

**TELEPHONE INTERVIEW SCRIPT
FOR THE HOME HEALTH CARE CAHPS SURVEY**

INTRO1 Hello, may I please speak to [SAMPLED MEMBER'S NAME]?

- 1 YES → Go to INTRO 2
- 2 NO, NOT AVAILABLE RIGHT NOW → [SET CALLBACK]
- 3 NO [REFUSAL] → Go to TERMINATE Screen,
- 4 MENTALLY/PHYSICALLY INCAPABLE → [GO TO PROXY SCRIPT]

M MISSING/DK

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [ORGANIZATION]. I'd like to speak to [SAMPLE MEMBER'S NAME] about a study about health care.

INTRO2 Hello, this is [INTERVIEWER NAME] calling on behalf of [HOME HEALTH AGENCY]. [HOME HEALTH AGENCY] is participating in a survey about the care people receive from their home health agencies. This survey is part of a national effort to measure the quality of care from home health care agencies. The survey results will be used by people when choosing a home health care agency.

Your participation in this survey is completely voluntary and will not affect your health care or any benefits you receive. The interview will take about 12 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

NOTE: THE LENGTH OF THE INTERVIEW WILL DEPEND ON WHETHER THE HHA ADDS SUPPLEMENTAL QUESTIONS TO ITS HOME HEALTH CARE CAHPS SURVEY.

Q1. According to our records, you got care from the home health agency, [HOME HEALTH AGENCY]. Is that right?

- 1 YES → [GO TO Q2_INTRO]
- 2 NO → [GO TO Q_INELIG]

M MISSING/DK → [GO TO Q_INELIG]

Q2_INTRO As you answer the questions in this survey, think only about your experience with this agency.

Q2. When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?

- 1 YES
- 2 NO
- 3 DO NOT REMEMBER

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Q3. When you first started getting home health care from this agency, did someone from the agency **talk with you** about how to set up your home so you can move around safely?

- 1 YES
- 2 NO
- 3 DO NOT REMEMBER

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Q4. When you started getting home health care from this agency, did someone from the agency talk with you about all the **prescription and over-the-counter medicines** you were taking?

- 1 YES
- 2 NO
- 3 DO NOT REMEMBER

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Q5. When you started getting home health care from this agency, did someone from the agency ask to **see** all the prescription and over-the-counter medicines you were taking?

- 1 YES
- 2 NO
- 3 DO NOT REMEMBER

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Q6_INTRO These next questions are about all the different staff from [HOME HEALTH AGENCY] who gave you care in the last 2 months. Do not include care you got from staff from another home health care agency. Do not include care you got from family or friends.

Q6. In the last 2 months of care, was one of your home health providers from this agency a nurse?

- 1 YES
- 2 NO

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Q7. In the last 2 months of care, was one of your home health providers from this agency a physical, occupational, or speech therapist?

- 1 YES
- 2 NO

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Q8. In the last 2 months of care, was one of your home health providers from this agency a home health or personal care aide?

- 1 YES
- 2 NO

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Q9. In the last 2 months of care, how often did home health providers from this agency seem informed and up to date about all the care or treatment you got at home? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually,
- 4 Always, or
- 5 you only had one provider in the last 2 months of care?

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Q10. In the last 2 months of care, did you and a home health provider from this agency talk about pain?

1 YES

2 NO

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Q11. In the last 2 months of care, did you take any new prescription medicine or change any of the medicines you were taking?

1 YES

2 NO → [GO TO Q15]

M MISSING/DK → [GO TO Q15]

Q12. In the last 2 months of care, did home health providers from this agency talk with you about the **purpose** for taking your new or changed prescription medicines?

1 YES

2 NO

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Q13. In the last 2 months of care, did home health providers from this agency talk with you about **when** to take these medicines?

1 YES

2 NO

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Q14. In the last 2 months of care, did home health providers from this agency talk with you about the **side effects** of these medicines?

1 YES

2 NO

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Q15. In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?

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Q16. In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?

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Q17. In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?

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Q18. In the last 2 months of care, how often did home health providers from this agency listen carefully to you? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?

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Q19. In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?

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Q20_INTRO We want to know your rating of your care from this agency's home health providers.

Q20. Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers?

READ RESPONSE CHOICES ONLY IF NECESSARY

- 00 0 Worst home health care possible
- 01 1
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 08 8
- 09 9
- 10 10 Best home health care possible

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Q21_INTRO The next questions are about the office of [HOME HEALTH AGENCY].

Q21. In the last 2 months of care, did you contact this agency's **office** to get help or advice?

- 1 YES
- 2 NO → [GO TO Q24]

M MISSING/DK → [GO TO Q24]

Q22. In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?

- 1 YES
- 2 NO → [GO TO Q24]

M MISSING/DK → [GO TO Q24]

Q23. When you contacted this agency's office, how long did it take for you to get the help or advice you needed? Would you say...

- 1 Same day,
- 2 1 to 5 days,
- 3 6 to 14 days, or
- 4 More than 14 days?

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Q24. In the last 2 months of care, did you have any problems with the care you got through this agency?

- 1 YES
- 2 NO

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Q25. Would you recommend this agency to your family or friends if they needed home health care? Would you say...

- 1 Definitely no,
- 2 Probably no,
- 3 Probably yes, or
- 4 Definitely yes?

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Q26_INTRO This last set of questions asks for information about you. Please listen to all response choices before making a selection.

Q26. In general, how would you rate your overall health? Would you say that it is...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor?

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Q27. In general, how would you rate your overall mental or emotional health? Would you say that it is...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor?

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Q28. Do you live alone?

- 1 YES
- 2 NO

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Q29. What is the highest grade or level of school that you have completed? Would you say...

- 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, or
- 6 More than 4-year college degree?

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Q30. Are you Hispanic or Latino/Latina?

- 1 YES
- 2 NO

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Q31. What is your race? You may choose one or more of the following. Are you...

- 1 White,
- 2 Black or African American,
- 3 Asian,
- 4 Native Hawaiian or other Pacific Islander, or
- 5 American Indian or Alaska Native?

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Q32. What language do you mainly speak at home? Would you say...

- 1 English, → [GO TO Q_END]
- 2 Spanish, or → [GO TO Q_END]
- 3 Some other language? → [GO TO 32A]

M MISSING/DK [GO TO Q_END]

Q32A What other language do you mainly speak at home? (ENTER RESPONSE BELOW).

{ ALLOW UP TO 50 CHARACTERS }

M MISSING/DK

Q_END These are all the questions I have for you. Thank you for your time. Have a good (day/evening).

INELIGIBLE SCREEN:

Q_INELIG Thank you for your time. Have a good (day/evening).

REFUSAL SCREEN:

Q_REF Thank you for your time. Have a good (day/evening).