

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

HHCAHPS Survey, current version		HHCAHPS Survey, proposed version		Summary of Changes ¹
1.	<p>According to our records, you got care from the home health agency, [AGENCY NAME]. Is that right?</p> <p>As you answer the questions in this survey, think only about your experience with this agency.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	1.	<p>According to our records, you got care from the home health agency, [AGENCY NAME]. Is that right?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Moved text to reduce respondent burden.
2.	<p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not remember</p>		N/A	Item removed to reduce respondent burden.
3.	<p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not remember</p>	2.	<p>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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> I did not need help with home safety</p>	Minor changes to wording and response options to improve usability.

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.

HHCAPHS Survey, current version		HHCAPHS Survey, proposed version		Summary of Changes ¹
4.	<p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not remember</p>	3.	<p>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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> I don't take any medicines</p>	Minor changes to wording and response options to improve usability.
5.	<p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not remember</p>		N/A	Item removed to reduce respondent burden.
6.	<p>In the last 2 months of care, was one of your home health providers from this agency a nurse?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		N/A	Item removed to reduce respondent burden.
7.	<p>In the last 2 months of care, was one of your home health providers from this agency a physical, occupational, or speech therapist?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		N/A	Item removed to reduce respondent burden.
8.	<p>In the last 2 months of care, was one of your home health providers from this agency a home health or personal aide?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		N/A	Item removed to reduce respondent burden.
9.	<p>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?</p>	6.	<p>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?</p>	Minor wording changes to improve usability.

HHAHPS Survey, current version		HHAHPS Survey, proposed version		Summary of Changes ¹
	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I only had one provider in the last 2 months of care		<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	
10.	In the last 2 months of care, did you and a home health provider from this agency talk about pain? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Minor wording changes to improve usability.

HHCAHPS Survey, current version		HHCAHPS Survey, proposed version		Summary of Changes ¹
	<input type="checkbox"/> I did not take any new prescriptions medicines or change any medicines		<input type="checkbox"/> I don't know <input type="checkbox"/> I don't take any medicines	
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? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> 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? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> 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? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> 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? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> 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? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> 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? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> 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? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	9.	In the last 2 months of care, how often did home health staff from this agency listen carefully to you? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> 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? <input type="checkbox"/> Never	10.	In the last 2 months of care, how often did home health staff from this agency treat you with courtesy and respect ? <input type="checkbox"/> Never	Minor wording changes to improve usability.

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	<input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always		<input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	
	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 ? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> 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 ? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> 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? <input type="checkbox"/> 0 Worst home health care possible <input type="checkbox"/> 1	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? <input type="checkbox"/> 0 Worst home health care possible <input type="checkbox"/> 1	Minor wording changes to improve usability.

HHCAHPS Survey, current version		HHCAHPS Survey, proposed version		Summary of Changes ¹
	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Best home health care possible		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Best home health care possible	
21.	In the last 2 months of care, did you contact this agency's office to get help or advice? <input type="checkbox"/> Yes <input type="checkbox"/> No	15.	Have you contacted this agency's office for help or advice? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I did not contact this agency	16.	When you contacted this agency's office, did you get the help or advice you needed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Same day <input type="checkbox"/> 1 to 5 days <input type="checkbox"/> 6 to 14 days <input type="checkbox"/> More than 14 days <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Definitely no	17.	Would you recommend this agency to your family or friends if they needed home health care? <input type="checkbox"/> Definitely no	No changes to question wording.

HHCAHPS Survey, current version		HHCAHPS Survey, proposed version		Summary of Changes ¹
	<input type="checkbox"/> Probably no <input type="checkbox"/> Probably yes <input type="checkbox"/> Definitely yes		<input type="checkbox"/> Probably no <input type="checkbox"/> Probably yes <input type="checkbox"/> Definitely yes	
26.	In general, how would you rate your overall health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	18.	In general, how would you rate your overall health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	No changes to question wording.
27.	In general, how would you rate your overall mental or emotional health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	19.	In general, how would you rate your overall mental or emotional health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	No changes to question wording.
28.	Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	20.	Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	No changes to question wording.
29.	What is the highest grade or level of school that you have completed? <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some high school, but did not graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or 2-year degree <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> More than 4-year college degree	21.	What is the highest grade or level of school that you have completed? <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some high school, but did not graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or 2-year degree <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> More than 4-year college degree	No changes to question wording.
30.	Are you Hispanic or Latino/a? <input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	Question was merged with Q22.
31.	What is your race? Please select one or more. <input type="checkbox"/> American Indian or Alaska	22.	What is your race or ethnicity? Please mark one or more.	Additional response categories added.

HHCAHPS Survey, current version		HHCAHPS Survey, proposed version		Summary of Changes ¹
	Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	
32.	What language do you mainly speak at home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Some other language (open end)	23.	What language do you mainly speak at home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Some other language (open end)	No changes to question wording.
33.	Did someone help you complete this survey? <input type="checkbox"/> Yes <input type="checkbox"/> No	24.	Did someone help you complete this survey? <input type="checkbox"/> Yes <input type="checkbox"/> No	No changes to question wording.
34.	How did that person help you? <input type="checkbox"/> Read the questions to me <input type="checkbox"/> Wrote down 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 (open end) <input type="checkbox"/> No one helped me complete this survey	25.	How did that person help you? <input type="checkbox"/> Read the questions to me <input type="checkbox"/> Wrote down 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 (open end) <input type="checkbox"/> No one helped me complete this survey	No changes to question wording.