

## Telephone Interview Script for the HHCAHPS Survey

INTRO1 Hello, may I please speak to [SAMPLE MEMBER NAME]?

- <1> YES → [GO TO INTRO2]
- <2> NO, NOT AVAILABLE RIGHT NOW → [SET CALLBACK]
- <3> NO [REFUSAL] → [GO TO TERMINATE SCREEN]
- <4> MENTALLY/PHYSICALLY INCAPABLE → [GO TO PROXY SCRIPT]
- <5> WRONG NUMBER → [SELECT CALL OUTCOME FROM LIST]
- <6> WOULD LIKE TO BE CALLED ON A NEW NUMBER → [CAPTURE NEW NUMBER]
  
- <M> MISSING/DK

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from RTI International. I'd like to speak to [SAMPLE RESPONDENT'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 voluntary and will not affect your health care or any benefits you receive. The interview will take about 10 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

INTRO3 AND INTRO4 USED ONLY IF CALLING SAMPLE MEMBER BACK TO COMPLETE A SURVEY THAT WAS BEGUN IN A PREVIOUS CALL. NOTE THAT THE SAMPLE MEMBER MUST HAVE ANSWERED AT LEAST ONE QUESTION IN THE SURVEY IN A PRECEDING CALL.

INTRO3 Hello, may I please speak to [SAMPLE MEMBER'S NAME]?

IF ASKED WHO IS CALLING:

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

- <1> YES, SAMPLE MEMBER IS AVAILABLE AND ON PHONE NOW → [GO TO INTRO4]
- <2> NO, NOT AVAILABLE RIGHT NOW → [SET CALLBACK]
- <3> NO [REFUSAL] → [GO TO TERMINATE SCREEN]
- <4> MENTALLY/PHYSICALLY INCAPABLE → [GO TO PROXY SCRIPT]
- <5> WRONG NUMBER → [SELECT CALL OUTCOME FROM LIST]
- <6> WOULD LIKE TO BE CALLED ON A NEW NUMBER → [CAPTURE NEW NUMBER]

INTRO4 Hello, I am calling to continue the survey that we started in a previous call, regarding the care that you received from [HOME HEALTH AGENCY].

<1> CONTINUE WITH INTERVIEW AT FIRST UNANSWERED QUESTION  
 <2> NO, NOT RIGHT NOW → [GO TO SET CALLBACK]  
 <3> NO [REFUSAL] → [GO TO TERMINATE SCREEN]

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 INELIGIBLE SCREEN; END INTERVIEW]  
 <M> MISSING/DK

Q2\_INTRO As you answer the questions in this survey, think only about your **experience with [HOME HEALTH AGENCY]**.

Q2 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? Would you say...

<1> Yes,  
 <2> No, or  
 <3> Not sure?  
 <M> MISSING/DK

Q3\_INTRO These next questions are about all the different staff from [**HOME HEALTH AGENCY**]. Do not include care you got from staff from another home health care agency.

Q3 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. Would you say...

<1> Yes,  
 <2> No,  
 <3> You don't know, or  
 <4> You did not need help with home safety?  
 <M> MISSING/DK

- Q4 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. Would you say...
- <1> Yes,
  - <2> No,
  - <3> You don't know, or
  - <4> You don't take any medicines? → [GO TO Q6]
- <M> MISSING/DK
- Q5 In the last 2 months, did home health staff from this agency talk with you about any **side effects** of your medicines? Would you say...
- <1> Yes,
  - <2> No,
  - <3> You don't know, or
  - <4> You don't take any medicines?
- <M> MISSING/DK
- Q6 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? Would you say...
- <1> Never,
  - <2> Sometimes,
  - <3> Usually, or
  - <4> Always?
- <M> MISSING/DK
- Q7 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? Would you say...
- <1> Never,
  - <2> Sometimes,
  - <3> Usually, or
  - <4> Always?
- <M> MISSING/DK
- Q8 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? Would you say...
- <1> Never,
  - <2> Sometimes,
  - <3> Usually, or
  - <4> Always?
- <M> MISSING/DK

Q9 In the last 2 months, how often did home health staff 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

Q10 In the last 2 months, how often did home health staff from this agency **listen carefully** to you? Would you say...

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

<M> MISSING/DK

Q11 In the last 2 months, how often did home health staff from this agency treat you with **courtesy and respect**? Would you say...

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

<M> MISSING/DK

Q12 In the last 2 months, how often did you feel that home health staff from the agency **cared about you as a person**? Would you say...

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

<M> MISSING/DK

Q13 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? Would you say...

- <1> Yes,
- <2> No,
- <3> You don't know, or
- <4> You did not want or need this?

<M> MISSING/DK

Q14 In the last 2 months, have the services you received from this agency **helped you take care of your health**? Would you say...

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

<M> MISSING/DK

Q15\_INTRO We want to know your rating of your care from this agency's home health staff.

Q15 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?

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

Q16\_INTRO The next questions are about the office of [**HOME HEALTH AGENCY**].

Q16 Have you contacted this agency's **office** for help or advice?

- <1> YES
- <2> NO → [GO TO Q18]
- <M> MISSING/DK → [GO TO Q18]

Q17 When you contacted this agency's office, did you get the help or advice you needed?

- <1> YES
- <2> NO
- <M> MISSING/DK

- Q18 Would you recommend this agency to someone who needed home health care? Would you say...
- <1> Definitely no,
  - <2> Probably no,
  - <3> Probably yes, or
  - <4> Definitely yes?
  
  - <M> MISSING/DK
- Q19\_INTRO There are only a few questions left. Please listen to all response choices before making a selection.
- Q19 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?
  
  - <M> MISSING/DK
- Q20 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?
  
  - <M> MISSING/DK
- Q21 Do you live alone?
- <1> YES
  - <2> NO
  
  - <M> MISSING/DK
- Q22 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?
  
  - <M> MISSING/DK

Q23 Are you Hispanic or Latino/Latina?

<1> YES

<2> NO

<M> MISSING/DK

Q24 What is your race? Please 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?

<M> MISSING/DK

Q25 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 Q25A]

<M> MISSING/DK

Q25A What other language do you mainly speak at home? (ENTER RESPONSE BELOW).

{ALLOW UP TO 50 CHARACTERS}

<M> MISSING/DK

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).

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