2026 CAHPS Provider Education

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CAHPS: The Basics

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	CAHPS
What it is?	A family of surveys developed by the Agency for Healthcare Research and Quality to measure patients' experiences with healthcare services
Developed By	AHRQ
Key Point	Captures the patient's voice about their care experience
Who Responds?	Patients or health plan members
What is Measured?	How patients experience care, not clinical outcomes. Typical domains include: • Communication with doctors • Access to care and appointments • Customer service • Care coordination • Overall rating of providers or health plans

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	CAHPS
Where is it Used?	• Hospitals (HCAHPS) • Health plans • Medical groups and clinics • Nursing homes, dialysis centers, etc.
What Market?	Maryland and DC
Why Matters?	• Public reporting (e.g., Medicare Compare) • Quality improvement • Regulatory and accreditation requirements • Payment incentives (value-based purchasing)
Sample Selection	For the Adult Medicaid survey, sample-eligible members were those who were 18 years old or older as of December 31st of that calendar year; were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid. The standard NCQA-prescribed sample size for Adult Medicaid plans is **1,350 members**. NCQA's sampling methodology does not allow disenrolled members to be removed from the sample after the start of survey administration**. Oversampling could also be used to obtain more completed surveys**.

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	CAHPS
Timeline	• An initial survey package is mailed ~ February 14. • An initial reminder/thank-you postcard is mailed ~ February 25. • A replacement survey package is mailed ~ March 21. • An additional survey package, replacing the second standard reminder postcard, is mailed ~ April 21. • A telephone follow-up phase targeting non-respondents, with up to six telephone follow-up attempts at different times of the day and on different days of the week, starting ~ April 4. • Data collection closed ~ May 12.
Data Capture	"Returned questionnaires are recorded using optical scanning. If the scanning technology is unable to identify the specific response option selected with a predefined degree of certainty, trained data entry operators were employed to ensure that each such response was accurately recorded. Computer Assisted Telephone Interviewing (CATI) technology was used to electronically capture survey responses obtained during telephone interviews. Members are able to complete the telephone interview in either English or Spanish. CATI supervisors maintain quality control by monitoring the telephone interviews and responses captured by interviewers in real time and by auditing recorded interviews. At least 10% of the interviews are monitored by supervisors. Due to the multiple outreach attempts, multiple survey responses could be received from the same sample member. In those cases, only one survey response (the most complete survey) was included in the final analysis dataset." - Vendor

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Survey Measures and Timeline

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Global Rating and Composite CAHP Measures

January	February	March	April	May	June	July	August	September	October	November	December
CAHPS Imp Opps	BLACKOUT PERIOD					CAHPS Improvement Opportuinities					
		CAHPS Survey			Submit Data				Survey Results		

Global Rating Measures

- Rating of All Health Care
- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often

Composite Measures

- How Well Doctors Communicate
- Getting Needed Care
- Getting Care Quickly
- Customer Service

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Best Practices for Survey Measures

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Ways to Impact Timeliness and Getting Needed Care

Providers should:

- Offer same day appointments and online scheduling.
- Offer extended hours, virtual, telehealth, and phone options.
- Call patients back and assist with Referrals or lab appointments.
- Provide appointment reminders and updates via text and email.
- Add patients to waitlist for cancelled appointments.
- Have patients wait no more than 15 minutes in the lobby.
- Leverage advance practice clinicians.

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Ways to Impact Getting Appointments/Care Quickly and Getting Needed Care

Providers should:

- Schedule follow-up visits, next year's well-visit and other recommended preventative care before the patient leaves the office.
- Train all staff to practice empathy when addressing delays, managing scheduling and accommodating walk-in appointments.
- Patients who understand why types of care, tests or treatments are essential are more likely to adhere to a care plan and seek the care that is recommended and needed. Encourage practice staff to provide patients with support in identifying in-network specialist care and services (e.g., labs, imaging, radiology).
- Make sure that specialists are accepting new patients before making a referral

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Ratings of Doctor/Specialist and Communication

- Review medical record and medications prior to entering the exam room.
- Ask questions about previous treatments, results and findings.
- Confirm with the patient that all questions have been answered and ask if they would like anything else addressed prior to you leaving the exam room.
- Let patients know how to contact the office to ask more questions if they think of any after they leave
- Have office staff help your patients schedule follow up appointments and/or obtain care with an in-network specialist before patients exit the office.
- Make eye contact with your patients to show you are engaged
- Repeating back to patients what they are saying helps to confirm understanding and lets the patient know you are listening

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Ratings of Doctor/Specialist and Communication

- Review medical record and medications prior to entering the exam room.
- Ask questions about previous treatments, results and findings.
- Prioritize Clear, Compassionate Communication
  - Use plain language – explain conditions, tests, and treatments without jargon. Ex. Explain at a 6th grade reading level.
- Use "Teach-Back" to confirm understanding
  - Ask patients to repeat instructions in their own words to confirm comprehension.
- Practice active listening and encourage questions
  - Confirm with the patient that all questions have been answered and ask if they would like anything else addressed prior to you leaving the exam room.

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Ratings of Doctor/Specialist and Communication

- Let patients know how to contact the office to ask more questions if they think of any after they leave
- Make eye contact with your patients to show you are engaged
- Personalize communication when possible
  - Tailor explanations and care plan based on health literacy, language, culture, and preference.
- Repeating back to patients what they are saying helps to confirm understanding and lets the patient know you are listening

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Express Empathy and Validate

The ability to acknowledge and express that you understand the emotion from the other person's perspective.

- Patient: I am so mad that this appointment is taking up my entire day.
- Staff: I am sorry for the delay and understand why you would be upset. I know your time is important, let me see what I can do to help.

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CAHPS Timeline (Survey In Field Weeks 2–12)

January	February	March	April	May	June	July	August	September	October	November	December
CAHPS Imp Opps	BLACKOUT PERIOD					CAHPS Improvement Opportuinities					
		CAHPS Survey			Submit Data				Survey Results		

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Appendix

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CAHPS Adult Survey 5.1

1. Our records show that you are now in {INSERT HEALTH PLAN NAME}. Is that right?

   [1] ☐ Yes → **If Yes, go to #3**
   [2] ☐ No

2. What is the name of your health plan?

   Please print: _____

   _____

Your Health Care in the Last 6 Months

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that **needed care right away**?

   [1] ☐ Yes
   [2] ☐ No → **If No, go to #5**

4. In the last 6 months, when you **needed care right away**, how often did you get care as soon as you needed?

   [1] ☐ Never
   [2] ☐ Sometimes
   [3] ☐ Usually
   [4] ☐ Always

5. In the last 6 months, did you make any in-person, phone, or video appointments for a **check-up or routine care**?

   [1] ☐ Yes
   [2] ☐ No → **If No, go to #7**

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

   [1] ☐ Never
   [2] ☐ Sometimes
   [3] ☐ Usually
   [4] ☐ Always

7. In the last 6 months, **not** counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

   ☐ None → **If None, go to #10**
   ☐ 1 time
   ☐ 2
   ☐ 3
   ☐ 4
   ☐ 5 to 9
   ☐ 10 or more times

14. In the last 6 months, how often did your personal doctor show respect for what you had to say?

    [1] ☐ Never
    [2] ☐ Sometimes
    [3] ☐ Usually
    [4] ☐ Always

15. In the last 6 months, how often did your personal doctor spend enough time with you?

    [1] ☐ Never
    [2] ☐ Sometimes
    [3] ☐ Usually
    [4] ☐ Always

16. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

    ☐ 0 Worst personal doctor possible
    ☐ 1
    ☐ 2
    ☐ 3
    ☐ 4
    ☐ 5
    ☐ 6
    ☐ 7
    ☐ 8
    ☐ 9
    ☐ 10 Best personal doctor possible

Getting Health Care From Specialists

When you answer the next questions, include the care you got in person, by phone, or by video. Do **not** include dental visits or care you got when you stayed overnight in a hospital.

17. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?

    [1] ☐ Yes
    [2] ☐ No → **If No, go to #21**

18. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

    [1] ☐ Never
    [2] ☐ Sometimes
    [3] ☐ Usually
    [4] ☐ Always

19. How many specialists have you talked to in the last 6 months?

    ☐ None → **If None, go to #21**
    ☐ 1 specialist
    ☐ 2
    ☐ 3
    ☐ 4
    ☐ 5 or more specialists

CAHPS Adult Survey 5.1

20. We want to know your rating of the specialist you talked to most often in the last 6 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 the specialist?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible

Your Health Plan

The next questions ask about your experience with your health plan.

21. In the last 6 months, did you get information or help from your health plan's customer service?

- 1☐ Yes
- 2☐ No → **If No, go to #24**

22. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- 1☐ Never
- 2☐ Sometimes
- 3☐ Usually
- 4☐ Always

23. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- 1☐ Never
- 2☐ Sometimes
- 3☐ Usually
- 4☐ Always

24. In the last 6 months, did your health plan give you any forms to fill out?

- 1☐ Yes
- 2☐ No → **If No, go to #26**

25. In the last 6 months, how often were the forms from your health plan easy to fill out?

- 1☐ Never
- 2☐ Sometimes
- 3☐ Usually
- 4☐ Always

26. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- ☐ 0 Worst health plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health plan possible

About You

27. In general, how would you rate your overall health?

- 1☐ Excellent
- 2☐ Very good
- 3☐ Good
- 4☐ Fair
- 5☐ Poor

28. In general, how would you rate your overall **mental or emotional** health?

- 1☐ Excellent
- 2☐ Very good
- 3☐ Good
- 4☐ Fair
- 5☐ Poor

29. In the past 6 months, did you get health care 3 or more times for the same condition or problem?

- 1☐ Yes
- 2☐ No → **If No, go to #31**

30. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- 1☐ Yes
- 2☐ No

31. Do you now need or take medicine prescribed by a doctor? Do **not** include birth control.

- 1☐ Yes
- 2☐ No → **If No, go to #33**

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CAHPS Adult Survey 5.1

32. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- [1] ☐ Yes
- [2] ☐ No

33. What is your age?

- [1] ☐ 18 to 24
- [2] ☐ 25 to 34
- [3] ☐ 35 to 44
- [4] ☐ 45 to 54
- [5] ☐ 55 to 64
- [6] ☐ 65 to 74
- [7] ☐ 75 or older

34. Are you male or female?

- [1] ☐ Male
- [2] ☐ Female

35. What is the highest grade or level of school that you have completed?

- [1] ☐ 8th grade or less
- [2] ☐ Some high school, but did not graduate
- [3] ☐ High school graduate or GED
- [4] ☐ Some college or 2-year degree
- [5] ☐ 4-year college graduate
- [6] ☐ More than 4-year college degree

36. Are you of Hispanic or Latino origin or descent?

- [1] ☐ Yes, Hispanic or Latino
- [2] ☐ No, not Hispanic or Latino

37. What is your race? Mark one or more.

- [1] ☐ White
- [2] ☐ Black or African American
- [3] ☐ Asian
- [4] ☐ Native Hawaiian or Other Pacific Islander
- [5] ☐ American Indian or Alaska Native
- [6] ☐ Other

38. Did someone help you complete this survey?

- [1] ☐ Yes
- [2] ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

39. How did that person help you? Mark one or more.

- [1] ☐ Read the questions to me
- [2] ☐ Wrote down the answers I gave
- [3] ☐ Answered the questions for me
- [4] ☐ Translated the questions into my language
- [5] ☐ Helped in some other way

Thank you.

Please return the completed survey in the postage-paid envelope.

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CAHPS Child Survey 5.1

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in {INSERT HEALTH PLAN NAME}. Is that right?

   1 ☐ Yes → **If Yes, go to #3**
   2 ☐ No

2. What is the name of your child's health plan?

   Please print: _____

   _____

Your Child's Health Care in the Last 6 Months

These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do **not** include care your child got when he or she stayed overnight in a hospital. Do **not** include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that **needed care right away**?

   1 ☐ Yes
   2 ☐ No → **If No, go to #5**

4. In the last 6 months, when your child **needed care right away**, how often did your child get care as soon as he or she needed?

   1 ☐ Never
   2 ☐ Sometimes
   3 ☐ Usually
   4 ☐ Always

5. In the last 6 months, did you make any in-person, phone, or video appointments for a **check-up or routine care** for your child?

   1 ☐ Yes
   2 ☐ No → **If No, go to #7**

6. In the last 6 months, how often did you get an appointment for a **check-up or routine care** for your child as soon as your child needed?

   1 ☐ Never
   2 ☐ Sometimes
   3 ☐ Usually
   4 ☐ Always

7. In the last 6 months, **not** counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?

   ☐ None → **If None, go to #10**
   ☐ 1 time
   ☐ 2
   ☐ 3
   ☐ 4
   ☐ 5 to 9
   ☐ 10 or more times

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

   ☐ 0 Worst health care possible
   ☐ 1
   ☐ 2
   ☐ 3
   ☐ 4
   ☐ 5
   ☐ 6
   ☐ 7
   ☐ 8
   ☐ 9
   ☐ 10 Best health care possible

9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

   1 ☐ Never
   2 ☐ Sometimes
   3 ☐ Usually
   4 ☐ Always

Your Child's Personal Doctor

10. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

    1 ☐ Yes
    2 ☐ No → **If No, go to #20 on page 4**

11. In the last 6 months, how many times did your child have an in-person, phone, or video visit with his or her personal doctor?

    ☐ None → **If None, go to #19**
    ☐ 1 time
    ☐ 2
    ☐ 3
    ☐ 4
    ☐ 5 to 9
    ☐ 10 or more times

12. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

    1 ☐ Never
    2 ☐ Sometimes
    3 ☐ Usually
    4 ☐ Always

13. In the last 6 months, how often did your child's personal doctor listen carefully to you?

    1 ☐ Never
    2 ☐ Sometimes
    3 ☐ Usually
    4 ☐ Always

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CAHPS Child Survey 5.1

14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

15. Is **your child** able to talk with doctors about his or her health care?

- [1] ☐ Yes
- [2] ☐ No → **If No, go to #17**

16. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for **your child** to understand?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

18. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- [1] ☐ Yes
- [2] ☐ No

19. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

- ☐ 0 Worst personal doctor possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor possible

Getting Health Care From Specialists

When you answer the next questions, include the care your child got in person, by phone, or by video. Do **not** include dental visits or care your child got when he or she stayed overnight in a hospital.

20. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?

- [1] ☐ Yes
- [2] ☐ No → **If No, go to #24**

21. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

22. How many specialists has your child talked to in the last 6 months?

- ☐ None → **If None, go to #24**
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

23. We want to know your rating of the specialist your child talked to most often in the last 6 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?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible

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CAHPS Child Survey 5.1

Your Child's Health Plan

The next questions ask about your experience with your child's health plan.

24. In the last 6 months, did you get information or help from customer service at your child's health plan?

- [1] ☐ Yes
- [2] ☐ No → **If No, go to #27**

25. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

26. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

27. In the last 6 months, did your child's health plan give you any forms to fill out?

- [1] ☐ Yes
- [2] ☐ No → **If No, go to #29**

28. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

29. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

- ☐ 0 Worst health plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health plan possible

About Your Child and You

30. In general, how would you rate your child's overall health?

- [1] ☐ Excellent
- [2] ☐ Very Good
- [3] ☐ Good
- [4] ☐ Fair
- [5] ☐ Poor

31. In general, how would you rate your child's overall **mental or emotional** health?

- [1] ☐ Excellent
- [2] ☐ Very Good
- [3] ☐ Good
- [4] ☐ Fair
- [5] ☐ Poor

32. What is **your child's** age?

- [1] ☐ Less than 1 year old

_____ YEARS OLD *(write in)*

33. Is your child male or female?

- [1] ☐ Male
- [2] ☐ Female

34. Is your child of Hispanic or Latino origin or descent?

- [1] ☐ Yes, Hispanic or Latino
- [2] ☐ No, not Hispanic or Latino

35. What is your child's race? Mark one or more.

- [1] ☐ White
- [2] ☐ Black or African American
- [3] ☐ Asian
- [4] ☐ Native Hawaiian or Other Pacific Islander
- [5] ☐ American Indian or Alaska Native
- [6] ☐ Other

36. What is **your** age?

- [0] ☐ Under 18
- [1] ☐ 18 to 24
- [2] ☐ 25 to 34
- [3] ☐ 35 to 44
- [4] ☐ 45 to 54
- [5] ☐ 55 to 64
- [6] ☐ 65 to 74
- [7] ☐ 75 or older

37. Are you male or female?

- [1] ☐ Male
- [2] ☐ Female

38. What is the highest grade or level of school that you have completed?

- [1] ☐ 8th grade or less
- [2] ☐ Some high school, but did not graduate
- [3] ☐ High school graduate or GED
- [4] ☐ Some college or 2-year degree
- [5] ☐ 4-year college graduate
- [6] ☐ More than 4-year college degree

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CAHPS Child Survey 5.1

39. How are you related to the child?

- 1 ☐ Mother or father
- 2 ☐ Grandparent
- 3 ☐ Aunt or uncle
- 4 ☐ Older brother or sister
- 5 ☐ Other relative
- 6 ☐ Legal guardian
- 7 ☐ Someone else

Please print: _____

_____

40. Did someone help you complete this survey?

- 1 ☐ Yes
- 2 ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

41. How did that person help you? Mark one or more.

- 1 ☐ Read the questions to me
- 2 ☐ Wrote down the answers I gave
- 3 ☐ Answered the questions for me
- 4 ☐ Translated the questions into my language
- 5 ☐ Helped in some other way

Thank you.

Please return the completed survey in the postage-paid envelope.