

Preparing a Questionnaire Using the CAHPS® Clinician & Group Surveys

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This document explains how to use the core and supplemental items from the CAHPS Clinician & Group Surveys to construct an instrument 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—

- Choosing a survey version
- Incorporating supplemental questions
- Formatting the questionnaire
- Translating the questionnaire

Choosing a Survey Version

The CAHPS Clinician & Group Surveys include several different questionnaires:

- 12-Month Survey 2.0 (Adult and Child)
- Expanded 12-Month Survey with Patient-Centered Medical Home (PCMH) Items 2.0 (Adult and Child)
- Visit Survey 2.0 (Adult; Child version in development)
- Adult Primary Care Survey 1.0 (with a 6-point frequency scale)

For more information on each of the questionnaires, refer to **CAHPS Clinician & Group Surveys: Overview of the Questionnaires** at (http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/1350_cg_overview_of_questionnaires.pdf)

In selecting a survey version, users should consider the following issues:

- External requirements: If you are administering the survey to meet an external requirement, does the organization requiring the survey specify a particular version? The National Committee for Quality Assurance, for example, uses the expanded 12-Month Survey with PCMH items for its Patient-Centered Medical Home Recognition program.
- Previously used survey: If your organization has previously used a patient survey, assess which versions will minimize the impact of the transition. For example, if your organization has used a survey that asks about the patient's most recent visit, the Visit Survey may be most suitable.

Incorporating Supplemental Questions

Like most CAHPS surveys, the Clinician & Group Surveys include core items and supplemental items.

- **Core items** are questions that are **included in every questionnaire**, regardless of which version, 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 in the core and supplemental items, refer to **CAHPS Clinician & Group Surveys: Overview of the Questionnaires:** (http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/1350_cg_overview_of_questionnaires.pdf).

Sponsors of the CAHPS Clinician & Group Survey are free to use the supplemental items to customize their questionnaires to meet the unique needs of their organizations, local markets, and/or audiences. These supplemental sets can be found in **Supplemental Items for the Adult Surveys 1.1** (http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/1357a_Adult_Supp_Eng_11.pdf) and **Supplemental Items for the Child Surveys 1.1** (http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/1358a_Child_Supp_Eng.pdf). These documents include instructions on where to place each supplemental item relative to the core items.

The supplemental items address issues of interest for certain provider types and audiences, such as questions about other doctors and providers, shared decisionmaking, health information technology, patient-centered medical homes, and cost of care. Some cover events that occur with low frequency in the general population. **You should include them only if your sample design is likely to yield at least the minimum number of responses recommended for analysis of that question** (i.e., 100 responses for a medical group and 45 responses for an individual physician.)

Many of the supplemental items are combined into large item sets that focus on a specific topic. Documents that describe these item sets and their uses and list all of the relevant items are available in the **Clinician & Group Surveys and Instructions:** <https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx>.

- **About the Item Set for Addressing Health Literacy:** (http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/1311_about_health_lit.pdf)

- **About the Cultural Competence Item Set:**
(http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/1312_about_cultural_comp.pdf)
- **About the Health Information Technology Item Set:**
http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/1313_about_hit.pdf)
- **About the Patient-Centered Medical Home Item Set:**
(http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/1314_about_pcmh.pdf)

You also have the option of adding your own items to the core questionnaire.

Placement of Supplemental Items

The general rule is to insert items in the relevant topic sections within the core questionnaire. Grouping all items (core and supplemental) by topic minimizes the cognitive burden on respondents as well as the likelihood of recall or reporting error.

However, before placing the CAHPS supplemental items into the questionnaires, please refer to the guidance in the documents with the supplemental items regarding proper item placement. These instructions were designed to ensure that the supplemental items do not interfere with the flow of the core items.

If you plan to add your own questions, append them at the end of an existing section or by adding a new section **before** the “About You” section. Adding new items prior to core items creates a different context around the core items and may influence responses to the core items.

Whenever you add items, be sure to—

- Renumber all items in the questionnaire so that the supplemental items look like the core items. Item numbers should be sequential and should not contain any letters.
- Check the skip instructions in all items to ensure that respondents are directed to the appropriate next question (after the items have been renumbered).

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

Formatting the Questionnaire

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

The self-administered mail questionnaires available in the **Clinician & Group Surveys and Instructions** (<https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx>) 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). The guidelines below list the CAHPS Team's recommendations for formatting the survey. We recommend that you retain these elements if you add supplemental items to your questionnaire.

To minimize the number of pages that the survey takes to print, survey sponsors 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.

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://www.cahps.ahrq.gov/content/cahpsOverview/faqanswer.asp?faq_id=101&showanswer=1&viewall=¤t_cat_id=3&cat_id=&keyword=&hassub=#b_101.

Element	General recommendation	Rationale
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
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

Element	General recommendation	Rationale
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 sponsors and vendors, not 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.

The names of some survey sponsors, such as community alliances or collaboratives, may not be recognized by respondents. 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®, WordPerfect®, 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.

Translating CAHPS Surveys Into Other Languages

To identify and reduce ethnic and racial disparities in health care, the CAHPS Consortium encourages survey sponsors to field foreign translations of the questionnaires that will assess the experiences of non-English speakers. The **CAHPS Clinician & Group Surveys and Instructions** (<https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx>) include Spanish translations of all core and supplemental items as well as associated materials, such as telephone scripts and notification letters.

For guidance on translating CAHPS surveys into other languages, visit **Translating CAHPS Survey Materials** (https://www.cahps.ahrq.gov/content/resources/CrossCultural/RES_CC_GuidelinesForTranslating.asp).