Home Health Care CAHPS Survey
Supplemental Items: English

1. Did this home health care start as soon as you thought you needed?

1 Yes

2 No

1. Did your care from this agency follow a stay in a hospital, nursing home, or rehabilitation center?

1 Yes

2 No

1. In the last 2 months of care, how often did you have a hard time speaking with or understanding home health providers from this agency because you spoke different languages?

1 Never

2 Sometimes

3 Usually

4 Always

1. In the last 2 months of care, how often did home health providers from this agency behave in a professional manner?

1 Never

2 Sometimes

3 Usually

4 Always

1. In the last 2 months of care, how often did you feel that home health providers from this agency really cared about you?

1 Never

2 Sometimes

3 Usually

4 Always

1. In the last 2 months of care, did you contact this agency's office about any problems?

1 Yes

2 No

3 Did not have problems

1. In the last 2 months of care, did this agency solve your problem as soon as you needed?

1 Yes

2 No

3 I am still waiting

4 I did not call (Go to S9)

1. Are you satisfied with how this agency solved your problem?

1 Yes

2 No

3 I am still waiting

4 I did not call (Go to S9)

1. Using any number from 0 to 10, where 0 is the worst home health agency possible and 10 is the best home health agency possible, what number would you use to rate this home health agency?

 0 Worst home health agency possible

 1

 2

 3

 4

 5

 6

 7

 8

 9

 10 Best home health agency possible

1. Is there anything else you’d like to say about the care you got from this home health agency?