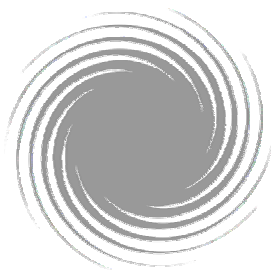


# **Experience of Care and Health Outcomes (ECHO<sup>®</sup>) Survey**

**Adult  
Managed Care Organization  
Version 3.0  
English**



**The ECHO Survey is part of the CAHPS family of surveys,  
which are developed with support from the Agency for  
Healthcare Research and Quality (AHRQ), Rockville, MD**

## SURVEY INSTRUCTIONS

- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over 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:

<sub>1</sub> ☒ Yes → ***If Yes, Go To Question 1 on Page 1***

<sub>2</sub> ☐ No

{This box should be placed on the cover page.}

***All information that would let someone identify you or your family will be kept private. {SPONSOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.***

***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.***

***If you want to know more about this study, please call XXX.***

## Personal or Family Counseling

People can get counseling, treatment or medicine for many different reasons, such as:

- For feeling depressed, anxious, or “stressed out”
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use
- For mental or emotional illness

1. In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?

<sub>1</sub> ☐ Yes → If Yes, Go to Question 2

<sub>2</sub> ☐ No → If No, Go to Question 56 on

Page 7

## Your Counseling and Treatment in the Last 12 Months

The next questions ask about your counseling or treatment. Do not include counseling or treatment during an overnight stay or from a self-help group.

2. In the last 12 months, did you call someone to get professional counseling on the phone for yourself?

<sub>1</sub> ☐ Yes

<sub>2</sub> ☐ No → If No, Go to Question 4

3. In the last 12 months, how often did you get the professional counseling you needed on the phone?

<sub>1</sub> ☐ Never

<sub>2</sub> ☐ Sometimes

<sub>3</sub> ☐ Usually

<sub>4</sub> ☐ Always

4. In the last 12 months, did you need counseling or treatment right away?

<sub>1</sub> ☐ Yes

<sub>2</sub> ☐ No → If No, Go to Question 6

5. In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?

<sub>1</sub> ☐ Never

<sub>2</sub> ☐ Sometimes

<sub>3</sub> ☐ Usually

<sub>4</sub> ☐ Always

6. In the last 12 months, not counting times you needed counseling or treatment right away, did you make any appointments for counseling or treatment?

<sub>1</sub> ☐ Yes

<sub>2</sub> ☐ No → If No, Go to Question 8

7. In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?

<sub>1</sub> ☐ Never

<sub>2</sub> ☐ Sometimes

<sub>3</sub> ☐ Usually

<sub>4</sub> ☐ Always

8. In the last 12 months, how many times did you go to an emergency room or crisis center to get counseling or treatment for yourself?

<sub>0</sub> ☐ None

<sub>1</sub> ☐ 1

<sub>2</sub> ☐ 2

<sub>3</sub> ☐ 3 or more

9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did you go to an office, clinic, or other treatment program to get counseling, treatment or medicine for yourself?

<sub>1</sub> ☐ None → If None, Go to Question 29 on Page 4

<sub>2</sub> ☐ 1 to 10

<sub>3</sub> ☐ 11 to 20

<sub>4</sub> ☐ 21 or more

10. In the last 12 months, how often were you seen within 15 minutes of your appointment?

<sub>1</sub> ☐ Never

<sub>2</sub> ☐ Sometimes

<sub>3</sub> ☐ Usually

<sub>4</sub> ☐ Always

The next questions are about all the counseling or treatment you got in the last 12 months during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people you went to for counseling or treatment in your answers.

11. In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?

<sub>1</sub> ☐ Never

<sub>2</sub> ☐ Sometimes

<sub>3</sub> ☐ Usually

<sub>4</sub> ☐ Always

12. In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?

<sub>1</sub> ☐ Never

<sub>2</sub> ☐ Sometimes

<sub>3</sub> ☐ Usually

<sub>4</sub> ☐ Always

13. In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?

<sub>1</sub> ☐ Never

<sub>2</sub> ☐ Sometimes

<sub>3</sub> ☐ Usually

<sub>4</sub> ☐ Always

14. In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?

- <sub>1</sub> ☐ Never  
<sub>2</sub> ☐ Sometimes  
<sub>3</sub> ☐ Usually  
<sub>4</sub> ☐ Always

15. In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?

- <sub>1</sub> ☐ Never  
<sub>2</sub> ☐ Sometimes  
<sub>3</sub> ☐ Usually  
<sub>4</sub> ☐ Always

16. In the last 12 months, did you take any prescription medicines as part of your treatment?

- <sub>1</sub> ☐ Yes  
<sub>2</sub> ☐ No → If No, Go to Question 18

17. In the last 12 months, were you told what side effects of those medicines to watch for?

- <sub>1</sub> ☐ Yes  
<sub>2</sub> ☐ No

18. In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?

- <sub>1</sub> ☐ Never  
<sub>2</sub> ☐ Sometimes  
<sub>3</sub> ☐ Usually  
<sub>4</sub> ☐ Always

19. In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment?

- <sub>1</sub> ☐ Yes  
<sub>2</sub> ☐ No

20. In the last 12 months, were you told about self-help or support groups, such as consumer-run groups or 12-step programs?

- <sub>1</sub> ☐ Yes  
<sub>2</sub> ☐ No

21. In the last 12 months, were you given information about different kinds of counseling or treatment that are available?

- <sub>1</sub> ☐ Yes  
<sub>2</sub> ☐ No

22. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?

- <sub>1</sub> ☐ Yes  
<sub>2</sub> ☐ No

23. In the last 12 months, were you given information about your rights as a patient?

- <sub>1</sub> ☐ Yes  
<sub>2</sub> ☐ No

24. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?

- <sub>1</sub> ☐ Yes  
<sub>2</sub> ☐ No

25. In the last 12 months, as far as you know did anyone you went to for counseling or treatment share information with others that should have been kept private?

<sub>1</sub> ☐ Yes

<sub>2</sub> ☐ No

26. Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?

<sub>1</sub> ☐ Yes

<sub>2</sub> ☐ No → If No, Go to Question 28

27. In the last 12 months, was the care you received responsive to those needs?

<sub>1</sub> ☐ Yes

<sub>2</sub> ☐ No

28. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months?

<sub>0</sub> ☐ 0 Worst counseling or treatment possible

<sub>1</sub> ☐ 1

<sub>2</sub> ☐ 2

<sub>3</sub> ☐ 3

<sub>4</sub> ☐ 4

<sub>5</sub> ☐ 5

<sub>6</sub> ☐ 6

<sub>7</sub> ☐ 7

<sub>8</sub> ☐ 8

<sub>9</sub> ☐ 9

<sub>10</sub> ☐ 10 Best counseling or treatment possible

29. In the last 12 months, how much were you helped by the counseling or treatment you got?

<sub>1</sub> ☐ Not at all

<sub>2</sub> ☐ A little

<sub>3</sub> ☐ Somewhat

<sub>4</sub> ☐ A lot

30. In general, how would you rate your overall mental health now?

<sub>1</sub> ☐ Excellent

<sub>2</sub> ☐ Very good

<sub>3</sub> ☐ Good

<sub>4</sub> ☐ Fair

<sub>5</sub> ☐ Poor

31. Compared to 12 months ago, how would you rate your ability to deal with daily problems now?

<sub>1</sub> ☐ Much better

<sub>2</sub> ☐ A little better

<sub>3</sub> ☐ About the same

<sub>4</sub> ☐ A little worse

<sub>5</sub> ☐ Much worse

32. Compared to 12 months ago, how would you rate your ability to deal with social situations now?

<sub>1</sub> ☐ Much better

<sub>2</sub> ☐ A little better

<sub>3</sub> ☐ About the same

<sub>4</sub> ☐ A little worse

<sub>5</sub> ☐ Much worse

**33. Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?**

- ☐ <sub>1</sub> Much better
- ☐ <sub>2</sub> A little better
- ☐ <sub>3</sub> About the same
- ☐ <sub>4</sub> A little worse
- ☐ <sub>5</sub> Much worse

**34. Compared to 12 months ago, how would you rate your problems or symptoms now?**

- ☐ <sub>1</sub> Much better
- ☐ <sub>2</sub> A little better
- ☐ <sub>3</sub> About the same
- ☐ <sub>4</sub> A little worse
- ☐ <sub>5</sub> Much worse

### Your Health Plan for Counseling or Treatment

The next questions ask about your experience with your health plan for counseling or treatment.

**35. Our records show that you are now in [Health Plan Name]. Is that right?**

- ☐ <sub>1</sub> Yes → If Yes, Go to Question 37
- ☐ <sub>2</sub> No

**36. What is the name of your health plan? (Please print)**

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**37. How many months or years in a row have you been in this health plan?**

- ☐ <sub>1</sub> Less than 1 year
- ☐ <sub>2</sub> At least 1 year but less than 2 years
- ☐ <sub>3</sub> At least 2 years but less than 5 years
- ☐ <sub>4</sub> 5 or more years

**38. How much of the counseling or treatment you got in the last 12 months was paid for by your health plan?**

- ☐ <sub>1</sub> All of it was paid for
- ☐ <sub>2</sub> Most of it was paid for
- ☐ <sub>3</sub> Some of it was paid for
- ☐ <sub>4</sub> None of it was paid for

**39. In the last 12 months, did you use up all your benefits for counseling or treatment?**

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No → If No, Go to Question 42

**40. At the time benefits were used up, did you think you still needed counseling or treatment?**

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No → If No, Go to Question 42

**41. Were you told about other ways to get counseling, treatment, or medicine?**

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No

**42. When you joined your health plan or at any time since then, did you get someone new for counseling or treatment?**

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No → If No, Go to Question 44

**43. Since you joined your health plan, how much of a problem, if any, was it to get someone you are happy with?**

- ☐ <sub>1</sub> A big problem
- ☐ <sub>2</sub> A small problem
- ☐ <sub>3</sub> Not a problem

**44. In the last 12 months, did you need approval for any counseling or treatment?**

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No → If No, Go to Question 46

**45. In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval from your health plan?**

- ☐ <sub>1</sub> A big problem
- ☐ <sub>2</sub> A small problem
- ☐ <sub>3</sub> Not a problem

**46. In the last 12 months, how much of a problem, if any, was it to get the counseling or treatment you thought you needed?**

- ☐ <sub>1</sub> A big problem
- ☐ <sub>2</sub> A small problem
- ☐ <sub>3</sub> Not a problem

**47. In the last 12 months, did you look for any information about counseling or treatment from your health plan in written materials or on the Internet?**

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No → If No, Go to Question 49

**48. In the last 12 months, how much of a problem, if any, was it to find or understand this information?**

- ☐ <sub>1</sub> A big problem
- ☐ <sub>2</sub> A small problem
- ☐ <sub>3</sub> Not a problem

**49. In the last 12 months, did you call your health plan's customer service to get information or help about counseling or treatment?**

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No → If No, Go to Question 51

**50. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?**

- ☐ <sub>1</sub> A big problem
- ☐ <sub>2</sub> A small problem
- ☐ <sub>3</sub> Not a problem



51. In the last 12 months, did you have to fill out any paperwork about counseling or treatment for your health plan?

<sub>1</sub> ☐ Yes

<sub>2</sub> ☐ No → If No, Go to Question 53

52. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

<sub>1</sub> ☐ A big problem

<sub>2</sub> ☐ A small problem

<sub>3</sub> ☐ Not a problem

53. 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 for counseling or treatment?

<sub>0</sub> ☐ 0 Worst health plan possible

<sub>1</sub> ☐ 1

<sub>2</sub> ☐ 2

<sub>3</sub> ☐ 3

<sub>4</sub> ☐ 4

<sub>5</sub> ☐ 5

<sub>6</sub> ☐ 6

<sub>7</sub> ☐ 7

<sub>8</sub> ☐ 8

<sub>9</sub> ☐ 9

<sub>10</sub> ☐ 10 Best health plan possible

## Reasons for Counseling or Treatment

54. In the last 12 months, was any of your counseling or treatment for personal problems, family problems, emotional illness, or mental illness?

<sub>1</sub> ☐ Yes

<sub>2</sub> ☐ No

55. In the last 12 months, was any of your counseling or treatment for help with alcohol use or drug use?

<sub>1</sub> ☐ Yes

<sub>2</sub> ☐ No

## About You

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

<sub>1</sub> ☐ Excellent

<sub>2</sub> ☐ Very good

<sub>3</sub> ☐ Good

<sub>4</sub> ☐ Fair

<sub>5</sub> ☐ Poor

57. What is your age now?

<sub>1</sub> ☐ 18 to 24

<sub>2</sub> ☐ 25 to 34

<sub>3</sub> ☐ 35 to 44

<sub>4</sub> ☐ 45 to 54

<sub>5</sub> ☐ 55 to 64

<sub>6</sub> ☐ 65 to 74

<sub>7</sub> ☐ 75 or older

**58. Are you male or female?**

☐ Male

☐ Female

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

☐ 8<sup>th</sup> grade or less

☐ Some high school, but did not graduate

☐ High school graduate or GED

☐ Some college or 2-year degree

☐ 4-year college degree

☐ More than 4-year college degree

**60. Are you of Hispanic or Latino origin or descent?**

☐ Yes, Hispanic or Latino

☐ No, not Hispanic or Latino

**61. What is your race? Please mark one or more.**

☐ White

☐ Black or African American

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ American Indian or Alaska Native

☐ Other

**62. Did someone help you complete this survey?**

☐ Yes → **If Yes, Go to Question 63**

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

**63. How did that person help you? Check all that apply.**

☐ 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 **(Please print)**

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**THANK YOU!**

**Please return this survey in the postage-paid envelope.**