

# HOME HEALTH CARE CAHPS<sup>®</sup>

## SURVEY

OMB #: TBD  
Expires: TBD

### SURVEY INSTRUCTIONS

- Answer all the questions by checking the box to the left of your answer.
- **If you are answering for someone who received home health care**, please try to answer questions from his or her point of view.
- Sometimes you can skip 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:
  - Yes
  - No → **If No, skip to Q1.**

## YOUR HOME HEALTH CARE

- 1 According to our records, you got care from the home health agency, [AGENCY NAME]. Is that right?
- 1  Yes
- 2  No → **If No, please stop and return the survey in the envelope provided.**
- 2 As you answer the rest of the questions in this survey, think only about your **experience with [AGENCY NAME]**. When you first started getting home health care from this agency, did you get the information you needed about what care and services you would get?
- 1  Yes
- 2  No
- 3  Not sure

## YOUR CARE FROM HOME HEALTH STAFF

These next questions are about all the different staff from [AGENCY NAME]. Do not include care you got from staff from another home health care agency.

- 3 When you first started getting home health care from this agency, did someone from the agency talk about **ways to help make your home safer**? For example, they may have suggested adding grab bars in the shower or removing tripping hazards.
- 1  Yes
- 2  No
- 3  I don't know
- 4  I did not need help with home safety

- 4 Has someone from the agency ever **reviewed the prescribed and over-the-counter medicines** you were taking? For example, they might have asked you to show them your medicines and talked with you about how and when to take each one.
- 1  Yes
- 2  No
- 3  I don't know
- 4  I don't take any medicines
- 5 In the last 2 months, did home health staff from this agency talk with you about any **side effects** of your medicines?
- 1  Yes
- 2  No
- 3  I don't know
- 4  I don't take any medicines
- 6 In the last 2 months, how often did home health staff from this agency keep you informed about **when they would arrive** at your home?
- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 7 In the last 2 months, how often did home health staff from this agency seem to be **aware of all the care or treatment** you were getting at home?
- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

8 In the last 2 months, how often did home health staff from this agency **treat you with care** – for example, when moving you around or changing a bandage?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

9 In the last 2 months, how often did home health staff from this agency **explain things** in a way that was easy to understand?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

10 In the last 2 months, how often did home health staff from this agency **listen carefully** to you?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

11 In the last 2 months, how often did home health staff from this agency treat you with **courtesy and respect**?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

12 In the last 2 months, how often did you feel that home health staff from the agency **cared about you as a person**?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

13 In the last 2 months, did home health staff from this agency **provide your family or friends with information or instructions** about your care as much as you wanted?

- 1  Yes
- 2  No
- 3  I don't know
- 4  I did not want or need this

14 In the last 2 months, have the services you received from this agency **helped you take care of your health**?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

**15** We want to know your rating of your care from this agency's home health staff.

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 staff?

- 0 Worst home health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best home health care possible

### YOUR HOME HEALTH AGENCY

The next questions are about the office of [AGENCY NAME].

**16** Have you contacted this agency's office for help or advice?

- 1  Yes
- 2  No → If No, skip to Q18.

**17** When you contacted this agency's office, did you get the help or advice you needed?

- 1  Yes
- 2  No

**18** Would you recommend this agency to someone who needed home health care?

- 1  Definitely no
- 2  Probably no
- 3  Probably yes
- 4  Definitely yes

### ABOUT YOU

There are only a few questions left.

**If you are answering on behalf of a family member or friend who received home health care:** these questions are about that person, not yourself.

**19** In general, how would you rate your overall health?

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

**20** In general, how would you rate your overall mental or emotional health?

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

**21** Do you live alone?

- 1  Yes
- 2  No

- 22** What is the highest grade or level of school that you have completed?
- 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
  - 6  More than 4-year college degree
- 23** Are you Hispanic or Latino/Latina?
- 1  Yes
  - 2  No
- 24** What is your race? Please choose one or more.
- 1  White
  - 2  Black or African American
  - 3  Asian
  - 4  Native Hawaiian or other Pacific Islander
  - 5  American Indian or Alaska Native

- 25** What language do you mainly speak at home?
- 1  English
  - 2  Spanish
  - 3  Some other language: *(Please print.)*  
\_\_\_\_\_
- 26** Did someone help you complete this survey?
- 1  Yes
  - 2  No → **If No, please return your completed survey in the postage-paid envelope.**
- 27** How did that person help you? Check all that apply.
- 1  Read the questions to me
  - 2  Wrote down the answers I gave
  - 3  Answered the questions for me
  - 4  Translated the questions into my language
  - 5  Helped in some other way: *(Please print.)*  
\_\_\_\_\_
  - 6  No one helped me complete this survey

**Thank you!**

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