

**Sample Cover Letter for First Questionnaire Mailing**  
Home Health Care CAHPS Survey  
To be Printed on Home Health Agency or Vendor Letterhead

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NAME  
ADDRESS  
CITY, STATE ZIP

Dear NAME:

*[Agency Name]* is taking part in a national survey to provide the United States Department of Health and Human Services with information about the quality of health care delivered to people in their homes. Our records show that you recently received health care services *in your home* from *[Agency Name]*. You, along with a sample of other people who receive home health care, have been selected to take part in this important survey. Your feedback on the care that you receive is important, because it will help improve the quality of home health care we provide.

The survey results will help people make more informed decisions when choosing a home health care provider. Results will be publicly reported on the Internet at Home Health Compare at <http://www.medicare.gov/>. The enclosed questionnaire asks for your opinions about the home health care you received. We hope that you will take a few minutes to complete and return the questionnaire in the enclosed, postage-paid envelope.

**If you need help reading or answering the questions, please ask a family member or friend to help you.** It is important that your answers reflect your own opinions about the home health care you received, so please do **not** ask anyone from *[Agency Name]* for help when completing the survey.

Your participation in this survey is voluntary and will not affect any health care or benefits you receive. All information you give in this survey will be held in confidence and is protected by the Privacy Act. Your answers to the survey will be grouped with answers from all other survey participants; your name and identifying information will not be linked to your answers when the data are analyzed. The results from this survey may be shared with the home health agency for quality improvement purposes. **If you have any questions about the survey, please call NAME toll-free at 1-XXX-XXX-XXXX.** Thank you in advance for your participation.

Sincerely,

Name  
Home Health Agency Administrator

Enclosures

[PRINT SAMPLE IDENTIFICATION NUMBER HERE]

**Sample Cover Letter for Second Questionnaire Mailing to Mail Survey Nonrespondents**

Home Health Care CAHPS Survey

To be Printed on Home Health Agency or Vendor Letterhead

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NAME

ADDRESS

CITY, STATE ZIP

Dear NAME:

Recently, we sent you a letter asking for your help on a survey to provide the United States Department of Health and Human Services with information about the quality of health care delivered to people in their homes. Your name was selected from a list of people who received home health care services through *[Agency Name]*. As of today, we have not yet received your completed questionnaire. If you have already returned the questionnaire, please accept our thanks.

If you have not completed the survey, please take a few moments to complete the questionnaire and return it in the enclosed postage-paid envelope. Results will be publicly reported on the Internet at Home Health Compare at <http://www.medicare.gov/>. The results of this survey will help people make more informed choices when choosing a home health care provider. Your feedback on the care that you receive is important, because it will help improve the quality of home health care we provide.

**If you need help reading or answering the questions, please ask a family member or friend to help you.** It is important that your answers reflect your own opinions about the home health care you have received, so we ask that you do not get help from anyone from *[Agency Name]* when completing the survey.

Your participation in this survey is voluntary and will not affect any health care or benefits you receive. All information you give in this survey will be held in confidence and is protected by the Privacy Act. Your answers to the survey will be grouped with answers from all other survey participants; your name and identifying information will not be linked to your answers when the data are analyzed. The results from this survey may be shared with the home health agency for quality improvement purposes. **If you have any questions about the survey, please call NAME toll-free at 1-XXX-XXX-XXXX.** Thank you in advance for your participation.

Sincerely,

Name

Home Health Agency Administrator

Enclosures

[PRINT UNIQUE SAMPLE ID NUMBER HERE]