Comparison of Current and Proposed Home Health Care CAHPS® Survey Instruments

| **HHCAHPS Survey, current version** | **HHCAHPS Survey, proposed version** | **Summary of Changes[[1]](#footnote-2)** |
| --- | --- | --- |
| 1. | According to our records, you got care from the home health agency, [**AGENCY NAME**]. Is that right? As you answer the questions in this survey, think only about your experience with this agency. * Yes
* No
 | 1. | According to our records, you got care from the home health agency, **[AGENCY NAME]**. Is that right? * Yes
* No
 | Moved text to reduce respondent burden. |
| 2. | When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get? * Yes
* No
* Do not remember
 |  | N/A  | Item removed to reduce respondent burden. |
| 3. | When you first started getting home health care from this agency, did someone from the agency **talk with you** about how to set up your home so you can move around safely? * Yes
* No
* Do not remember
 | 2. | 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. * Yes
* No
* I don’t know
* I did not need help with home safety
 | Minor changes to wording and response options to improve usability.  |
| 4. | When you started getting home health care from this agency, did someone from the agency talk with you about all the **prescription and over-the-counter medicines** you were taking? * Yes
* No
* Do not remember
 | 3. | 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. * Yes
* No
* I don’t know
* I don’t take any medicines
 | Minor changes to wording and response options to improve usability.  |
| 5. | When you started getting home health care from this agency, did someone from the agency ask to **see** all the prescription and over-the-counter medicines you were taking? * Yes
* No
* Do not remember
 |  | N/A  | Item removed to reduce respondent burden. |
| 6. | In the last 2 months of care, was one of your home health providers from this agency a nurse? * Yes
* No
 |  | N/A  | Item removed to reduce respondent burden. |
| 7. | In the last 2 months of care, was one of your home health providers from this agency a physical, occupational, or speech therapist?* Yes
* No
 |  | N/A  | Item removed to reduce respondent burden. |
| 8. | In the last 2 months of care, was one of your home health providers from this agency a home health or personal aide? * Yes
* No
 |  | N/A  | Item removed to reduce respondent burden. |
| 9. | In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home? * Never
* Sometimes
* Usually
* Always
* I only had one provider in the last 2 months of care
 | 6. | In the last 2 months of care, how often did home health staff from this agency seem to be **aware of all the care or treatment** you were getting at home?* Never
* Sometimes
* Usually
* Always
 | Minor wording changes to improve usability.  |
| 10. | In the last 2 months of care, did you and a home health provider from this agency talk about pain? * Yes
* No
 |  | N/A  | Item removed to reduce respondent burden. |
| 11. | In the last 2 months of care, did you take any new prescription medicine or change any of the medicines you were taking? * Yes
* No
 |  | N/A  | Item removed to reduce respondent burden. |
| 12. | In the last 2 months of care, did home health providers from this agency talk with you about the **purpose** for taking your new or changed prescription medicines?* Yes
* No
* I did not take any new prescription medicines or change any medicines
 |  | N/A  | Item removed to reduce respondent burden. |
| 13. | In the last 2 months of care, did home health providers from this agency talk with you about **when** to take these medicines? * Yes
* No
* I did not take any new prescriptions medicines or change any medicines
 |  | N/A  | Item removed to reduce respondent burden. |
| 14. | In the last 2 months of care, did home health providers from this agency talk with you about the **side effects** of these medicines?* Yes
* No
* I did not take any new prescriptions medicines or change any medicines
 | 4. | In the last 2 months of care, did home health staff from this agency talk with you about any **side effects** of your medicines? * Yes
* No
* I don’t know
* I don’t take any medicines
 | Minor wording changes to improve usability.  |
| 15. | In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home? * Never
* Sometimes
* Usually
* Always
 | 5. | In the last 2 months of care, how often did home health staff from this agency keep you informed about **when they would arrive** at your home? * Never
* Sometimes
* Usually
* Always
 | Minor wording changes to improve usability.  |
| 16. | In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible? * Never
* Sometimes
* Usually
* Always
 | 7. | In the last 2 months of care, how often did home health staff from this agency **treat you with care** – for example, when moving you around or changing a bandage? * Never
* Sometimes
* Usually
* Always
 | Minor wording changes to improve usability.  |
| 17. | In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand? * Never
* Sometimes
* Usually
* Always
 | 8. | In the last 2 months of care, how often did home health staff from this agency **explain things** in a way that was easy to understand? * Never
* Sometimes
* Usually
* Always
 | Minor wording changes to improve usability.  |
| 18. | In the last 2 months of care, how often did home health providers from this agency listen carefully to you? * Never
* Sometimes
* Usually
* Always
 | 9. | In the last 2 months of care, how often did home health staff from this agency **listen carefully** to you? * Never
* Sometimes
* Usually
* Always
 | Minor wording changes to improve usability.  |
| 19. | In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect? * Never
* Sometimes
* Usually
* Always
 | 10. | In the last 2 months of care, how often did home health staff from this agency treat you with **courtesy and respect**? * Never
* Sometimes
* Usually
* Always
 | Minor wording changes to improve usability.  |
|  | N/A  | 11. | In the last 2 months of care, how often did you feel that home health staff from the agency **cared about you as a person**? * Never
* Sometimes
* Usually
* Always
 | New item identified as important by HHAs and consumers based on stakeholder feedback. The mode experiment data showed it psychometrically fit into an existing HHCAHPS multi-item measure.   |
|  | N/A  | 12. | In the last 2 months of care, did home health staff from this agency **provide your family or friends with information or instructions** about your care as much as you wanted?* Yes
* No
* I don’t know
* I did not want or need this
 | New item identified as important by HHAs and consumers based on stakeholder feedback. The mode experiment data showed it psychometrically fit into an existing HHCAHPS multi-item measure |
|  | N/A  | 13. | In the last 2 months of care, how often have the services you received from this agency **helped you take care of your health**? * Never
* Sometimes
* Usually
* Always
 | New item identified as important by HHAs and consumers based on stakeholder feedback. The mode experiment data showed it psychometrically fit into an existing HHCAHPS multi-item measure |
| 20. | We want to know your rating of your care from this agency’s home health providers. 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 providers? * 0 Worst home health care possible
* 1
* 2
* 3
* 4
* 5
* 6
* 7
* 8
* 9
* 10 Best home health care possible
 | 14. | 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
 | Minor wording changes to improve usability.  |
| 21. | In the last 2 months of care, did you contact this agency’s **office** to get help or advice? * Yes
* No
 | 15. | Have you contacted this agency’s **office** for help or advice? * Yes
* No
 | Minor wording changes to improve usability. |
| 22. | In the last 2 months of care, when you contacted this agency’s office did you get the help or advice you needed? * Yes
* No
* I did **not** contact this agency
 | 16. | When you contacted this agency’s office, did you get the help or advice you needed? * Yes
* No
 | Minor wording changes to improve usability. |
| 23. | When you contacted this agency’s office, how long did it take for you to get the help or advice you needed? * Same day
* 1 to 5 days
* 6 to 14 days
* More than 14 days
* I did **not** contact this agency
 |  | N/A  | Item removed to reduce respondent burden. |
| 24. | In the last 2 months of care, did you have any problems with the care you got through this agency? * Yes
* No
 |  | N/A  | Item removed to reduce respondent burden. |
| 25. | Would you recommend this agency to your family or friends if they needed home health care? * Definitely no
* Probably no
* Probably yes
* Definitely yes
 | 17. | Would you recommend this agency to your family or friends if they needed home health care? * Definitely no
* Probably no
* Probably yes
* Definitely yes
 | No changes to question wording. |
| 26. | In general, how would you rate your overall health? * Excellent
* Very good
* Good
* Fair
* Poor
 | 18. | In general, how would you rate your overall health?* Excellent
* Very good
* Good
* Fair
* Poor
 | No changes to question wording. |
| 27. | In general, how would you rate your overall mental or emotional health? * Excellent
* Very good
* Good
* Fair
* Poor
 | 19. | In general, how would you rate your overall mental or emotional health? * Excellent
* Very good
* Good
* Fair
* Poor
 | No changes to question wording. |
| 28. | Do you live alone? * Yes
* No
 | 20. | Do you live alone? * Yes
* No
 | No changes to question wording. |
| 29. | What is the highest grade or level of school that you have completed? * 8th grade or less
* Some high school, but did not

graduate * High school graduate or GED
* Some college or 2-year degree
* 4-year college graduate
* More than 4-year college degree
 | 21. | What is the highest grade or level of school that you have completed? * 8th grade or less
* Some high school, but did not

graduate * High school graduate or GED
* Some college or 2-year degree
* 4-year college graduate
* More than 4-year college degree
 | No changes to question wording. |
| 30. | Are you Hispanic or Latino/a?* Yes
* No
 |  | N/A  | Question was merged with Q22. |
| 31. | What is your race? Please select one or more. * American Indian or Alaska

Native * Asian
* Black or African American
* Native Hawaiian or other Pacific Islander
* White
 | 22. | What is your race or ethnicity? Please mark one or more.* American Indian or Alaska Native
* Asian
* Black or African American
* Hispanic or Latino
* Middle Eastern or North African
* Native Hawaiian or Pacific Islander
* White
 | Additional response categories added. |
| 32. | What language do you mainly speak at home? * English
* Spanish
* Some other language (open end)
 | 23. | What language do you mainly speak at home? * English
* Spanish
* Some other language (open end)
 | No changes to question wording. |
| 33. | Did someone help you complete this survey? * Yes
* No
 | 24. | Did someone help you complete this survey? * Yes
* No
 | No changes to question wording. |
| 34. | How did that person help you?* Read the questions to me
* Wrote down the answers I gave
* Answered the questions for me
* Translated the questions into my language
* Helped in some other way (open end)
* No one helped me complete this survey
 | 25. | How did that person help you? * Read the questions to me
* Wrote down the answers I gave
* Answered the questions for me
* Translated the questions into my language
* Helped in some other way (open end)
* No one helped me complete this survey
 | No changes to question wording. |

1. The changes the HHCAHPS Survey instrument described in this table are proposed for both the mail and telephone versions of the instruments and upon approval translated into the additional languages offered for the HHCAHPS Survey. [↑](#footnote-ref-2)