Proxy Telephone Interview Script  
for the Home Health Care CAHPS Survey

NOTE: USE THIS VERSION STARTING WITH APRIL 2026 SAMPLE MONTH

PROXY ID Is there somebody such as a family member or friend who is familiar with [SAMPLE MEMBER’S NAME]’s health care experiences?

PROBE TO FIND OUT IF PERSON IS AVAILABLE IN HOUSEHOLD TO DO INTERVIEW.

1. YES Instructions: [GO TO PROXY\_INTRO]
2. NO Instructions: [COLLECT NAME AND TELEPHONE NUMBER OF PROXY AND SET A CALLBACK, OR IF NO PROXY EXISTS, GO TO Q\_END AND CODE AS MENTALLY/PHYSICALLY INCAPABLE]

IF ASKED WHO IS CALLING:  
This is [INTERVIEWER NAME] calling from [ORGANIZATION]. I’d like to speak with someone who is knowledgeable about [SAMPLE MEMBER NAME]’s health and health care experiences for a study [ORGANIZATION] is conducting about health care.

PROXY\_INTRO [Hello, this is {INTERVIEWER FIRST & LAST NAME} calling from {HOME HEALTH AGENCY}]. [HOME HEALTH AGENCY] wants to learn about [SAMPLE MEMBER NAME]’s recent experiences with home health care.

Your feedback will help improve the quality of care [HOME HEALTH AGENCY] provides and help Medicare improve the overall quality of home health care.

Your participation is voluntary and completely confidential. We would really appreciate your feedback and my questions will take about 9 minutes.

This call may be monitored or recorded for quality improvement purposes.

**NOTE: THE LENGTH OF THE INTERVIEW WILL DEPEND ON WHETHER THE HHA ADDS SUPPLEMENTAL QUESTIONS TO ITS HOME HEALTH CARE CAHPS SURVEY.**

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

Hello, may I please speak to [PROXY NAME]?

IF ASKED WHO IS CALLING:  
This is [INTERVIEWER NAME] calling from [VENDOR]. I’d like to speak to [PROXY NAME] about a study about health care.

1. YES, PROXY IS AVAILABLE AND ON PHONE NOW Instructions: [GO TO INTRO4]
2. NO, NOT AVAILABLE RIGHT NOW Instructions: [SET CALLBACK]
3. NO [REFUSAL] Instructions: [GO TO Q\_REF SCREEN]

INTRO4 Hello, I am calling to continue the survey that we started in a previous call, regarding the care that [SAMPLE MEMBER NAME] received from [AGENCY NAME]. I’d like to continue with the interview now.

1. CONTINUE WITH INTERVIEW AT FIRST UNANSWERED QUESTION
2. NO, NOT RIGHT NOW Instructions: [SET CALLBACK]
3. NO [REFUSAL] Instructions: [GO TO Q\_REF SCREEN]
4. According to our records, [SAMPLE MEMBER NAME] got care from the home health agency, **[AGENCY NAME]**. Is that right?
5. YES Instructions: [GO TO Q2\_INTRO]
6. NO Instructions: [GO TO Q\_INELIG]

M MISSING/DK Instructions: [GO TO Q\_INELIG]

Q2\_INTRO These next questions are about all the different staff from **[AGENCY NAME]**.

Do not include care [SAMPLE MEMBER NAME] got from staff from another home health care agency.

1. When [SAMPLE MEMBER NAME] first started getting home health care from this agency, did someone from the agency talk about **ways to help make [his/her] home safer**? For example, they may have suggested adding grab bars in the shower or removing tripping hazards. Would you say…
2. Yes,
3. No,
4. You don’t know, or
5. [SAMPLE MEMBER NAME] did not need help with home safety?

M MISSING/DK

1. Has someone from the agency ever **reviewed the prescribed and over-the-counter medicines** [SAMPLE MEMBER NAME] was taking? For example, they might have asked [him/her] to show them [his/her] medicines and talked with [SAMPLE MEMBER NAME] about how and when to take each one? Would you say…
2. Yes,
3. No,
4. You don’t know, or
5. [SAMPLE MEMBER NAME] doesn’t take any medicines?🡪 GO TO Q5

M MISSING/DK

1. In the last 2 months of care, did home health staff from this agency talk with [SAMPLE MEMBER NAME] about any **side effects** of [his/her] medicines? Would you say…
2. Yes,
3. No,
4. You don’t know, or
5. [SAMPLE MEMBER NAME] doesn’t take any medicines?

M MISSING/DK

1. In the last 2 months of care, how often did home health staff from this agency keep [SAMPLE MEMBER NAME] informed about **when they would arrive** at [his/her] home? Would you say…
2. Never,
3. Sometines,
4. Usually, or
5. Always?

M MISSING/DK

1. 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** [SAMPLE MEMBER NAME] was getting at home? Would you say…
2. Never,
3. Sometimes,
4. Usually, or
5. Always?

M MISSING/DK

1. In the last 2 months of care, how often did home health staff from this agency **treat [SAMPLE MEMBER NAME]** **with care** – for example, when moving [him/her] around or changing a bandage? Would you say…
2. Never,
3. Sometimes,
4. Usually, or
5. Always?

M MISSING/DK

1. 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? Would you say…
2. Never,
3. Sometimes,
4. Usually, or
5. Always?

M MISSING/DK

1. In the last 2 months of care, how often did home health staff from this agency **listen carefully** to [SAMPLE MEMBER NAME]? Would you say…
2. Never,
3. Sometimes,
4. Usually, or
5. Always?

M MISSING/DK

1. In the last 2 months of care, how often did home health staff from this agency treat [SAMPLE MEMBER NAME] with **courtesy and respect**? Would you say…
2. Never,
3. Sometimes,
4. Usually, or
5. Always?

M MISSING/DK

1. In the last 2 months of care, how often did [SAMPLE MEMBER NAME] feel that home health staff from the agency **cared about [him/her]** **as a person**? Would you say…
2. Never,
3. Sometimes,
4. Usually, or
5. Always?

M MISSING/DK

1. In the last 2 months of care, did home health staff from this agency **provide [SAMPLE MEMBER NAME]’s** **family or friends with** **information or instructions** about [his/her] care as much as [he/she] wanted? Would you say…
2. Yes,
3. No,
4. You don’t know, or
5. [SAMPLE MEMBER NAME] did not want or need this?

M MISSING/DK

1. In the last 2 months of care, how often have the services [SAMPLE MEMBER NAME] received from this agency **helped [SAMPLE MEMBER NAME]** **take care of [his/her] health**? Would you say…
2. Never,
3. Sometimes,
4. Usually, or
5. Always?

M MISSING/DK

Q14\_INTRO We want to know [SAMPLE MEMBER NAME]’s rating of [his/her] care from this agency’s home health staff.

1. 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 [SAMPLE MEMBER NAME] use to **rate [his/her]** **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

Q15\_INTRO The next questions are about the office of **[AGENCY NAME]**.

1. Has [SAMPLE MEMBER NAME] contacted this agency’s **office** for help or advice?
2. YES
3. NO Instructions: [GO TO Q17]

M MISSING/DK Instructions: [GO TO Q17]

1. When [SAMPLE MEMBER NAME] contacted this agency’s office, did [SAMPLE MEMBER NAME] get the help or advice [he/she] needed?
2. YES
3. NO

M MISSING/DK

1. Would [SAMPLE MEMBER NAME] recommend this agency to [his/her] family or friends if they needed home health care? Would you say…
2. Definitely no,
3. Probably no,
4. Probably yes, or
5. Definitely yes?

M MISSING/DK

Q18\_INTRO 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.

1. In general, how would [SAMPLE MEMBER NAME] rate [his/her] overall health? Would you say that it is…
2. Excellent,
3. Very good,
4. Good,
5. Fair, or
6. Poor?

M MISSING/DK

1. In general, how would [SAMPLE MEMBER NAME] rate [his/her] overall mental or emotional health? Would you say that it is…
2. Excellent,
3. Very good,
4. Good,
5. Fair, or
6. Poor?

M MISSING/DK

1. Does [SAMPLE MEMBER NAME] live alone?
2. YES
3. NO

M MISSING/DK

1. What is the highest grade or level of school that [SAMPLE MEMBER NAME] has completed? Would you say…
2. 8th grade or less,
3. Some high school, but did not graduate,
4. High school graduate or GED,
5. Some college or 2-year degree,
6. 4-year college graduate, or
7. More than 4-year college degree?

M MISSING/DK

1. What is [SAMPLE MEMBER NAME]’s race or ethnicity? You may choose one or more of the following. Is he/she…
2. American Indian or Alaska Native,
3. Asian,
4. Black or African American,
5. Hispanic or Latino,
6. Middle Eastern or North African,
7. Native Hawaiian or Pacific Islander, or
8. White?

M MISSING/DK

1. What language does [SAMPLE MEMBER NAME] mainly speak at home? Would you say…
2. English, Instructions: [GO TO Q\_END]
3. Spanish, or Instructions: [GO TO Q\_END]
4. Some other language? Instructions: [GO TO Q23A]

M MISSING/DK [GO TO Q\_END]

Q23A What other language does [SAMPLE MEMBER NAME] mainly speak at home? (ENTER RESPONSE BELOW).

{ALLOW UP TO 50 CHARACTERS}

M MISSING/DK

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

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).