

**TELEPHONE INTERVIEW SCRIPT
FOR THE HOME HEALTH CARE CAHPS SURVEY**

**NOTE: USE THIS VERSION STARTING WITH APRIL 2026 SAMPLE
MONTH**

INTRO1 Hello, may I please speak to [SAMPLE MEMBER'S 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]

M MISSING/DK

IF ASKED WHO IS CALLING:

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

IF PERSON ON PHONE VOLUNTEERS THEY ARE SAMPLE MEMBER'S PARTNER, CHILD, PARENT, SIBLING, GRANDCHILD, OR POWER OF ATTORNEY AND THEY ASK WHY WE ARE CALLING:

I would like to talk to [SAMPLE MEMBER'S NAME] about their experiences with the home health care that they received from [AGENCY NAME].

INTRO2 Hello, [SAMPLE MEMBER'S NAME], this is [INTERVIEWER FIRST & LAST NAME] calling from [ORGANIZATION]. [HOME HEALTH AGENCY] wants to learn about your recent experiences with home health care and asked me to contact you.

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 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.
- Hello, may I please speak to [SAMPLE MEMBER'S NAME]?
- IF ASKED WHO IS CALLING:
This is [INTERVIEWER NAME] calling from [VENDOR]. 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 Q_REF SCREEN]
 - 4 MENTALLY/PHYSICALLY INCAPABLE → [GO TO PROXY SCRIPT]
- INTRO4 Hello, I am calling to continue the survey that we started in a previous call, regarding the care that you 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 → [SET CALLBACK]
 - 3 NO [REFUSAL] → [GO TO Q_REF SCREEN]
- Q1. According to our records, you got care from the home health agency, [AGENCY NAME]. Is that right?
- 1 YES → [GO TO Q2_INTRO]
 - 2 NO → [GO TO Q_INELIG]
- M MISSING/DK → [GO TO Q_INELIG]

Q2_INTRO 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.

Q2. 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

Q3. 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 Q5]

M MISSING/DK

Q4. In the last 2 months of care, 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

Q5. 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? Would you say...

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

M MISSING/DK

Q6. 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? Would you say...

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

M MISSING/DK

Q7. 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? Would you say...

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

M MISSING/DK

Q8. 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...

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

M MISSING/DK

Q9. In the last 2 months of care, 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

Q10. In the last 2 months of care, 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

Q11. 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**? Would you say...

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

M MISSING/DK

Q12. 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? Would you say...

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

M MISSING/DK

Q13. In the last 2 months of care, how often 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

Q14_INTRO We want to know your rating of your care from this agency's home health staff.

Q14. 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

Q15_INTRO The next questions are about the office of [AGENCY NAME].

Q15. Have you contacted this agency's **office** for help or advice?

- 1 YES
- 2 NO → [GO TO Q17]

M MISSING/DK → [GO TO Q17]

Q16. When you contacted this agency's office, did you get the help or advice you needed?

1 YES

2 NO

M MISSING/DK

Q17. Would you recommend this agency to your family or friends if they needed home health care? Would you say...

1 Definitely no,

2 Probably no,

3 Probably yes, or

4 Definitely yes?

M MISSING/DK

Q18_INTRO There are only a few questions left.

Q18. 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

Q19. 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

Q20. Do you live alone?

- 1 YES
- 2 NO

M MISSING/DK

Q21. 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

Q22. What is your race or ethnicity? You may choose one or more of the following. Are you...

- 1 American Indian or Alaska Native,
- 2 Asian,
- 3 Black or African American,
- 4 Hispanic or Latino,
- 5 Middle Eastern or North African,
- 6 Native Hawaiian or Pacific Islander, or
- 7 White?

M MISSING/DK

Q23. 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 23A]

M MISSING/DK [GO TO Q_END]

Q23A What other language do you 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).