

Sample Notification Letters for the CAHPS[®] Clinician & Group Surveys

This document contains sample letters and reminder postcards in both English and Spanish that you can customize to suit your survey project. These letters have been adapted from actual materials used by CAHPS field test organizations and can be used with any version of the Clinician & Group Surveys. Sponsors and vendors are urged to use these letters, as they are a critical part of the survey protocol. In addition, the instructions provided in this document offer helpful tips for achieving target response rates.

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Instructions for Customizing English Letters

The sample letters and reminders that follow have been provided to help you draft your own material. The following tips can help you customize the text to suit your particular needs:

1. **Print the letter on the sponsor’s letterhead** so that the respondent can easily identify the source of the survey. Letterhead also lends the study credibility and has a note of authority.
2. If possible, **personalize the letter**. Whether you use a salutation with a Mr./Ms. or “first name, last name” depends on how the sample files have been maintained. A few survey sponsors have opted to address the respondent as “Dear Patient.”
3. If you have an institutional review board (IRB) that reviews research involving human subjects, **customize the privacy statement as appropriate** to meet the requirements of the IRB. Some sponsors have revised the second paragraph to read as follows:

“The information that you provide will be kept **completely private and confidential** and your answers will never be matched with your name. Your individual answers will never be seen by your health care provider or anyone else involved with your care. *We will not share your information with anyone without your OK, except where the law may require it.*”

4. **Include a sentence or two on how the results will be used.** This provides the respondent with a concrete reason for participating in the survey.
5. Depending on your schedule and when you expect to send out the survey, **indicate the date by which the respondent should return the survey.**
6. **If you are using a Child Survey, revise the letter appropriately.** References to “your health” and “care you received,” for instance, should be changed to “your child’s health” and “care your child received.” The following is an example of an appropriately revised introductory paragraph:

“**We at [NAME OF PROVIDER ORGANIZATION] need your help.** Our records indicate that your child, [NAME OF CHILD], has visited [PROVIDER’S NAME] in the last 12 months, and we would like you to tell us about this child’s care. We are committed to providing your child with the best quality health care available, and your input will

help us to achieve this goal. This brief survey should take about [TIME] minutes or less of your time.”

In addition, we recommend that you place the following instructions on the cover of the survey booklet:

“Please answer this survey for your child, [INSERT NAME].”

7. Some sponsors have found that respondents are tearing off the label with the ID number on the completed questionnaires. To **allay respondents’ concerns or anxieties about how the ID number is used**, add this note in the questionnaire after the confidentiality statement or add it to the letter.

“You may notice a number on the cover of this survey. This number is **ONLY** used to let us know if you returned your survey so we don’t have to send you reminders.”

8. The sample letter indicates the time required to complete the survey. Please **fill in the amount of time needed for your CAHPS questionnaire**. On average, the Adult Survey takes less than 15 minutes, while the Child Survey takes about 15 minutes. Adding supplemental questions will increase this time. We recommend that you test your survey to determine the time needed to complete it.
9. **Use of a reminder postcard following the initial mailing has been shown to increase response rates**. The postcard reminder is a cost-effective way to increase the number of surveys returned. Many IRBs do not allow for health information to be on the postcard, so be careful not to reference care that the patient has received. Also, some organizations do not allow a postcard to be used as a reminder but will permit the use of a letter reminder. If you choose to use a letter reminder, you can use the second reminder letter as a template.

Mail Survey

Initial letter; mail with survey

DATE

FIRST AND LAST NAME
 LINE ONE OF ADDRESS
 LINE TWO OF ADDRESS (IF ANY)
 CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME]

We at [NAME OF PROVIDER ORGANIZATION] need your help. Our records indicate that you have visited [PROVIDER'S NAME] in the last 12 months, and we would like you to tell us about your care. We are committed to providing you with the best quality health care available, and your input will help us to achieve this goal. This brief survey should only take about [TIME] minutes or less of your time.

The information that you provide will be kept **completely private and confidential** and your answers will never be matched with your name. Your individual answers will never be seen by your provider or anyone else involved with your care. We have hired [NAME OF SURVEY VENDOR], an independent professional survey organization, to conduct the survey. [VENDOR] will combine your answers with information from other people who complete the survey to create a summary report that tells us about our patients' experiences with our providers and medical offices.

We hope you will take this chance to tell us about your experiences with health care. Please return the completed survey in the enclosed postage-paid envelope by [MONTH/DAY/YEAR]. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive. If you would like your name removed from the mailing list, please return the blank survey in the enclosed envelope.

If you have any questions about this survey, please call [CONTACT NAME] at (XXX) [XXX-XXXX]. All calls to this number are free. Thank you for helping to make health care at [NAME OF PROVIDER GROUP] better for everyone!

Sincerely,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Nota: Si quiere una encuesta en español, por favor llame al (XXX) [XXX-XXXX].

Mail Survey

First reminder; postcard

[NAME OF SURVEY]

Hello!

Recently we sent you a survey. It should take only a few minutes to complete and your answers will help us improve the care that we provide.

When you have completed the survey, please mail it back in the postage-paid envelope that came with it.

If you have already sent back a completed survey, thank you!

If you did not get the survey or have lost it, please call [CONTACT NAME] toll-free at (XXX) [XXX-XXXX], and we'll send you another. You can also call that number if you have any questions.

THANK YOU!

[NAME OF SPONSOR]

Mail Survey

Second reminder; mail with survey

DATE

FIRST AND LAST NAME
LINE ONE OF ADDRESS
LINE TWO OF ADDRESS (IF ANY)
CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME]

We at [NAME OF PROVIDER ORGANIZATION] need your help. Recently, we sent you a survey asking about your experiences with [NAME OF PROVIDER]. If you have already responded, we thank you for your feedback. If you have not had time to respond or you have lost the survey, please take a few minutes to complete the enclosed survey now. By answering the questions, you will help us to improve the quality of care we provide our patients. It should take only [TIME] minutes to answer these questions.

The information that you provide will be kept **completely private and confidential** and your answers will never be matched with your name. Your individual answers will never be seen by your provider or anyone else involved with your care.

We hope you will take this chance to tell us about your experiences with health care. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive.

If you have any questions about this survey, please call [CONTACT NAME] at (XXX) [XXX-XXXX]. All calls to this number are toll-free. Thank you for helping to make health care at [NAME OF PROVIDER GROUP] better for everyone!

Sincerely,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Nota: Si quiere una encuesta en español, por favor llame al (XXX) [XXX-XXXX].

Telephone Survey

Advance letter

DATE

FIRST AND LAST NAME
 LINE ONE OF ADDRESS
 LINE TWO OF ADDRESS (IF ANY)
 CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME]

We at [NAME OF PROVIDER ORGANIZATION] need your help. Our records indicate that you have visited [PROVIDER'S NAME] in the last 12 months, and we would like you to tell us about your care. We are committed to providing you with the best quality health care available, and your input will help us to achieve this goal.

Someone from [NAME OF SPONSOR'S VENDOR] will call you soon to ask you to take part in a telephone interview. The interviewer will ask questions about the care you got from [NAME OF PROVIDER]. To get accurate results, we need to get answers from you and other people we ask to take part in this survey. The interview will take only [TIME] minutes, and we hope you will take the time to answer our questions.

Of course, what you have to say is private. Your answers will be part of a pool of information from others like you. What you say will be used only by this study. **You may choose to do the telephone interview or not. If you choose not to, this will not affect the health care you get from this provider.**

We hope you will take this chance to talk to us about your health care. If you have any questions, please call [CONTACT NAME] at (XXX) [XXX-XXXX]. You can also call this number to ask to be removed from the list. All calls to this number are free. Thanks in advance for your help!

Sincerely,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Nota: Si quiere responder a esta encuesta en español, por favor llame al (XXX) [XXX-XXXX].

Instructions for Customizing Spanish Letters

Please follow these instructions if you are also administering the CAHPS Clinician & Group Survey in Spanish. These instructions are the same as the instructions for the English letters.

These sample letters and reminders have been provided to help you draft your own material. The following tips can help you customize the text to suit your particular needs.

1. **Print the letter on the sponsor's letterhead** so that the respondent can easily identify the source of the survey. Letterhead also lends the study credibility and has a note of authority.
2. If possible, **personalize the letter**. Whether you use a salutation with a Sr./Sra. or "first name, last name" depends on how the sample files have been maintained. A few survey sponsors have opted to address the respondent as "Estimado/a paciente."
3. If you have an institutional review board (IRB) that reviews research involving human subjects, **customize the privacy statement as appropriate** to meet the requirements of the IRB. Some sponsors have revised the second paragraph to read as follows:

“La información que usted proporcione será **completamente privada y confidencial** y sus respuestas nunca se van a asociar con su nombre. Su profesional médico u otras personas que participen en su cuidado de salud jamás podrán ver sus respuestas individuales. *No vamos a compartir su información con nadie sin que usted nos dé permiso, excepto cuándo así lo requiera la ley.*”

4. **Include a sentence or two on how the results will be used.** This provides the respondent with a concrete reason for participating in the survey.
5. Depending on your schedule and when you expect to send out the survey, **indicate the date by which the respondent should return the survey.**
6. **If you are conducting a Child Survey, revise the letter appropriately.** References to “your health” and “care you received,” for instance, should be changed to “your child’s health” and “care your child received.” The following is an example of an appropriately revised introductory paragraph:

“[NAME OF PROVIDER ORGANIZATION] **necesita su ayuda.** Según nuestros registros, su niño fue a ver al Dr. [PROVIDER’S NAME] en los últimos 12 meses y nos gustaría que nos contara sobre la atención médica de su niño. Estamos comprometidos a proporcionarle a su niño la mejor atención médica posible y la información que usted nos dé nos ayudará a cumplir nuestra meta. Este breve cuestionario le va a tomar más o menos [TIME] minutos o menos de su tiempo.”

In addition, we recommend that you place the following instructions on the cover of the survey booklet:

“Por favor conteste esta encuesta por su niño [INSERT NAME].”

7. Some sponsors have found that respondents are tearing off the label with the ID number on the completed questionnaires. To **alleviate respondents’ concerns or anxieties about how the ID number is used**, add this note in the questionnaire after the confidentiality statement or add it to the letter.

“Se puede fijar en un número que aparece en la portada de la encuesta. Ese número es SOLO para saber que usted ya nos regresó la encuesta y que no tenemos que enviarle un recordatorio.”

8. The sample letter indicates the time required to complete the survey. Please **fill in the amount of time needed for your CAHPS questionnaire.** On average, the Adult Survey takes less than 20 minutes, while the Child Survey takes about 20 minutes. Adding supplemental questions will increase this time. We recommend that you test your survey to determine the time needed to complete it.
9. **Use of a reminder postcard following the initial mailing has been shown to increase response rates.** The postcard reminder is a cost-effective way to increase the number of surveys returned. Many IRBs do not allow for health information to be on the postcard, so be careful not to reference care that the patient has received. Also, some organizations do not allow a postcard to be used as a reminder but will permit the use of a letter reminder. If you choose to use a letter reminder, you can use the second reminder letter as a template.

Mail Survey

Initial letter; mail with survey

{DATE}

First and last name
Line one of address
Line two of address (if any)
City, State Zip

Estimado/a {Sr./Sra.} [Last name]:

[NAME OF PROVIDER ORGANIZATION] necesita su ayuda. Según nuestros registros, usted fue a ver al [PROVIDER'S NAME] en los últimos 12 meses y nos gustaría que nos contara sobre su atención médica. Estamos comprometidos a proporcionarle la mejor atención médica disponible, y la información que usted no dé nos ayudará a cumplir nuestra meta. Este breve cuestionario solo va a tomar unos [TIME] minutos de su tiempo.

La información que usted proporcione será **completamente privada y confidencial** y sus respuestas nunca se van a asociar con su nombre. Su profesional médico u otras personas que participen en su cuidado de salud jamás podrán ver sus respuestas individuales. Hemos contratado a [NAME OF SURVEY VENDOR], una organización profesional independiente de encuestas, para llevar a cabo la encuesta. [VENDOR] va a combinar sus respuestas con la información de otras personas que participen en la encuesta, para crear un resumen que nos dé información sobre las experiencias de los pacientes con nuestros profesionales médicos y con nuestros consultorios médicos.

Esperamos que aproveche esta oportunidad para contarnos sobre sus experiencias con la atención médica que recibe. Una vez que llene el cuestionario, por favor, mándenlo antes de {MONTH/DAY/YEAR} en el sobre adjunto con el porte o franqueo pagado. Usted es libre de decidir si quiere participar o no en la encuesta pero entre más gente participe, más aumenta nuestra habilidad de mejorar la calidad de los servicios de salud que recibe. Si quiere que quitemos su nombre de la lista de la encuesta, por favor mande la encuesta sin llenar en el sobre adjunto.

Si tiene alguna pregunta sobre este cuestionario, por favor llame a {CONTACT NAME} al (XXX) {XXX-XXXX}. Todas las llamadas a este número de teléfono son gratis. ¡Gracias por ayudar a mejorar los servicios de salud de [NAME OF PROVIDER GROUP] para todos!

Atentamente,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Mail Survey

First reminder; postcard

NAME OF SURVEY

¡Hola!

Hace poco le enviamos un cuestionario sobre sus experiencias con su profesional médico. Solo le va a tomar unos cuantos minutos llenar el cuestionario y sus respuestas nos ayudarán a mejorar los servicios de salud que proporcionamos.

Una vez que haya llenado el cuestionario, por favor mándenlo por correo en el sobre con el porte o franqueo pagado que venía con el cuestionario

Si ya envió su cuestionario completado, ¡muchas gracias!

Si no recibió el cuestionario o si lo perdió, por favor llame a {CONTACT NAME} al número gratuito (XXX) {XXX-XXXX} y le mandaremos otro. También puede llamar a este número si tiene alguna pregunta.

¡GRACIAS!

{ NAME OF SPONSOR }

Mail Survey

Second reminder; mail with survey

{DATE}

First and last name
Line one of address
Line two of address (if any)
City, State Zip

Estimado/a {Sr./Sra.} [Last name]:

[NAME OF PROVIDER ORGANIZATION] necesita su ayuda. Hace poco, le enviamos un cuestionario sobre sus experiencias con el [NAME OF PROVIDER]. Si ya nos envió el cuestionario, le agradecemos su ayuda. Si no ha tenido tiempo de llenar el cuestionario o si lo perdió, por favor tome unos minutos ahora para completar el cuestionario adjunto. Al contestar estas preguntas, nos está ayudando a mejorar la calidad de la atención médica que le proporcionamos a nuestros pacientes. Solamente le va a tomar unos [TIME] contestar las preguntas del cuestionario.

La información que usted proporcione será **completamente privada y confidencial** y sus respuestas nunca se van a asociar con su nombre. Su profesional médico u otras personas que participen en su cuidado de salud jamás podrán ver sus respuestas individuales.

Esperamos que aproveche esta oportunidad para contarnos sobre sus experiencias con la atención médica que recibe. Usted es libre de decidir si quiere participar o no en la encuesta pero entre más gente participe, más aumenta nuestra habilidad de mejorar la calidad de los servicios de salud que recibe.

Si tiene alguna pregunta sobre este cuestionario, por favor llame a {CONTACT NAME} al (XXX) {XXX-XXXX}. Todas las llamadas a este número de teléfono son gratis. ¡Gracias por ayudar a mejorar los servicios de salud de [NAME OF PROVIDER GROUP] para todos!

Atentamente,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

Telephone Survey

Advance letter

{DATE}

First and last name
Line one of address
Line two of address (if any)
City, State Zip

Estimado/a {Sr./Sra.} [Last name]:

[NAME OF PROVIDER ORGANIZATION] necesita su ayuda. Según nuestros registros, usted fue a ver al PROVIDER'S NAME] en los últimos 12 meses y nos gustaría que nos contara sobre su atención médica. Estamos comprometidos a proporcionarle la mejor atención médica disponible, y la información que nos dé nos ayudará a cumplir nuestra meta.

Un entrevistador de [NAME OF SPONSOR'S VENDOR] le va a llamar pronto para pedirle que participe en una entrevista por teléfono. El entrevistador le hará preguntas sobre la atención médica que recibió de [NAME OF PROVIDER]. Para obtener resultados exactos, necesitamos que usted y las demás personas que seleccionemos tomen parte en la encuesta. La entrevista solo va a tomar unos [TIME] minutos, y esperamos que tome el tiempo de contestar nuestras preguntas.

Claro que lo que nos cuente será completamente privado. Sus respuestas se van a combinar con las respuestas de otras personas que tomen parte en el estudio. Lo que nos cuente solo se va a usar para este estudio. **Usted es libre de decidir si quiere participar o no en la entrevista por teléfono. Si decide que no quiere participar, esto no afectará la atención médica que recibe de este profesional médico.**

Esperamos que aproveche esta oportunidad para contarnos sobre sus experiencias con la atención médica que recibe. Si tiene alguna pregunta, por favor llame a {CONTACT NAME} al (XXX) {XXX-XXXX}. También puede llamar a este número si quiere que lo quitemos de la lista de la encuesta. Todas las llamadas a este número de teléfono son gratis. ¡Gracias de antemano por su ayuda!

Atentamente,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]