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# CAHPS<sup>®</sup> Clinician & Group Surveys

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## Supplemental Items for the Adult Surveys 2.0

### Language: English

#### Notes

- **Update of supplemental items:** The CAHPS team updated the supplemental items in May 2012 to make the questions and placement instructions consistent with the 2.0 version of the CAHPS Clinician & Group Surveys. Among the changes are revised items, withdrawn items, reordered items, and more specific placement instructions.
- **References to “this provider:”** As in version 2.0 of the Clinician & Group Surveys, the supplemental items refer to “this provider” rather than to “this doctor.” If you are using the term “doctor” in your core questionnaire, be sure to change “provider” to “doctor” in the supplemental items as well. Because this change has implications for survey language and sampling methods, please request free guidance from the CAHPS User Network at [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov) or 1-800-492-9261.
- **Supplemental items for the Visit Survey:** The supplemental items were originally designed for use with the Clinician & Group 12-Month Survey. Users who are interested in using supplemental items with the Clinician & Group Visit Survey should contact the CAHPS User Network at [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov) or 1-800-492-9261 for free technical assistance.
- **Primary and specialty care:** The supplemental items were previously packaged separately for primary care and specialty care. Unless otherwise noted, all of the supplemental items are applicable for both primary and specialty care.



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## Important Instructions

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Supplemental items enable users to customize their CAHPS survey to meet their unique needs. These questions are listed in the following tables as individual items and as item sets, which means that the items were developed and tested together to address a specific topic.

If you are using multiple supplemental items and/or sets, be sure to look for instructions on how to combine supplemental items on different topics. In some cases, supplemental items should not be used together; that recommendation is indicated in the “Additional notes” column. If multiple items appear in the same row, they must be inserted into the survey together.

**Placing supplemental items in the core questionnaires.** This document includes instructions on where to place items in the survey. After you copy one or more supplemental items into the core questionnaire:

- **Format** the items as needed to fit into the two-column format.
- **Renumber** the supplemental item and **ALL** subsequent items so that they are consecutive.
- **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.
  - 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. For example, if a response of “No” means that the respondent should skip to question 5, then the skip instruction would be: **If No, go to #5.** Skip instructions in the formatted items in this document 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.

For additional guidance, refer to **Preparing a Questionnaire Using the CAHPS Clinician & Group Surveys**: [http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Admin\\_Survey/1032\\_cg\\_preparing\\_a\\_questionnaire.pdf](http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Admin_Survey/1032_cg_preparing_a_questionnaire.pdf)

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## Overlap of Content in CAHPS Supplemental Item Sets

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Some of the topics that you are interested in may be integrated into an item set rather than listed under a specific topic.

The CAHPS supplemental items include the following supplemental item sets:

- Cultural Competence Item Set
- Health Information Technology (Health IT) Item Set
- Item Set for Addressing Health Literacy
- Patient-Centered Medical Home (PCMH) Item Set

Many of the existing CAHPS supplemental items have been integrated into some of the newer supplemental item sets. The table below indicates the topics that are addressed by these item sets. If you do not find the topic that you need in the Table of Contents, it may be addressed in one of the item sets.

Topic	Supplemental Item Sets			
	Cultural Competence	Health Information Technology	Health Literacy	Patient-Centered Medical Home
Access		X		X
After hours care		X		X
Communication	X	X	X	X
Communication about prescription medicines			X	X
Complementary and alternative medicine	X			
Interpreters	X			
Mental or emotional health				X
Provider knowledge of specialist care				X
Self-management support			X	X
Shared decisionmaking				X
Trust	X			
Wait time for urgent care				X

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## Access

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Additional supplemental items addressing access to care are available under specific aspects of access (e.g., after hours care, being informed about appointment start) as well as within the Health Information Technology and Patient-Centered Medical Home Item Sets.

**After Hours Care**

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>AH1.</b> In the last 12 months, did you need to visit this provider’s office <b>after</b> regular office hours?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #13</b></p> <p><b>AH2.</b> In the last 12 months, how often was it easy to get care from this provider’s office <b>after</b> regular office hours?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always</p>	<p>After core question 12</p>	<p>Do not use with PCMH</p>	<p>Do not use with HIT4-6.</p>	<p>AH1-2 must be used together.</p> <p>This item is for primary care providers only.</p>

**Being Informed About Appointment Start**

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>KI1.</b> In the last 12 months, after you checked in for your appointment at this provider’s office, how often were you kept informed about how long you would need to wait for your appointment to start?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always</p>	<p>After core question 13</p> <p>In core question 13, add skip instruction from “Always”: <b>If Always, go to #14</b></p>	<p>After question 18</p> <p>In question 18, add skip instruction from “Always”: <b>If Always, go to #19</b></p>	<p>Before PC1</p> <p>In core question 13, add skip instruction from “Always”: <b>If Always, go to #PC1</b></p>	

**Chronic Conditions**

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>CC1.</b> In the last 12 months, did you get health care 3 or more times for the same condition or problem?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to #CC3</b></p> <p><b>CC2.</b> Is this a condition or problem that has lasted for at least 3 months? Do <b>not</b> include pregnancy or menopause.</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p> <p><b>CC3.</b> Do you now need or take medicine prescribed by a provider? Do <b>not</b> include birth control.</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #28</b></p> <p><b>CC4.</b> Is this medicine to treat a condition that has lasted for at least 3 months? Do <b>not</b> include pregnancy or menopause.</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	<p>After core question 27</p>	<p>After question 45</p>		<p>CC1-4 must be used together.</p> <p>Respondents with a chronic condition are identified by a “Yes” response to <b>EITHER</b> CC2 OR CC4.</p>

## Communication With Providers

Additional supplemental items addressing communication are available within the Cultural Competence, Health Information Technology, Addressing Health Literacy, and Patient-Centered Medical Home Item Sets.

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>PC1.</b> In the last 12 months, how often did this provider encourage you to ask questions?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 13	After question 18	After KI1	Do not use with HL10.
<p><b>PC2.</b> In the last 12 months, how often did this provider listen <b>to your reasons for the visit</b>?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 15	After question 20	Before HL5-10  Before CU4-7	
<p><b>PC3.</b> In the last 12 months, how often did this provider give you an easy to understand explanation about the next steps for these health questions or concerns?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 17	After question 22	Before HI1  Before HP1-6	
<p><b>PC4.</b> In the last 12 months, during any of your visits, did this provider examine your body?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, go to [core question] #19</b></p>	After core question 18	After question 23	Before HL11-16	

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>PC5.</b> In the last 12 months, when this provider examined you, how often did he or she show concern for your physical comfort?</p> <p> <input type="checkbox"/><sup>1</sup> Never  <input type="checkbox"/><sup>2</sup> Sometimes  <input type="checkbox"/><sup>3</sup> Usually  <input type="checkbox"/><sup>4</sup> Always                 </p>	After core question 18	After question 23	Before HL11-16	Must use with PC4
<p><b>PC6.</b> In the last 12 months, how often did this provider describe what he or she was seeing or finding when you were examined?</p> <p> <input type="checkbox"/><sup>1</sup> Never  <input type="checkbox"/><sup>2</sup> Sometimes  <input type="checkbox"/><sup>3</sup> Usually  <input type="checkbox"/><sup>4</sup> Always                 </p>	After core question 18	After question 23	Before HL11-16	Must use with PC4
<p><b>PC7.</b> In the last 12 months, after you had a blood test, x-ray, or other test, did this provider order any additional blood tests, x-rays, or other tests?</p> <p> <input type="checkbox"/><sup>1</sup> Yes  <input type="checkbox"/><sup>2</sup> No → <b>If No, go to [core question] #23</b> </p> <p><b>PC8.</b> In the last 12 months, when this provider ordered additional blood tests, x-rays, or other tests, how often did he or she explain the reason?</p> <p> <input type="checkbox"/><sup>1</sup> Never  <input type="checkbox"/><sup>2</sup> Sometimes  <input type="checkbox"/><sup>3</sup> Usually  <input type="checkbox"/><sup>4</sup> Always                 </p>	After core question 22	After question 27	After HL 18  Before PCMH6-9  Before HL19-26  Before COC1-3	PC7-8 must be used together.



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## Complementary and Alternative Medicine

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Supplemental items addressing complementary and alternative medicine are available in the Cultural Competence Item Set.

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## Cost of Care (Prescriptions)

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Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>COC1.</b>In the last 12 months, did you take any prescription medicine?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #23</b></p> <p><b>COC2.</b>In the last 12 months, were you ever worried or concerned about the cost of your prescription medicine?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p> <p><b>COC3.</b>In the last 12 months, did you and this provider talk about the cost of your prescription medicine?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	After core question 22	After question 31	After HL18  After PC7-8  After PCMH6-9  After HL19-26	COC1-3 must be used together.

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## Cultural Competence

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For detailed information about this item set, refer to the document *About the Cultural Competence Item Set*: [http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~//media/Files/SurveyDocuments/CG/12%20Month/Get\\_Surveys/2312\\_about\\_cultural\\_comp.pdf](http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~//media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/2312_about_cultural_comp.pdf).

**HL** refers to the Item Set for Addressing Health Literacy.

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>CU1.</b> In the last 12 months, how often were the explanations this provider gave you hard to understand because of an accent or the way the provider spoke English?</p> <p> <input type="checkbox"/><sup>1</sup> Never  <input type="checkbox"/><sup>2</sup> Sometimes  <input type="checkbox"/><sup>3</sup> Usually  <input type="checkbox"/><sup>4</sup> Always </p>	After core question 14	After question 19		Same as HL1
<p><b>CU2.</b> In the last 12 months, how often did this provider use medical words you did not understand?</p> <p> <input type="checkbox"/><sup>1</sup> Never  <input type="checkbox"/><sup>2</sup> Sometimes  <input type="checkbox"/><sup>3</sup> Usually  <input type="checkbox"/><sup>4</sup> Always </p>	After core question 14	After question 19		Same as HL2
<p><b>CU3.</b> In the last 12 months, how often did this provider talk too fast when talking with you?</p> <p> <input type="checkbox"/><sup>1</sup> Never  <input type="checkbox"/><sup>2</sup> Sometimes  <input type="checkbox"/><sup>3</sup> Usually  <input type="checkbox"/><sup>4</sup> Always </p>	After core question 14	After question 19		Same as HL3
<p><b>CU4.</b> In the last 12 months, how often did this provider ignore what you told him or her?</p> <p> <input type="checkbox"/><sup>1</sup> Never  <input type="checkbox"/><sup>2</sup> Sometimes  <input type="checkbox"/><sup>3</sup> Usually  <input type="checkbox"/><sup>4</sup> Always </p>	After core question 15	After question 20	After PC2	Same as HL5

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>CU5.</b> In the last 12 months, how often did this provider interrupt you when you were talking?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 15	After question 20	After PC2	Same as HL6
<p><b>CU6.</b> In the last 12 months, how often did this provider show interest in your questions and concerns?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 15	After question 20	After PC2	Same as HL7
<p><b>CU7.</b> In the last 12 months, how often did this provider answer all your questions to your satisfaction?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 15	After question 20	After PC2	Same as HL8
<p><b>CU8.</b> In the last 12 months, how often did this provider use a condescending, sarcastic, or rude tone or manner with you?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 19	After question 24		Same as HL17

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>CU9.</b> People sometimes see someone else besides their providers or specialists to help with an illness or to stay healthy. In the last 12 months, have you ever used an acupuncturist?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p> <p><b>CU10.</b> In the last 12 months, have you ever used an herbalist?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p> <p><b>CU11.</b> In the last 12 months, has this provider ever asked you if you have used an acupuncturist or an herbalist to help with an illness or to stay healthy?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	After core question 23	After question 32	After HIT7-12  After RC1-2  After HL27-31  Before PCMH10-18	CU9-11 must be used together.
<p><b>CU12.</b> Some people use natural herbs for health reasons or to stay healthy. Natural herbs include things such as ginseng, green tea, and other herbs. People can take them as a pill, a tea, oil, or a powder.</p> <p>In the last 12 months, have you ever used natural herbs for your own health?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p> <p><b>CU13.</b> In the last 12 months, has this provider ever asked you if you used natural herbs?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	After core question 23	After question 32	After HIT7-12  After RC1-2  After HL27-31  Before PCMH10-18	CU12-13 must be used together.  Recommended to be used with CU9-11

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>CU14.</b> In the last 12 months, how often have you been treated unfairly at this provider's office because of your race or ethnicity?</p> <p> <input type="checkbox"/><sup>1</sup> Never  <input type="checkbox"/><sup>2</sup> Sometimes  <input type="checkbox"/><sup>3</sup> Usually  <input type="checkbox"/><sup>4</sup> Always                 </p>	After core question 23	After question 32	After HIT7-12  After RC1-2  After HL27-31  Before PCMH10-18	
<p><b>CU15.</b> In the last 12 months, how often have you been treated unfairly at this provider's office because of the type of health insurance you have or because you do not have health insurance?</p> <p> <input type="checkbox"/><sup>1</sup> Never  <input type="checkbox"/><sup>2</sup> Sometimes  <input type="checkbox"/><sup>3</sup> Usually  <input type="checkbox"/><sup>4</sup> Always                 </p>	After core question 23	After question 32	After HIT7-12  After RC1-2  After HL27-31  Before PCMH10-18	
<p><b>CU16.</b> In the last 12 months, did you feel you could tell this provider anything, even things that you might not tell anyone else?</p> <p> <input type="checkbox"/><sup>1</sup> Yes, definitely  <input type="checkbox"/><sup>2</sup> Yes, somewhat  <input type="checkbox"/><sup>3</sup> No                 </p>	After core question 23	After question 32	After HIT7-12  After RC1-2  After HL27-31  Before PCMH10-18	
<p><b>CU17.</b> In the last 12 months, did you feel you could trust this provider with your medical care?</p> <p> <input type="checkbox"/><sup>1</sup> Yes, definitely  <input type="checkbox"/><sup>2</sup> Yes, somewhat  <input type="checkbox"/><sup>3</sup> No                 </p>	After core question 23	After question 32	After HIT7-12  After RC1-2  After HL27-31  Before PCMH10-18	

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>CU18.</b> In the last 12 months, did you feel that this provider always told you the truth about your health, even if there was bad news?</p> <p><sup>1</sup> <input type="checkbox"/> Yes, definitely  <sup>2</sup> <input type="checkbox"/> Yes, somewhat  <sup>3</sup> <input type="checkbox"/> No</p>	After core question 23	After question 32	After HIT7-12  After RC1-2  After HL27-31  Before PCMH10-18	
<p><b>CU19.</b> In the last 12 months, did you feel this provider cared as much as you do about your health?</p> <p><sup>1</sup> <input type="checkbox"/> Yes, definitely  <sup>2</sup> <input type="checkbox"/> Yes, somewhat  <sup>3</sup> <input type="checkbox"/> No</p>	After core question 23	After question 32	After HIT7-12  After RC1-2  After HL27-31  Before PCMH10-18	
<p><b>CU20.</b> In the last 12 months, did you feel this provider really cared about you as a person?</p> <p><sup>1</sup> <input type="checkbox"/> Yes, definitely  <sup>2</sup> <input type="checkbox"/> Yes, somewhat  <sup>3</sup> <input type="checkbox"/> No</p>	After core question 23	After question 32	After HIT7-12  After RC1-2  After HL27-31  Before PCMH10-18	

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>CU21.</b> Using any number from 0 to 10, where 0 means that you do not trust this provider at all and 10 means that you trust this provider completely, what number would you use to rate how much you trust this provider?</p> <p><input type="checkbox"/> 0 Do not trust this provider at all</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 Trust this provider completely</p>	After core question 23	After question 32	After HIT7-12  After RC1-2  After HL27-31  Before PCMH10-18	
<p><b>CU22.</b> What is your preferred language?</p> <p><sup>1</sup> <input type="checkbox"/> English → <b>If English, go to [core question] #24</b></p> <p><sup>2</sup> <input type="checkbox"/> [INSERT LANGUAGE 1]</p> <p><sup>3</sup> <input type="checkbox"/> [INSERT LANGUAGE 2]</p> <p><sup>4</sup> <input type="checkbox"/> Other</p>	After core question 23	After question 41	After HIT7-12  After RC1-2  After HL27-31  After PCMH10-18	
<p><b>CU23.</b> How well do you speak English?</p> <p><sup>1</sup> <input type="checkbox"/> Very well → <b>If Very well, go to #CU25</b></p> <p><sup>2</sup> <input type="checkbox"/> Well</p> <p><sup>3</sup> <input type="checkbox"/> Not well</p> <p><sup>4</sup> <input type="checkbox"/> Not at all</p>	After core question 23	After question 41	After HIT7-12  After RC1-2  After HL27-31  After PCMH10-18	

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>CU24.</b> In the last 12 months, how often were you treated unfairly at this provider's office because you did not speak English very well?</p> <p> <input type="checkbox"/><sup>1</sup> Never  <input type="checkbox"/><sup>2</sup> Sometimes  <input type="checkbox"/><sup>3</sup> Usually  <input type="checkbox"/><sup>4</sup> Always                 </p>	After core question 23	After question 41	After HIT7-12  After RC1-2  After HL27-31  After PCMH10-18	
<p><b>CU25.</b> An interpreter is someone who helps you talk with others who do not speak your language. Interpreters can include staff from the provider's office or telephone interpreters. In the last 12 months, was there any time when you needed an interpreter at this provider's office?</p> <p> <input type="checkbox"/><sup>1</sup> Yes  <input type="checkbox"/><sup>2</sup> No → <b>If No, go to #CU33</b> </p>	After core question 23	After question 41	After HIT7-12  After RC1-2  After HL27-31  After PCMH10-18	
<p><b>CU26.</b> In the last 12 months, did anyone in this provider's office let you know that an interpreter was available free of charge?</p> <p> <input type="checkbox"/><sup>1</sup> Yes  <input type="checkbox"/><sup>2</sup> No                 </p>	After core question 23	After question 41	After HIT7-12  After RC1-2  After HL27-31  After PCMH10-18	
<p><b>CU27.</b> In the last 12 months, how often did you use an interpreter provided by this office to help you talk with this provider?</p> <p> <input type="checkbox"/><sup>1</sup> Never → <b>If Never, go to #CU33</b>  <input type="checkbox"/><sup>2</sup> Sometimes  <input type="checkbox"/><sup>3</sup> Usually  <input type="checkbox"/><sup>4</sup> Always                 </p>	After core question 23	After question 41	After HIT7-12  After RC1-2  After HL27-31  After PCMH10-18	



Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>CU28.</b> In the last 12 months, when you used an interpreter provided by this office, who was the interpreter you used most often?</p> <p><sup>1</sup> <input type="checkbox"/> A nurse, clerk, or receptionist from this office</p> <p><sup>2</sup> <input type="checkbox"/> An interpreter provided in person in this office</p> <p><sup>3</sup> <input type="checkbox"/> A telephone interpreter provided by this office</p> <p><sup>4</sup> <input type="checkbox"/> Someone else provided by this office</p>	After core question 23	After question 41	After HIT7-12 After RC1-2 After HL27-31 After PCMH10-18	
<p><b>CU29.</b> In the last 12 months, how often did this interpreter treat you with courtesy and respect?</p> <p><sup>1</sup> <input type="checkbox"/> Never</p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p>	After core question 23	After question 41	After HIT7-12 After RC1-2 After HL27-31 After PCMH10-18	
<p><b>CU30.</b> Using any number from 0 to 10, where 0 is the worst interpreter possible and 10 is the best interpreter possible, what number would you use to rate this interpreter?</p> <p><input type="checkbox"/> 0 Worst interpreter possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 Best interpreter possible</p>	After core question 23	After question 41	After HIT7-12 After RC1-2 After HL27-31 After PCMH10-18	

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>CU31.</b> In the last 12 months, did any of your appointments with this provider start late?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, go to #CU33</b></p> <p><b>CU32.</b> Did any of your appointments start late because you had to wait for an interpreter?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No</p>	After core question 23	After question 41	After HIT7-12 After RC1-2 After HL27-31 After PCMH10-18	
<p><b>CU33.</b> In the last 12 months, how often did you use a friend or family member as an interpreter when you talked with this provider?</p> <p><sup>1</sup> <input type="checkbox"/> Never → <b>If Never, go to [core question] #24</b></p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p> <p><b>CU34.</b> In the last 12 months, did you use friends or family members as interpreters because that was what you preferred?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No</p>	After core question 23	After question 41	After HIT7-12 After RC1-2 After HL27-31 After PCMH10-18	

**Health Improvement**

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HI1.</b> In the last 12 months, did you and this provider talk about specific things you could do to prevent illness?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	<p>After core question 17</p> <p>In core question 16, change skip instruction to: <b>If No, go to #HI1</b></p>	<p>After question 22</p> <p>In question 21, change skip instruction to: <b>If No, go to #HI1</b></p>	<p>After PC3</p> <p>Before HP1-6</p> <p>In core question 16, change skip instruction to: <b>If No, go to #HI1</b></p>	

**Health Information Technology**

For detailed information about this item set, refer to *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](http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~/media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/1313_about_hit.pdf)

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HIT1.</b> Can you make appointments at this provider’s office by e-mail or on a website?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #9</b></p> <p><sup>3</sup> <input type="checkbox"/> Don’t know → <b>If Don’t know, go to [core question] #9</b></p> <p><b>HIT2.</b> In the last 12 months, did you use e-mail or a website to make an appointment at this provider’s office?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #9</b></p> <p><sup>3</sup> <input type="checkbox"/> Don’t know → <b>If Don’t know, go to [core question] #9</b></p> <p><b>HIT3.</b> In the last 12 months, when you used e-mail or a website to get an appointment at this provider’s office, how often did you get an appointment as soon as you needed?</p> <p><sup>1</sup> <input type="checkbox"/> Never</p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p>	<p>After core question 8</p>	<p>After question 9</p>	<p>Before PCMH2-4</p>	<p>HIT1-3 must be used together.</p>

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HIT4.</b> In the last 12 months, did you e-mail this provider’s office with a medical question?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #13</b></p> <p><b>HIT5.</b> In the last 12 months, when you e-mailed this provider’s office, how often did you get an answer to your medical question as soon as you needed?</p> <p><sup>1</sup> <input type="checkbox"/> Never</p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p> <p><b>HIT6.</b> In the last 12 months, when you e-mailed this provider’s office, how often were all of the questions in your e-mail answered?</p> <p><sup>1</sup> <input type="checkbox"/> Never</p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p>	<p>After core question 12</p>	<p>After question 16</p>	<p>Before PCMH5</p>	<p>HIT4-6 must be used together.</p> <p>Do not use with AH1-2.</p>
<p><b>HIT7.</b> Providers may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 12 months, did this provider use a computer or handheld device during any of your visits?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #24</b></p>	<p>After core question 23</p>	<p>After question 32</p>	<p>Before RC1-2</p> <p>Before HL27-31</p> <p>Before CU9-21</p> <p>Before PCMH10-18</p> <p>Before CU22-34</p>	

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HIT8.</b> During your visits in the last 12 months, did this provider ever use a computer or handheld device to look up test results or other information about you?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No  <sup>3</sup> <input type="checkbox"/> Don't know</p>	After core question 23	After question 32	Before RC1-2  Before HL27-31  Before CU9-21  Before PCMH10-18  Before CU22-34	Must use with HIT7
<p><b>HIT9.</b> During your visits in the last 12 months, did this provider ever use a computer or handheld device to show you information?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	After core question 23	After question 32	Before RC1-2  Before HL27-31  Before CU9-21  Before PCMH10-18  Before CU22-34	Must use with HIT7
<p><b>HIT10.</b> In the last 12 months, did this provider ever use a computer or a handheld device to order your prescription medicines?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No  <sup>3</sup> <input type="checkbox"/> Don't know</p>	After core question 23	After question 32	Before RC1-2  Before HL27-31  Before CU9-21  Before PCMH10-18  Before CU22-34	Must use with HIT7

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HIT11.</b> During your visits in the last 12 months, was this provider's use of a computer or handheld device helpful to you?</p> <p><sup>1</sup> <input type="checkbox"/> Yes, definitely  <sup>2</sup> <input type="checkbox"/> Yes, somewhat  <sup>3</sup> <input type="checkbox"/> No</p>	After core question 23	After question 32	Before RC1-2  Before HL27-31  Before CU9-21  Before PCMH10-18  Before CU22-34	Must use with HIT7
<p><b>HIT12.</b> During your visits in the last 12 months, did this provider's use of a computer or handheld device make it harder or easier for you to talk with him or her?</p> <p><sup>1</sup> <input type="checkbox"/> Harder  <sup>2</sup> <input type="checkbox"/> Not harder or easier  <sup>3</sup> <input type="checkbox"/> Easier</p>	After core question 23	After question 32	Before RC1-2  Before HL27-31  Before CU9-21  Before PCMH10-18  Before CU22-34	Must use with HIT7

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HIT13.</b> Does this provider's office put your laboratory or other test results on a website for you to see?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to #HIT18</b>  <sup>3</sup> <input type="checkbox"/> Don't know → <b>If Don't know, go to #HIT18</b></p> <p><b>HIT14.</b> In the last 12 months, did you look for your lab or other test results on the website?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to #HIT18</b></p>	After core question 25	After question 43	After SC1-8	<p>If answer to HIT13 is "Yes," you must add a new subheading in the survey:</p> <p><b>Website Information From This Provider's Office</b></p> <p>HIT13-14 must be used together.</p>
<p><b>HIT15.</b> In the last 12 months, how often was it easy to find these lab or other test results on the website?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always</p>	After core question 25	After question 43	After SC1-8	Must use with HIT13-14
<p><b>HIT16.</b> In the last 12 months, how often were these lab or other test results put on the website as soon as you needed them?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always</p>	After core question 25	After question 43	After SC1-8	Must use with HIT13-14



Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HIT17.</b> In the last 12 months, how often were these lab or other test results presented in a way that was easy to understand?</p> <p> <input type="checkbox"/><sup>1</sup> Never  <input type="checkbox"/><sup>2</sup> Sometimes  <input type="checkbox"/><sup>3</sup> Usually  <input type="checkbox"/><sup>4</sup> Always                 </p>	After core question 25	After question 43	After SC1-8	Must use with HIT13-14
<p><b>HIT18.</b> Visit notes sum up what was talked about on a visit to a provider’s office. Visit notes may be available on paper, on a website, or by e-mail. In the last 12 months, did this provider’s office offer you visit notes?</p> <p> <input type="checkbox"/><sup>1</sup> Yes  <input type="checkbox"/><sup>2</sup> No → <b>If No, go to [core question] #26</b>  <input type="checkbox"/><sup>3</sup> Don’t know → <b>If Don’t know, go to [core question] #26</b> </p>	After core question 25	After question 43	After SC1-8	If <b>not</b> using HIT13-14, you must add a new subheading in the survey:  <b>Information From This Provider’s Office</b>
<p><b>HIT19.</b> In the last 12 months, how did this provider’s office offer you the visit notes? Mark one or more.</p> <p> <input type="checkbox"/><sup>1</sup> On paper  <input type="checkbox"/><sup>2</sup> On a website  <input type="checkbox"/><sup>3</sup> By e-mail  <input type="checkbox"/><sup>4</sup> Some other way                 </p>	After core question 25	After question 43	After SC1-8	Must use with HIT18
<p><b>HIT20.</b> In the last 12 months, did you look at any visit notes from this provider’s office?</p> <p> <input type="checkbox"/><sup>1</sup> Yes  <input type="checkbox"/><sup>2</sup> No → <b>If No, go to [core question] #26</b> </p>	After core question 25	After question 43	After SC1-8	Must use with HIT18

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HIT21.</b> In the last 12 months, how often were the visit notes easy to understand?</p> <p>1 <input type="checkbox"/> Never                      2 <input type="checkbox"/> Sometimes                      3 <input type="checkbox"/> Usually                      4 <input type="checkbox"/> Always</p>	After core question 25	After question 43	After SC1-8	Must use with HIT18 and HIT20

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**Health Literacy**

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For detailed information about this item set, refer to *About the Item Set for Addressing Health Literacy*: [http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Get\\_Surveys/2311\\_about\\_health\\_lit.pdf](http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/2311_about_health_lit.pdf).

CU refers to the Cultural Competence Item Set.

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HL1.</b> In the last 12 months, how often were the explanations this provider gave you hard to understand because of an accent or the way the provider spoke English?</p> <p>1 <input type="checkbox"/> Never                      2 <input type="checkbox"/> Sometimes                      3 <input type="checkbox"/> Usually                      4 <input type="checkbox"/> Always</p>	After core question 14	After question 19		Same as CU1
<p><b>HL2.</b> In the last 12 months, how often did this provider use medical words you did not understand?</p> <p>1 <input type="checkbox"/> Never                      2 <input type="checkbox"/> Sometimes                      3 <input type="checkbox"/> Usually                      4 <input type="checkbox"/> Always</p>	After core question 14	After question 19		Same as CU2

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HL3.</b> In the last 12 months, how often did this provider talk too fast when talking with you?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 14	After question 19		Same as CU3
<p><b>HL4.</b> In the last 12 months, how often did this provider use pictures, drawings, models, or videos to explain things to you?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 14	After question 19		
<p><b>HL5.</b> In the last 12 months, how often did this provider ignore what you told him or her?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 15	After question 20	After PC2	Same as CU4
<p><b>HL6.</b> In the last 12 months, how often did this provider interrupt you when you were talking?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 15	After question 20	After PC2	Same as CU5
<p><b>HL7.</b> In the last 12 months, how often did this provider show interest in your questions and concerns?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 15	After question 20	After PC2	Same as CU6

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HL8.</b> In the last 12 months, how often did this provider answer all your questions to your satisfaction?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 15	After question 20	After PC2	Same as CU7
<p><b>HL9.</b> In the last 12 months, how often did this provider give you all the information you wanted about your health?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 15	After question 20	After PC2	
<p><b>HL10.</b> In the last 12 months, how often did this provider encourage you to talk about all your health questions or concerns?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 15	After question 20	After PC2	
<p><b>HL11.</b> In the last 12 months, did you see this provider for a specific illness or for any health condition?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, go to [core question] #19</b></p> <p><b>HL12.</b> In the last 12 months, did this provider give you instructions about what to do to take care of this illness or health condition?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, go to #HL16</b></p>	After core question 18	After question 23	After PC4-6	HL11-12 must be used together.

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HL13.</b> In the last 12 months, how often were these instructions easy to understand?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 18	After question 23	After PC4-6	Must use with HL11-12
<p><b>HL14.</b> In the last 12 months, how often did this provider ask you to describe how you were going to follow these instructions?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 18	After question 23	After PC4-6	Must use with HL11-12
<p><b>HL15.</b> Sometimes providers give instructions that are hard to follow. In the last 12 months, how often did this provider ask you whether you would have any problems doing what you need to do to take care of this illness or health condition?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 18	After question 23	After PC4-6	Must use with HL11-12
<p><b>HL16.</b> In the last 12 months, how often did this provider explain what to do if this illness or health condition got worse or came back?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 18	After question 23	After PC4-6	Must use with HL11-12

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HL17.</b> In the last 12 months, how often did this provider use a condescending, sarcastic, or rude tone or manner with you?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 19	After question 24		Same as CU8
<p><b>HL18.</b> In the last 12 months, how often were the results of your blood test, x-ray, or other test easy to understand?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	After core question 22	After question 27	Before PC7-8  Before PCMH6-9  Before COC1-3	
<p><b>HL19.</b> In the last 12 months, did this provider prescribe any new medicines or change how much medicine you should take?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, go to [core question] #23</b></p>	After core question 22	After question 31	After PC7-8  After PCMH6-9  Before COC1-3	

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HL20.</b> In the last 12 months, did this provider give you instructions about how to take your medicines?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, go to #HL22</b></p> <p><b>HL21.</b> In the last 12 months, how often were these instructions about how to take your medicines easy to understand?</p> <p><sup>1</sup> <input type="checkbox"/> Never</p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p>	After core question 22	After question 31	After PC7-8 After PCMH6-9 Before COC1-3	HL20-21 must be used together.  Must use with HL19
<p><b>HL22.</b> In the last 12 months, did this provider explain the possible side effects of your medicines?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, go to #HL24</b></p> <p><b>HL23.</b> In the last 12 months, how often were these explanations easy to understand?</p> <p><sup>1</sup> <input type="checkbox"/> Never</p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p>	After core question 22	After question 31	After PC7-8 After PCMH6-9 Before COC1-3	HL22-23 must be used together.  Must use with HL19

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HL24.</b> In the last 12 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to #HL26</b></p> <p><b>HL25.</b> In the last 12 months, how often was the written information you were given easy to understand?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always</p>	<p>After core question 22</p>	<p>After question 31</p>	<p>After PC7-8                      After PCMH6-9                      Before COC1-3</p>	<p>HL24-25 must be used together.                      Must be used with HL19</p>
<p><b>HL26.</b> In the last 12 months, how often did this provider suggest ways to help you remember to take your medicines?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always</p>	<p>After core question 22</p>	<p>After question 31</p>	<p>After PC7-8                      After PCMH6-9                      Before COC1-3</p>	<p>Must be used with HL19</p>
<p><b>HL27.</b> In the last 12 months, did you sign any forms at this provider’s office?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to #HL29</b></p> <p><b>HL28.</b> In the last 12 months, how often did someone explain the purpose of a form before you signed it?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always</p>	<p>After core question 23</p>	<p>After question 32</p>	<p>After HIT7-12                      After RC1-2                      Before CU9-21                      Before PCMH10-18                      Before CU22-34</p>	<p>HL27-28 must be used together.</p>



Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HL29.</b> In the last 12 months, did you fill out any forms at this provider's office?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #24</b></p>	After core question 23	After question 32	After HIT7-12  After RC1-2  Before CU9-21  Before PCMH10-18  Before CU22-34	
<p><b>HL30.</b> In the last 12 months, how often were you offered help to fill out a form at this provider's office?</p> <p><sup>1</sup> <input type="checkbox"/> Never</p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p>	After core question 23	After question 32	After HIT7-12  After RC1-2  Before CU9-21  Before PCMH10-18  Before CU 22-34	Must be used with HL29
<p><b>HL31.</b> In the last 12 months, how often were the forms from this provider's office easy to fill out?</p> <p><sup>1</sup> <input type="checkbox"/> Never</p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p>	After core question 23	After question 32	After HIT7-12  After RC1-2  Before CU9-21  Before PCMH10-18  Before CU22-34	Must be used with HL29

## Health Promotion and Education

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HP1.</b> In the last 12 months, did you need this provider's help in making changes to prevent illness?</p> <p><input type="checkbox"/><sup>1</sup> Yes  <input type="checkbox"/><sup>2</sup> No → <b>If No, go to #HP3</b></p> <p><b>HP2.</b> In the last 12 months, did this provider give you the help you needed to make changes to prevent illness?</p> <p><input type="checkbox"/><sup>1</sup> Yes, definitely  <input type="checkbox"/><sup>2</sup> Yes, somewhat  <input type="checkbox"/><sup>3</sup> No</p>	<p>After core question 17</p> <p>In core question 16, change skip instruction to: <b>If No, go to #HP1</b></p>	<p>After question 22</p> <p>In question 21, change skip instruction to: <b>If No, go to #HP1</b></p>	<p>After PC3</p> <p>After HI1</p> <p>If using HI1, follow the instructions for changing the skip instruction in HI1.</p>	<p>HP1-2 must be used together.</p>
<p><b>HP3.</b> In the last 12 months, did you and this provider talk about healthy eating habits?</p> <p><input type="checkbox"/><sup>1</sup> Yes, definitely  <input type="checkbox"/><sup>2</sup> Yes, somewhat  <input type="checkbox"/><sup>3</sup> No</p>	<p>After core question 17</p>	<p>After question 22</p>	<p>After PC3</p> <p>After HI1</p>	<p>See changes to skip instruction in HP1.</p>
<p><b>HP4.</b> In the last 12 months, did you and this provider talk about the exercise or physical activity you get?</p> <p><input type="checkbox"/><sup>1</sup> Yes, definitely  <input type="checkbox"/><sup>2</sup> Yes, somewhat  <input type="checkbox"/><sup>3</sup> No</p>	<p>After core question 17</p>	<p>After question 22</p>	<p>After PC3</p> <p>After HI1</p>	<p>See changes to skip instruction in HP1.</p>
<p><b>HP5.</b> In the last 12 months, did you and this provider talk about things in your life that worry you or cause you stress?</p> <p><input type="checkbox"/><sup>1</sup> Yes, definitely  <input type="checkbox"/><sup>2</sup> Yes, somewhat  <input type="checkbox"/><sup>3</sup> No</p>	<p>After core question 17</p>	<p>Do not use with PCMH.</p>	<p>After PC3</p> <p>After HI1</p>	<p>Do not use with PCMH17.</p> <p>See changes to skip instruction in HP1.</p>

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>HP6.</b> In the last 12 months, did this provider ever ask you whether there was a period of time when you felt sad, empty, or depressed?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	After core question 17	Do not use with PCMH.	After PC3 After HI1	Do not use with PCMH16.  See changes to skip instruction in HP1.

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## Interpreters

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Supplemental items addressing interpreters are available in the Cultural Competence Item Set.

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## Patient-Centered Medical Home (PCMH)

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An expanded version of the 12-Month Survey that incorporates these PCMH items is available in the *CAHPS Clinician & Group Surveys and Instructions*: <https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx>.

For detailed information about this item set, refer to *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](http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/1314_about_pcmh.pdf).

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>PCMH1.</b> In the last 12 months, how many days did you usually have to wait for an appointment when you <b>needed care right away</b>?</p> <p><input type="checkbox"/> Same day <input type="checkbox"/> 1 day <input type="checkbox"/> 2 to 3 days <input type="checkbox"/> 4 to 7 days <input type="checkbox"/> More than 7 days</p>	After core question 6	Included		

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>PCMH2.</b> Did this provider’s office give you information about what to do if you needed care during evenings, weekends, or holidays?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	After core question 8	Included	After HIT1-3	
<p><b>PCMH3.</b> In the last 12 months, did you need care for yourself during evenings, weekends, or holidays?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #9</b></p> <p><b>PCMH4.</b> In the last 12 months, how often were you able to get the care you needed from this provider’s office during evenings, weekends, or holidays?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always</p>	After core question 8	Included	After HIT1-3	<p>PCMH3-4 must be used together.</p> <p>Do not use with SD1-4.</p>
<p><b>PCMH5.</b> Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider’s office between visits?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	After core question 12	Included	<p>After AH1-2</p> <p>After HIT4-6</p>	

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>PCMH6.</b> In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #23</b></p> <p><b>PCMH7.</b> When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?</p> <p><sup>1</sup> <input type="checkbox"/> Not at all  <sup>2</sup> <input type="checkbox"/> A little  <sup>3</sup> <input type="checkbox"/> Some  <sup>4</sup> <input type="checkbox"/> A lot</p> <p><b>PCMH8.</b> When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might <b>not</b> want to take a medicine?</p> <p><sup>1</sup> <input type="checkbox"/> Not at all  <sup>2</sup> <input type="checkbox"/> A little  <sup>3</sup> <input type="checkbox"/> Some  <sup>4</sup> <input type="checkbox"/> A lot</p> <p><b>PCMH9.</b> When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	<p>After core question 22</p>	<p>Included</p>	<p>After HL18  After PC7-8    Before HL19-26    Before COC1-3</p>	<p>PCMH6-9 must be used together.</p>

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>PCMH10.</b> 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 12 months, did you see a specialist for a particular health problem?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to #PCMH12</b></p> <p><b>PCMH11.</b> In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always</p>	<p>After core question 23</p>	<p>Included</p>	<p>After HIT7-12</p> <p>After RC1-2</p> <p>After HL27-31</p> <p>After CU9-21</p> <p>Before CU22-34</p>	<p>PCMH10-11 must be used together.</p>
<p>Please answer these questions about the provider named in Question 1 of this survey.</p> <p><b>PCMH12.</b> In the last 12 months, did anyone in this provider’s office talk with you about specific goals for your health?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	<p>After core question 23</p>	<p>Included</p>	<p>After HIT7-12</p> <p>After RC1-2</p> <p>After HL27-31</p> <p>After CU9-21</p> <p>Before CU22-34</p>	

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>PCMH13.</b> In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	After core question 23	Included	After HIT7-12  After RC1-2  After HL27-31  After CU9-21  Before CU22-34	
<p><b>PCMH14.</b> In the last 12 months, did you take any prescription medicine?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to #PCMH16</b></p> <p><b>PCMH15.</b> In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were taking?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	After core question 23	Included	After HIT7-12  After RC1-2  After HL27-31  After CU9-21  Before CU22-34	PCMH14-15 must be used together.
<p><b>PCMH16.</b> In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	After core question 23	Included	After HIT7-12  After RC1-2  After HL27-31  After CU9-21  Before CU22-34	Do not use with HP6.

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>PCMH17.</b> In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	After core question 23	Included	After HIT7-12  After RC1-2  After HL27-31  After CU9-21  Before CU22-34	Do not use with HP5.
<p><b>PCMH18.</b> In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	After core question 23	Included	After HIT7-12  After RC1-2  After HL27-31  After CU9-21  Before CU22-34	



**Provider Role**

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>PR1.</b> Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is this provider a specialist?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No</p>	After core question 2	After question 2		
<p><b>PR2.</b> Which of the following best describes this provider’s role in your care?</p> <p><sup>1</sup> <input type="checkbox"/> This provider has had an ongoing role in my care</p> <p><sup>2</sup> <input type="checkbox"/> I have only seen this provider one time (one-time consultation, procedure, or treatment)</p> <p><sup>3</sup> <input type="checkbox"/> Other</p>	After core question 2	After question 2		

**Recommend Provider**

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>RC1.</b> Would you recommend this provider to your family and friends?</p> <p><sup>1</sup> <input type="checkbox"/> Yes, definitely  <sup>2</sup> <input type="checkbox"/> Yes, somewhat  <sup>3</sup> <input type="checkbox"/> No</p>	<p>After core question 23</p>	<p>After question 32</p>	<p>After HIT7-12</p> <p>Before HL27-31</p> <p>Before CU9-21</p> <p>Before PCMH10-18</p> <p>Before CU22-34</p>	<p>RC1 is included in the Adult Visit Survey.</p>
<p><b>RC2.</b> Please tell us how this provider’s office could have improved the care and services you received in the last 12 months.</p> <p>_____</p> <p>_____</p>	<p>After core question 23</p>	<p>After question 32</p>	<p>After HIT7-12</p> <p>Before HL27-31</p> <p>Before CU9-21</p> <p>Before PCMH10-18</p> <p>Before CU22-34</p>	

**Shared Decisionmaking**

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>SD1.</b> In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #23</b></p> <p><b>SD2.</b> Did you and this provider talk about the reasons you might want to take a medicine?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p> <p><b>SD3.</b> Did you and this provider about the reasons you might <b>not</b> want to take a medicine?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p> <p><b>SD4.</b> When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	<p>After core question 22</p>	<p>Do not use with PCMH</p>	<p>After HL 18                      After PC7-8                      Before HL19-26                      Before COC1-3</p>	<p>SD1-4 must be used together.</p> <p>Do not use with PCMH6-9.</p>

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>SD5.</b> In the last 12 months, did you and this provider talk about having surgery or any type of procedure?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #23</b></p> <p><b>SD6.</b> Did you and this provider talk about the reasons you might want to have the surgery or procedure?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No</p> <p><b>SD7.</b> Did you and this provider talk about the reasons you might <b>not</b> want to have the surgery or procedure?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No</p> <p><b>SD8.</b> When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No</p>	After core question 22	After question 31	After HL18 After PC7-8  After PCMH6-9  After HL19-26  After COC1-3	SD5-8 must be used together.

## Your Care From Specialists in the Last 12 Months

If any of the following specialist items are used:

- Add a new subheading after core question 25: **Your Care From Specialists in the Last 12 Months**
- Change the skip instructions in core question 4 so that respondents who did not have any visits to “this provider” will skip to SC1 instead.
- Add the following instructions under the heading but before SC1: These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>SC1.</b> 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 12 months, did you make any appointments to see a specialist?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, go to [core question] #26</b></p>	After core question 25	After question 43	Before HIT13-21	If using PCMH10, delete the definition of “specialist” from the item wording.
<p><b>SC2.</b> In the last 12 months, how often was it easy to get appointments with specialists?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always</p>	After core question 25	After question 43	Before HIT13-21	Must use SC1 with this item
<p><b>SC3.</b> In the last 12 months, did you and this provider talk about the cost of seeing a specialist?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	After core question 25	After question 43	Before HIT13-21	Must use SC1 with this item
<p><b>SC4.</b> In the last 12 months, were you ever worried or concerned about the cost of seeing a specialist?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	After core question 25	After question 43	Before HIT13-21	Must use SC1 with this item

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>SC5.</b> How many specialists have you seen in the last 12 months?</p> <p><sup>1</sup> <input type="checkbox"/> None → <b>If None, go to [core question] #26</b></p> <p><sup>2</sup> <input type="checkbox"/> 1 specialist</p> <p><sup>3</sup> <input type="checkbox"/> 2</p> <p><sup>4</sup> <input type="checkbox"/> 3</p> <p><sup>5</sup> <input type="checkbox"/> 4</p> <p><sup>6</sup> <input type="checkbox"/> 5 or more specialists</p>	After core question 25	After question 43	Before HIT13-21	Must use SC1 with this item
<p><b>SC6.</b> In the last 12 months, how often did the specialists you saw seem to know the important information about your medical history?</p> <p><sup>1</sup> <input type="checkbox"/> Never</p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p>	After core question 25	After question 43	Before HIT13-21	Must use SC1 with this item
<p><b>SC7.</b> We want to know your rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?</p> <p><input type="checkbox"/> 0 Worst specialist possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 Best specialist possible</p>	After core question 25	After question 43	Before HIT13-21	Must use SC1 with this item

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p><b>SC8.</b> Was the specialist you saw most often in the last 12 months the provider named in Question 1?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No</p>	<p>After core question 25</p>	<p>After question 43</p>	<p>Before HIT13-21</p>	<p>Must use SC1 with this item</p>