**Supplemental Patient-Centered Medical Home Items for the CAHPS® Clinician & Group Survey 3.0**

**Population Version: Child**

**Language: English**

Read about the [Patient-Centered Medical Home Item Set](https://cahps.ahrq.gov/surveys-guidance/item-sets/PCMH/index.html).

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 items cover events that occur with low frequency in the general population. 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.

| **Questions** | **Placement and Other Instructions** |
| --- | --- |
| **PCMH1.** Did this provider’s office give you information about what to do if your child needed care during evenings, weekends, or holidays?1[ ]  Yes2[ ]  No  | After core question 15 |
| **PCMH2.** Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did your child see a specialist for a particular health problem?1[ ]  Yes2[ ]  No **→ If No, go to PCMH4** | After core question 25 |
| **PCMH3.** In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?1[ ]  Never2[ ]  Sometimes3[ ]  Usually4[ ]  Always | After PCMH2Note: Use with PCMH2 |
| **PCMH4.** Please answer these questions about the provider named in Question 1 of this survey. In the last 6 months, did you and someone from this provider’s office talk about the kinds of behaviors that are normal for your child at this age? 1[ ]  Yes2[ ]  No | After PCMH3 |
| **PCMH5**. In the last 6 months, did you and someone from this provider’s office talk about how your child’s body is growing?1[ ]  Yes2[ ]  No | After PCMH4 |
| **PCMH6.** In the last 6 months, did you and someone from this provider’s office talk about your child’s moods and emotions?1[ ]  Yes2[ ]  No | After PCMH5 |
| **PCMH7.** In the last 6 months, did you and someone from this provider’s office talk about things you can do to keep your child from getting injured?1[ ]  Yes2[ ]  No | After PCMH6 |
| **PCMH8.** In the last 6 months, did you and someone from this provider’s office talk about how much or what kind of food your child eats?1[ ]  Yes2[ ]  No | After PCMH7 |
| **PCMH9.** In the last 6 months, did you and someone from this provider’s office talk about how much or what kind of exercise your child gets?1[ ]  Yes2[ ]  No | After PCMH8 |
| **PCMH10.** In the last 6 months, did you and someone from this provider’s office talk about how your child gets along with others?1[ ]  Yes2[ ]  No | After PCMH9 |