

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

PROXY ID Is there somebody such as a family member or friend who is familiar with [SAMPLED MEMBER'S NAME]'s health care experiences?

PROBE TO FIND OUT IF PERSON IS AVAILABLE IN HOUSEHOLD TO DO INTERVIEW.

- 1 YES → [GO TO PROXY_INTRO]
- 2 NO → [COLLECT NAME AND TELEPHONE NUMBER OF PROXY AND SET A CALLBACK, OR IF NO PROXY EXISTS, GO TO Q_END AND CODE AS MENTALLY/PHYSICALLY INCAPABLE]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [ORGANIZATION]. I'd like to speak with someone who is knowledgeable about [SAMPLE MEMBER NAME]'s health and health care experiences for a study [ORGANIZATION] is conducting about health care.

PROXY_INTRO [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.

[SAMPLE MEMBER NAME]'s participation in this survey is completely voluntary and will not affect [his/her] health care or any benefits [he/she] receives. 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, [SAMPLE MEMBER NAME] 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 [SAMPLE MEMBER NAME]'s experience with this agency. Please try to answer the questions as best you can from [SAMPLE MEMBER NAME]'s point-of-view. If you need to, you can answer the questions from the point-of-view of a family member or caregiver helping [SAMPLE MEMBER NAME].

Q2. When [SAMPLE MEMBER NAME] first started getting home health care from this agency, did someone from the agency tell [him/her] what care and services [he/she] would get?

- 1 YES
- 2 NO
- 3 DO NOT REMEMBER

M MISSING/DK

Q3. When [SAMPLE MEMBER NAME] first started getting home health care from this agency, did someone from the agency **talk with [him/her]** about how to set up [his/her] home so [he/she] can move around safely?

- 1 YES
- 2 NO
- 3 DO NOT REMEMBER

M MISSING/DK

Q4. When [SAMPLE MEMBER NAME] started getting home health care from this agency, did someone from the agency talk with [him/her] about all the **prescription and over-the-counter medicines** [he/she] was taking?

- 1 YES
- 2 NO
- 3 DO NOT REMEMBER

M MISSING/DK

Q5. When [SAMPLE MEMBER NAME] started getting home health care from this agency, did someone from the agency ask to **see** all the prescription and over-the-counter medicines [he/she] was taking?

- 1 YES
- 2 NO
- 3 DO NOT REMEMBER

M MISSING/DK

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

Q6. In the last 2 months of care, was one of [SAMPLE MEMBER NAME]'s home health providers from this agency a nurse?

- 1 YES
- 2 NO

M MISSING/DK

Q7. In the last 2 months of care, was one of [SAMPLE MEMBER NAME]'s home health providers from this agency a physical, occupational, or speech therapist?

- 1 YES
- 2 NO

M MISSING/DK

Q8. In the last 2 months of care, was one of [SAMPLE MEMBER NAME]'s home health providers from this agency a home health or personal care aide?

- 1 YES
- 2 NO

M MISSING/DK

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 [SAMPLE MEMBER NAME] got at home? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually,
- 4 Always, or
- 5 [SAMPLE MEMBER NAME] only had one provider in the last 2 months of care?

M MISSING/DK

Q10. In the last 2 months of care, did [SAMPLE MEMBER NAME] and a home health provider from this agency talk about pain?

1 YES

2 NO

M MISSING/DK

Q11. In the last 2 months of care, did [SAMPLE MEMBER NAME] take any new prescription medicine or change any of the medicines [he/she] was 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 [SAMPLE MEMBER NAME] about the **purpose** for taking [his/her] new or changed prescription medicines?

1 YES

2 NO

M MISSING/DK

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

1 YES

2 NO

M MISSING/DK

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

1 YES

2 NO

M MISSING/DK

Q15. In the last 2 months of care, how often did home health providers from this agency keep [SAMPLE MEMBER NAME] informed about when they would arrive at [his/her] home? Would you say...

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

M MISSING/DK

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

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

M MISSING/DK

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?

M MISSING/DK

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

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

M MISSING/DK

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

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

M MISSING/DK

Q20_INTRO We want to know [SAMPLE MEMBER NAME]'s rating of [his/her] care from this agency's home health providers. Please try to answer the questions as best you can from [SAMPLE MEMBER NAME]'s point-of-view. If you need to, you can answer the questions from the point-of-view of a family member or caregiver helping [SAMPLE MEMBER NAME].

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 [SAMPLE MEMBER NAME] use to rate [his/her] 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

M MISSING/DK

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

Q21. In the last 2 months of care, did [SAMPLE MEMBER NAME] 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 [SAMPLE MEMBER NAME] contacted this agency's office did [he/she] get the help or advice [he/she] needed?

- 1 YES
- 2 NO → [GO TO Q24]

M MISSING/DK → [GO TO Q24]

Q23. When [SAMPLE MEMBER NAME] contacted this agency's office, how long did it take for [him/her] to get the help or advice [he/she] needed? Would you say...

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

M MISSING/DK

Q24. In the last 2 months of care, did [SAMPLE MEMBER NAME] have any problems with the care [he/she] got through this agency?

- 1 YES
- 2 NO

M MISSING/DK

Q25. Would [SAMPLE MEMBER NAME] recommend this agency to [his/her] 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?

M MISSING/DK

Q26_INTRO This last set of questions asks for information about [SAMPLE MEMBER NAME]. Please listen to all response choices before making a selection.

Q26. In general, how would [SAMPLE MEMBER NAME] rate [his/her] overall health? Would you say that it is...

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

M MISSING/DK

Q27. In general, how would [SAMPLE MEMBER NAME] rate [his/her] overall mental or emotional health? Would you say that it is...

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

M MISSING/DK

Q28. Does [SAMPLE MEMBER NAME] live alone?

- 1 YES
- 2 NO

M MISSING/DK

Q29. What is the highest grade or level of school that [SAMPLE MEMBER NAME] has 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?

M MISSING/DK

Q30. Is [SAMPLE MEMBER NAME] Hispanic or Latino/Latina?

- 1 YES
- 2 NO

M MISSING/DK

Q31. What is [SAMPLE MEMBER NAME]'s race? You may choose one or more of the following. Is he/she...

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

M MISSING/DK

Q32. What language does [SAMPLE MEMBER NAME] mainly speak at home?

- 1 English, → [GO TO Q_END]
- 2 Spanish, or → [GO TO Q_END]
- 3 Some other language? → [GO TO Q32A]

M MISSING/DK [GO TO Q_END]

Q32A What other language does [SAMPLE MEMBER NAME] 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).