys

As access to the Internet continues to rise, Web-based surveys are becoming more prevalent. Web-based surveys can offer convenience to respondents and cost-effectiveness to survey users. However, it is important to keep in mind that not all patients with email addresses have sufficient knowledge or literacy to navigate a Web-based survey. Survey users need to carefully consider whether or not this is an appropriate mode for their patient population. Web surveys may be more appropriate for populations that use a patient portal, routinely communicate with their health care provider via email, or are known to use the Internet.

If you determine that Web-based surveys are appropriate for you, please consider the following guidelines:

- Keep screen design simple so that the survey experience is similar across a range of browsers, computers, and devices.
- Use a font type that promotes readability on a web page, such as Verdana or Arial.
- Work with your vendor or in-house survey team to test the survey using personal computers, Macs, and tablets.
- Provide a welcome screen that emphasizes the ease of response, is motivational, and instructs the user on how to proceed to the survey.²
- Display more than one question on the screen at a time, as it can be helpful for respondents to see questions in the context of related information.
- Follow the general formatting guidelines provided for the print version (with respect to spacing, vertical response options, etc.). If using both mail and Web versions of the survey, keep the survey formats as consistent as possible to reduce the potential for differences between modes due to formatting.²

² Dillman DA. Mail and Internet surveys—The tailored design method. New York: John Wiley & Sons, Inc.; 2000.