

**WEB INTERVIEW SCREENSHOTS FOR THE HOME HEALTH CARE CAHPS SURVEY  
(HCAHPS®)**

OMB #: TBD

Expires: TBD

\* = ITEM REQUIRED

OTHERWISE, ALLOW RESPONDENT TO LEAVE ITEM/QUESTION BLANK AND CLICK  
“NEXT” TO PROCEED TO THE NEXT SCREEN. NO SOFT CHECK (ONSCREEN  
OR IN POP-UP) NEEDED.

HCAHPS Landing Page\*

**Home Health Survey / Encuesta sobre la salud en el hogar**

Please input your Survey Access code.  
Por favor ingrese su código de acceso.

Take the Survey / Responder la encuesta

## Home Health Survey

**Patient Name: <FULL NAME FROM PATIENT RECORD>**

Welcome to the **Home Health Survey!**

**Click the “Next” button below to begin the survey.**

(Para completar esta encuesta en español, seleccione “Español” de la opción desplegable del idioma en la esquina superior derecha de esta pantalla.)

Next>

Questions? Contact the HHCAHPS Survey Coordination Team at [hhcahpsmode@rti.org](mailto:hhcahpsmode@rti.org) or call **1-866-662-8174**.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **TBD**. The expiration date for OMB control number **TBD is TBD**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

## Home Health Survey

**[AGENCY NAME]** is participating in a national survey about the quality of health care delivered to people in their homes. **Your feedback helps us monitor quality of care.**

Your participation in this survey is voluntary and will not affect any health care or benefits you receive. All information you give is confidential. No one can connect your name to your answers.

<Back

Next>

Questions? Contact the HHCAHPS Survey Coordination Team at [hhcahpsmode@rti.org](mailto:hhcahpsmode@rti.org) or call **1-866-662-8174**.

INTRO3

Home Health Survey	
<p>If you are answering on behalf of someone who received home health care, please try to answer the questions from his or her point-of-view.</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call 1-866-662-8174.	

Q1 LOGIC AFTER Q1; IF Q1=NO, GO TO Q\_INELIG. IF Q1=YES OR BLANK, GO TO Q2.

Home Health Survey	
<b>YOUR HOME HEALTH CARE</b>	
<p>According to our records, you got care from the home health agency, <u>[AGENCY NAME]</u>. Is that right?</p>	
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call 1-866-662-8174.	

Q2

Home Health Survey	
<b>YOUR HOME HEALTH CARE</b>	
<p>As you answer the rest of the questions in this survey, think only about your <b>experience with [AGENCY NAME]</b>.</p> <p>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?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not sure</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call <b>1-866-662-8174</b> .	

Q3\_INTRO

Home Health Survey	
<b>YOUR CARE FROM HOME HEALTH STAFF</b>	
<p>These next questions are about all the different staff from <b>[AGENCY NAME]</b>. Do not include care you got from staff from another home health care agency.</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call <b>1-866-662-8174</b> .	

Q3

Home Health Survey	
<b>YOUR CARE FROM HOME HEALTH STAFF</b>	
<p>When you first started getting home health care from this agency, did someone from the agency talk about <b>ways to help make your home safer</b>? For example, they may have suggested adding grab bars in the shower or removing tripping hazards.</p>	
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I don't know</p> <p><input type="radio"/> I did not need help with home safety</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call 1-866-662-8174.	

Q4

Home Health Survey	
<b>YOUR CARE FROM HOME HEALTH STAFF</b>	
<p>Has someone from the agency ever <b>reviewed the prescribed and over-the-counter medicines</b> 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.</p>	
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I don't know</p> <p><input type="radio"/> I don't take any medicines</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
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Q5

Home Health Survey	
<b>YOUR CARE FROM HOME HEALTH STAFF</b>	
<p>In the last 2 months, did home health staff from this agency talk with you about any <b>side effects</b> of your medicines?</p>	
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I don't know</p> <p><input type="radio"/> I don't take any medicines</p>	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
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Q6

Home Health Survey	
YOUR CARE FROM HOME HEALTH STAFF	
In the last 2 months, how often did home health staff from this agency keep you informed about <b>when they would arrive</b> at your home?	
<input type="radio"/> Never	
<input type="radio"/> Sometimes	
<input type="radio"/> Usually	
<input type="radio"/> Always	
<input type="button" value=" &lt;Back"/>	<input type="button" value=" Next&gt;"/>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call 1-866-662-8174.	

Q7

Home Health Survey	
YOUR CARE FROM HOME HEALTH STAFF	
In the last 2 months, how often did home health staff from this agency seem to be <b>aware of all the care or treatment</b> you were getting at home?	
<input type="radio"/> Never	
<input type="radio"/> Sometimes	
<input type="radio"/> Usually	
<input type="radio"/> Always	
<input type="button" value=" &lt;Back"/>	<input type="button" value=" Next&gt;"/>
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Q8

Home Health Survey	
<b>YOUR CARE FROM HOME HEALTH STAFF</b>	
In the last 2 months, how often did home health staff from this agency <b>treat you with care</b> – for example, when moving you around or changing a bandage?	
<input type="radio"/> Never	
<input type="radio"/> Sometimes	
<input type="radio"/> Usually	
<input type="radio"/> Always	
<b>&lt;Back</b>	<b>Next&gt;</b>
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Q9

Home Health Survey	
<b>YOUR CARE FROM HOME HEALTH STAFF</b>	
In the last 2 months, how often did home health staff from this agency <b>explain things</b> in a way that was easy to understand?	
<input type="radio"/> Never	
<input type="radio"/> Sometimes	
<input type="radio"/> Usually	
<input type="radio"/> Always	
<b>&lt;Back</b>	<b>Next&gt;</b>
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Q10

Home Health Survey	
<b>YOUR CARE FROM HOME HEALTH STAFF</b>	
In the last 2 months, how often did home health staff from this agency <b>listen carefully</b> to you?	
<input type="radio"/> Never	
<input type="radio"/> Sometimes	
<input type="radio"/> Usually	
<input type="radio"/> Always	
<b>&lt;Back</b>	<b>Next&gt;</b>
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Q11

Home Health Survey	
<b>YOUR CARE FROM HOME HEALTH STAFF</b>	
In the last 2 months, how often did home health staff from this agency treat you with <b>courtesy and respect</b> ?	
<input type="radio"/> Never	
<input type="radio"/> Sometimes	
<input type="radio"/> Usually	
<input type="radio"/> Always	
<b>&lt;Back</b>	<b>Next&gt;</b>
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Q12

Home Health Survey	
<b>YOUR CARE FROM HOME HEALTH STAFF</b>	
In the last 2 months, how often did you feel that home health staff from the agency <b>cared about you as a person?</b>	
<input type="radio"/> Never	
<input type="radio"/> Sometimes	
<input type="radio"/> Usually	
<input type="radio"/> Always	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call <b>1-866-662-8174</b> .	

Q13

Home Health Survey	
<b>YOUR CARE FROM HOME HEALTH STAFF</b>	
In the last 2 months, did home health staff from this agency <b>provide your family or friends with information or instructions</b> about your care as much as you wanted?	
<input type="radio"/> Yes	
<input type="radio"/> No	
<input type="radio"/> I don't know	
<input type="radio"/> I did not want or need this	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call <b>1-866-662-8174</b> .	

Q14

Home Health Survey	
<b>YOUR CARE FROM HOME HEALTH STAFF</b>	
In the last 2 months, have the services you received from this agency <b>helped you take care of your health?</b>	
<input type="radio"/> Never	
<input type="radio"/> Sometimes	
<input type="radio"/> Usually	
<input type="radio"/> Always	
<b>&lt;Back</b>	<b>Next&gt;</b>
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## Home Health Survey

## YOUR CARE FROM HOME HEALTH STAFF

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

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Q16

LOGIC AFTER Q16: IF Q16=NO OR BLANK, GO TO Q18.

Home Health Survey	
<b>YOUR HOME HEALTH AGENCY</b>	
The next questions are about the office of <b>[AGENCY NAME]</b> . Have you contacted this agency's <b>office</b> for help or advice?	
<input type="radio"/> Yes <input type="radio"/> No	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call <b>1-866-662-8174</b> .	

Q17

Home Health Survey	
<b>YOUR HOME HEALTH AGENCY</b>	
When you contacted this agency's office, did you get the help or advice you needed?	
<input type="radio"/> Yes <input type="radio"/> No	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call <b>1-866-662-8174</b> .	

Q18

Home Health Survey	
<b>YOUR HOME HEALTH AGENCY</b>	
Would you recommend this agency to someone who needed home health care?	
<input type="radio"/> Definitely no	
<input type="radio"/> Probably no	
<input type="radio"/> Probably yes	
<input type="radio"/> Definitely yes	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call 1-866-662-8174.	

Q19\_INTRO

Home Health Survey	
<b>ABOUT YOU</b>	
There are only a few questions left.	
<b>If you are answering on behalf of a family member or friend who received home health care:</b> these questions are about that person, not yourself.	
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Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call 1-866-662-8174.	

Q19

Home Health Survey	
<b>ABOUT YOU</b>	
In general, how would you rate your overall health?	
<input type="radio"/> Excellent	
<input type="radio"/> Very good	
<input type="radio"/> Good	
<input type="radio"/> Fair	
<input type="radio"/> Poor	
<b>&lt;Back</b>	<b>Next&gt;</b>
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Q20

Home Health Survey	
<b>ABOUT YOU</b>	
In general, how would you rate your overall mental or emotional health?	
<input type="radio"/> Excellent	
<input type="radio"/> Very good	
<input type="radio"/> Good	
<input type="radio"/> Fair	
<input type="radio"/> Poor	
<b>&lt;Back</b>	<b>Next&gt;</b>
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Q21

Home Health Survey	
ABOUT YOU	
Do you live alone?	
<input type="radio"/> Yes	
<input type="radio"/> No	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call 1-866-662-8174.	

Q22

Home Health Survey	
ABOUT YOU	
What is the highest grade or level of school that you have completed?	
<input type="radio"/> 8th grade or less	
<input type="radio"/> Some high school, but did not graduate	
<input type="radio"/> High school graduate or GED	
<input type="radio"/> Some college or 2-year degree	
<input type="radio"/> 4-year college graduate	
<input type="radio"/> More than 4-year college degree	
<a href="#">&lt;Back</a>	<a href="#">Next&gt;</a>
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Q23

Home Health Survey	
<b>ABOUT YOU</b>	
Are you Hispanic or Latino/Latina?	
<input type="radio"/> Yes	
<input type="radio"/> No	
<b>&lt;Back</b>	<b>Next&gt;</b>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call 1-866-662-8174.	

Q24

Home Health Survey	
<b>ABOUT YOU</b>	
What is your race? Please select all that apply.	
<input type="checkbox"/> White	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<input type="checkbox"/> American Indian or Alaska Native	
<b>&lt;Back</b>	<b>Next&gt;</b>
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Q25

Home Health Survey	
<b>ABOUT YOU</b>	
What language do you mainly speak at home?	
<input type="radio"/> English	
<input type="radio"/> Spanish	
<input type="radio"/> Some other language ( <i>Please specify</i> ):	
<input type="text"/>	
<b>&lt;Back</b>	<b>Next&gt;</b>
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Q26

LOGIC AFTER: IF Q26 = NO OR BLANK, THEN GO TO Q\_END

Home Health Survey	
<b>ABOUT YOU</b>	
Did someone help you complete this survey?	
<input type="radio"/> Yes	
<input type="radio"/> No	
<b>&lt;Back</b>	<b>Next&gt;</b>
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Q27

Home Health Survey	
<b>ABOUT YOU</b>	
How did that person help you? Please select all that apply.	
<input type="checkbox"/>	Read the questions to me
<input type="checkbox"/>	Entered the answers I gave
<input type="checkbox"/>	Answered the questions for me
<input type="checkbox"/>	Translated the questions into my language
<input type="checkbox"/>	Helped in some other way (Please explain):
	<input type="text"/>
<input type="checkbox"/>	No one helped me complete this survey
<input type="button" value=" &lt;Back"/>	<input type="button" value=" Next &gt;"/>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call 1-866-662-8174.	

Q\_END

Home Health Survey	
You have completed the Home Health Survey. Thank you for your time.	
<b>Please click the "Submit" button to close the survey.</b>	
<input type="button" value=" &lt;Back"/>	<input type="button" value=" Submit &gt;"/>
Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call 1-866-662-8174.	

Q\_INELIG

Home Health Survey	
<p>Those are all the questions we have for you. Thank you for your time. <b>Please click the “End” button to close the survey.</b></p>	
<input type="button" value=" &lt;Back"/>	<input type="button" value=" End &gt;"/>
<p>Questions? Contact the HHCAHPS Survey Coordination Team at <a href="mailto:hhcahpsmode@rti.org">hhcahpsmode@rti.org</a> or call 1-866-662-8174.</p>	