

HOME HEALTH CARE CAHPS[®]

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.**