

HOME HEALTH CARE CAHPS® SURVEY

**(ALTERNATIVE INSTRUCTIONS,
SCANNABLE FORMS)**

2025

SURVEY INSTRUCTIONS

- Answer all the questions by completely filling in the circle to the left of your answer.
- You are sometimes told to skip over 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 ➔ **If Yes, go to Q1 on Page 1.**
 - No

YOUR HOME HEALTH CARE

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 ➔ **If No, please stop and return the survey in the envelope provided.**
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

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
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
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

YOUR CARE FROM HOME HEALTH PROVIDERS IN THE LAST 2 MONTHS

These next questions are about all the different staff from [AGENCY NAME] who gave you care in the last 2 months. Do not include care you got from staff from another home health care agency. Do not include care you got from family or friends.

6. In the last 2 months of care, was one of your home health providers from this agency a nurse?
- ☐ Yes
- ☐ No
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
8. In the last 2 months of care, was one of your home health providers from this agency a home health or personal care aide?
- ☐ Yes
- ☐ No

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
10. In the last 2 months of care, did you and a home health provider from this agency talk about pain?
- ☐ Yes
- ☐ No
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 ➔ If No, go to Q15.
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

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| <p>13. In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines?</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No<input type="radio"/> I did not take any new prescription medicines or change any medicines <p>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?</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No<input type="radio"/> I did not take any new prescription medicines or change any medicines <p>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?</p> <ul style="list-style-type: none"><input type="radio"/> Never<input type="radio"/> Sometimes<input type="radio"/> Usually<input type="radio"/> Always <p>16. In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?</p> <ul style="list-style-type: none"><input type="radio"/> Never<input type="radio"/> Sometimes<input type="radio"/> Usually<input type="radio"/> Always | <p>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?</p> <ul style="list-style-type: none"><input type="radio"/> Never<input type="radio"/> Sometimes<input type="radio"/> Usually<input type="radio"/> Always <p>18. In the last 2 months of care, how often did home health providers from this agency listen carefully to you?</p> <ul style="list-style-type: none"><input type="radio"/> Never<input type="radio"/> Sometimes<input type="radio"/> Usually<input type="radio"/> Always <p>19. In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?</p> <ul style="list-style-type: none"><input type="radio"/> Never<input type="radio"/> Sometimes<input type="radio"/> Usually<input type="radio"/> Always |
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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

YOUR HOME HEALTH AGENCY

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

21. In the last 2 months of care, did you contact this agency's **office** to get help or advice?
- ☐ Yes
 - ☐ No ➔ If No, go to Q24.

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 ➔ If No, go to Q24.
- ☐ I did **not** contact this agency

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

24. In the last 2 months of care, did you have any problems with the care you got through this agency?

- ☐ Yes
- ☐ No

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

ABOUT YOU

26. In general, how would you rate your overall health?
- ☐ Excellent
 - ☐ Very good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
27. In general, how would you rate your overall mental or emotional health?
- ☐ Excellent
 - ☐ Very good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
28. Do you live alone?
- ☐ Yes
 - ☐ No
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

30. Are you Hispanic or Latino/Latina?
- ☐ Yes
 - ☐ No
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
32. What language do you mainly speak at home?
- ☐ English
 - ☐ Spanish
 - ☐ Some other language:
-
- (Please print.)*
33. Did someone help you complete this survey?
- ☐ Yes
 - ☐ No ➔ **If No, please return the completed survey in the postage-paid envelope.**

34. How did that person help you? Select all that apply.

- ☐ 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:

(Please print.)

- ☐ No one helped me complete this survey

Thank you!

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