

Medicare Fee-for-Service CAHPS® Survey

2025 Medicare Experience Survey

MEDICARE EXPERIENCE SURVEY

SURVEY INSTRUCTIONS

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself and the times you got health care in person, by phone or by video call. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to: [Survey Organization].

Answer all the questions by putting an "X" in the box to the left of your answer, like this:

☒ Yes

Be sure to read all the answer choices given before marking your answer. You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: [*→ If No, Go to Question 3*]. See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

☐ Yes

☒ No *→ If No, Go to Question 3*

2. How long have you been wearing a hearing aid?

☐ Less than one year

☐ 1 to 3 years

☐ More than 3 years

☐ I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

☒ Yes

☐ No

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-0732 (expires TBD)**. The time required to complete this information collection is estimated to average **15 minutes**, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

YOUR HEALTH INSURANCE COVERAGE

Our records show that you are now in Medicare, the health insurance program for people 65 years old or older or persons with certain disabilities.

Please answer the following questions in this survey as fully as possible regardless of whether you consider yourself in Medicare.

1. Some people who have Medicare also have other insurance to help pay for some of the costs of their health care. Do you have any other insurance that pays at least some of the cost of your health care?

☐ Yes
☐ No → *If No, Go to Question 3*

2. Please mark the box below for each type of health insurance that you have.

- ☐ Medigap, which may be identified on the front of your policy as “Medicare Supplemental Insurance”
☐ Employer, Union, or Retiree Health Coverage (Insurance)
☐ Veteran’s Benefits, also known as VA benefits
☐ Military Retiree Benefits, also known as Tricare
☐ Medicaid, also known as State medical assistance, which is for some persons with limited income and resources
☐ Any Prescription Drug Plan
☐ Other (*Please write the name of the other health insurance you currently have on the line below.*)

☐ _____
I don’t have health insurance other than Medicare.

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.

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

☐ Yes
☐ No → *If No, Go to Question 5*

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

☐ Yes
☐ No → *If No, Go to Question 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?

☐ Never
☐ Sometimes
☐ Usually
☐ 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
☐ 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 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 you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

☐ Yes
☐ No → *If No, Go to Question 26*

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

☐ None → *If None, Go to Question 26*
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ 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

17. In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

- ☐ Yes
- ☐ No → If No, Go to Question 21

19. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

20. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. In the last 6 months, did you take any prescription medicine?
- ☐ Yes
- ☐ No → *If No, Go to Question 23*
22. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
23. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?
- ☐ Yes
- ☐ No → *If No, Go to Question 26*
24. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?
- ☐ Yes
- ☐ No → *If No, Go to Question 26*
25. In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video.

26. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your personal doctor a specialist?
- ☐ Yes → *If Yes, Please include your personal doctor as you answer these questions about specialists*
- ☐ No
27. In the last 6 months, did you make any appointments with a specialist?
- ☐ Yes
- ☐ No → *If No, Go to Question 32*
28. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
29. How many specialists have you talked to in the last 6 months?
- ☐ None → *If None, Go to Question 32*
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

30. 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 that specialist?

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

31. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I do not have a personal doctor
- ☐ I have not talked with my personal doctor in the last 6 months
- ☐ My personal doctor is a specialist

MANAGING YOUR HEALTH CARE

32. How likely are you to change doctors if you are dissatisfied with the way you and your doctor communicate?

- ☐ Very likely
- ☐ Likely
- ☐ Unlikely
- ☐ Very unlikely

33. How likely are you to tell your doctor when you disagree with him or her?

- ☐ Very likely
- ☐ Likely
- ☐ Unlikely
- ☐ Very unlikely

34. In the last 6 months, how often did you leave your doctor's office feeling that all of your concerns or questions were fully answered?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

35. In the last 6 months, how often did you make sure you understood the results of any medical test or procedure such as x-ray, blood test, or EKG for heart conditions?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not have any medical tests or procedures in the last 6 months

36. In the last 6 months, did you get information or help from Medicare's customer service?

☐ Yes

☐ No → If No, Go to Question 39

37. In the last 6 months, how often did Medicare's customer service give you the information or help you needed?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

38. In the last 6 months, how often did Medicare's customer service staff treat you with courtesy and respect?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

39. In the last 6 months, did Medicare give you any forms to fill out?

☐ Yes

☐ No → If No, Go to Question 41

40. In the last 6 months, how often were the forms from Medicare easy to fill out?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

41. 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 Medicare?

☐ 0 Worst health plan possible

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best health plan possible

ABOUT YOU

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

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

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

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

44. What language do you mainly speak at home?

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Korean
- ☐ Tagalog
- ☐ Vietnamese
- ☐ Some other language

↓

Please print: _____

45. In the last 6 months, did you spend one or more nights in a hospital?

- ☐ Yes
- ☐ No

46. In the last 6 months, how often was it easy to get the medicines your doctor prescribed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

47. Do you have insurance that pays part or all of the cost of your prescription medicines?

- ☐ Yes
- ☐ No
- ☐ Don't know

48. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?

- ☐ Yes
- ☐ No
- ☐ My doctor did not prescribe any medicines for me in the last 6 months

49. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you?

	Yes	No
a. Health condition	<input type="checkbox"/>	<input type="checkbox"/>
b. Disability	<input type="checkbox"/>	<input type="checkbox"/>
c. Age	<input type="checkbox"/>	<input type="checkbox"/>
d. Culture or religion	<input type="checkbox"/>	<input type="checkbox"/>
e. Language or accent	<input type="checkbox"/>	<input type="checkbox"/>
f. Race or ethnicity	<input type="checkbox"/>	<input type="checkbox"/>
g. Sex (female or male)	<input type="checkbox"/>	<input type="checkbox"/>
h. Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>
i. Gender or gender identity	<input type="checkbox"/>	<input type="checkbox"/>
j. Income	<input type="checkbox"/>	<input type="checkbox"/>

50. Has a doctor ever told you that you had any of the following conditions?

	Yes	No
a. A heart attack?	<input type="checkbox"/>	<input type="checkbox"/>
b. Angina or coronary heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
c. Hypertension or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
d. Cancer, <u>other than skin cancer</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease)?	<input type="checkbox"/>	<input type="checkbox"/>
f. Any kind of diabetes or high blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>

51. Have you had a flu shot since July 1, 2024?

- ☐ Yes
- ☐ No
- ☐ Don't know

52. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.

- ☐ Yes
☐ No
☐ Don't know

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

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

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

- ☐ Yes, Hispanic or Latino
☐ No, not Hispanic or Latino

55. What is your race? Please mark one or more.

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African-American
☐ Native Hawaiian or other Pacific Islander
☐ White

56. What sex were you assigned at birth, on your birth certificate?

- ☐ Female
☐ Male
☐ Prefer not to answer

57. What is your current gender?

- ☐ Female
☐ Male
☐ Transgender woman
☐ Transgender man
☐ Non-binary
☐ Gender fluid
☐ I use a different term
☐ Prefer not to answer

58. Which of the following best represents how you think about yourself?

- ☐ Lesbian or gay
☐ Straight, that is, not gay or lesbian
☐ Bisexual
☐ I use a different term
☐ Prefer not to answer

59. How many people live in your household now, including yourself?

- ☐ 1 person
☐ 2 to 3 people
☐ 4 or more people

60. Because of a health or physical problem are you unable to do or have any difficulty doing the following activities? (Please mark one response for each activity.)

	I am unable to do this activity	Yes, I have difficulty	No, I do not have difficulty
a. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting in or out of chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ Yes
☐ No

62. Do you ever use the Internet at home?

- ☐ Yes
☐ No

63. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care?

- ☐ Yes
☐ No

64. Did someone help you complete this survey?

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

65. How did that person help you? Please mark one or more.

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

THANK YOU FOR COMPLETING THIS SURVEY

Please return your completed survey in the postage-paid envelope to:

[SURVEY ORGANIZATION RETURN ADDRESS FOR MAIL PROCESSING]

Please do not include any other correspondence.