

OMB #:

# **HOME HEALTH CARE CAHPS® SURVEY**

## **202X**

## 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.

## 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.

- 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.
- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I don't know
- 4 ☐ I did not need help with home safety
- 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.
- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I don't know
- 4 ☐ I don't take 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?
- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I don't know
- 4 ☐ I don't take any medicines

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?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

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?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ 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?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ 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?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

9 In the last 2 months of care, how often did home health staff from this agency **listen carefully** to you?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

10 In the last 2 months of care, how often did home health staff from this agency treat you with **courtesy and respect**?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

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**?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

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?

- 1 ☐ Yes  
2 ☐ No  
3 ☐ I don't know  
4 ☐ I did not want or need this

- 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?**

1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

- 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

## YOUR HOME HEALTH AGENCY

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

- 15** Have you contacted this agency's **office** for help or advice?

1 ☐ Yes  
2 ☐ No → If No, skip to Q17.

- 16** When you contacted this agency's office, did you get the help or advice you needed?

1 ☐ Yes  
2 ☐ No

- 17** Would you recommend this agency to your family or friends if they 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.

- 18** In general, how would you rate your overall health?

1 ☐ Excellent  
2 ☐ Very good  
3 ☐ Good  
4 ☐ Fair  
5 ☐ Poor

- 19** In general, how would you rate your overall mental or emotional health?

1 ☐ Excellent  
2 ☐ Very good  
3 ☐ Good  
4 ☐ Fair  
5 ☐ Poor

**20** Do you live alone?

1 ☐ Yes

2 ☐ No

**21** 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

**22** What is your race? Please choose one or more.

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

7 ☐ White

**23** What language do you mainly speak at home?

1 ☐ English

2 ☐ Spanish

3 ☐ Some other language: *(Please print.)*

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**24** Did someone help you complete this survey?

1 ☐ Yes

2 ☐ No → **If No, please return your completed survey in the postage-paid envelope.**

**25** 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.)*

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6 ☐ No one helped me complete this survey

**Thank you!**

**Please return the completed survey  
in the postage-paid envelope.**