Proxy Telephone Interview Script  
for the Home Health Care CAHPS Survey

PROXY ID Is there somebody such as a family member or friend who is familiar with [SAMPLE MEMBER’S NAME]’s health care experiences?

PROBE TO FIND OUT IF PERSON IS AVAILABLE IN HOUSEHOLD TO DO INTERVIEW.

1. YES Instructions: [GO TO PROXY\_INTRO]
2. NO Instructions: [COLLECT NAME AND TELEPHONE NUMBER OF PROXY AND SET A CALLBACK, OR IF NO PROXY EXISTS, GO TO Q\_END AND CODE AS MENTALLY/PHYSICALLY INCAPABLE]

IF ASKED WHO IS CALLING:  
This is [INTERVIEWER NAME] calling from [ORGANIZATION]. I’d like to speak with someone who is knowledgeable about [SAMPLE MEMBER NAME]’s health and health care experiences for a study [ORGANIZATION] is conducting about health care.

PROXY\_INTRO [Hello, this is {INTERVIEWER NAME} calling on behalf of {HOME HEALTH AGENCY}]. The agency is participating in a national survey to measure the quality of care people receive from home health care agencies. The results will help other people who need to choose a home health care agency.

[SAMPLE MEMBER NAME]’s participation in this survey is voluntary. The interview will take about 12 minutes to complete, and 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 PROXY BACK TO COMPLETE A SURVEY THAT WAS BEGUN IN A PREVIOUS CALL. NOTE THAT THE PROXY MUST HAVE ANSWERED AT LEAST ONE QUESTION IN THE SURVEY IN A PRECEDING CALL.

Hello, may I please speak to [PROXY NAME]?

IF ASKED WHO IS CALLING:  
This is [INTERVIEWER NAME] calling from [VENDOR]. I’d like to speak to [PROXY NAME] about a study about health care.

1. YES, PROXY IS AVAILABLE AND ON PHONE NOW Instructions: [GO TO INTRO4]
2. NO, NOT AVAILABLE RIGHT NOW Instructions: [SET CALLBACK]
3. NO [REFUSAL] Instructions: [GO TO Q\_REF SCREEN]

INTRO4 Hello, I am calling to continue the survey that we started in a previous call, regarding the care that [SAMPLE MEMBER NAME] received from [HOME HEALTH AGENCY]. I’d like to continue with the interview now.

1. CONTINUE WITH INTERVIEW AT FIRST UNANSWERED QUESTION
2. NO, NOT RIGHT NOW Instructions: [SET CALLBACK]
3. NO [REFUSAL] Instructions: [GO TO Q\_REF SCREEN]
4. According to our records, [SAMPLE MEMBER NAME] got care from the home health agency, [HOME HEALTH AGENCY]. Is that right?
5. YES Instructions: [GO TO Q2\_INTRO]
6. NO Instructions: [GO TO Q\_INELIG]

M MISSING/DK Instructions: [GO TO Q\_INELIG]

Q2\_INTRO As you answer the questions in this survey, think only about [SAMPLE MEMBER NAME]’s experience with this agency. Please try to answer the questions as best you can from [SAMPLE MEMBER NAME]’s point-of-view. If you need to, you can answer the questions from the point-of-view of a family member or caregiver helping [SAMPLE MEMBER NAME].

1. When [SAMPLE MEMBER NAME] first started getting home health care from this agency, did someone from the agency tell [him/her] what care and services [he/she] would get?
2. YES
3. NO
4. DO NOT REMEMBER

M MISSING/DK

1. When [SAMPLE MEMBER NAME] first started getting home health care from this agency, did someone from the agency **talk with [him/her]** about how to set up [his/her] home so [he/she] can move around safely?
2. YES
3. NO
4. DO NOT REMEMBER

M MISSING/DK

1. When [SAMPLE MEMBER NAME] started getting home health care from this agency, did someone from the agency talk with [him/her] about all the **prescription and over-the-counter medicines** [he/she] was taking?
2. YES
3. NO
4. DO NOT REMEMBER

M MISSING/DK

1. When [SAMPLE MEMBER NAME] started getting home health care from this agency, did someone from the agency ask to **see** all the prescription and over-the-counter medicines [he/she] was taking?
2. YES
3. NO
4. DO NOT REMEMBER

M MISSING/DK

Q6\_INTRO These next questions are about all the different staff from [HOME HEALTH AGENCY] who gave [SAMPLE MEMBER NAME] care in the last 2 months. Do not include care [SAMPLE MEMBER NAME] got from staff from another home health care agency. Do not include care [he/she] got from family or friends.

1. In the last 2 months of care, was one of [SAMPLE MEMBER NAME]’s home health providers from this agency a nurse?
2. YES
3. NO

M MISSING/DK

1. In the last 2 months of care, was one of [SAMPLE MEMBER NAME]’s home health providers from this agency a physical, occupational, or speech therapist?
2. YES
3. NO

M MISSING/DK

1. In the last 2 months of care, was one of [SAMPLE MEMBER NAME]’s home health providers from this agency a home health or personal care aide?
2. YES
3. NO

M MISSING/DK

1. 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 [SAMPLE MEMBER NAME] got at home? Would you say…
2. Never,
3. Sometimes,
4. Usually,
5. Always, or
6. [SAMPLE MEMBER NAME] only had one provider in the last 2 months of care?

M MISSING/DK

1. In the last 2 months of care, did [SAMPLE MEMBER NAME] and a home health provider from this agency talk about pain?
2. YES
3. NO

M MISSING/DK

1. In the last 2 months of care, did [SAMPLE MEMBER NAME] take any new prescription medicine or change any of the medicines [he/she] was taking?
2. YES
3. NO Instructions: [GO TO Q15]

M MISSING/DK Instructions: [GO TO Q15]

1. In the last 2 months of care, did home health providers from this agency talk with [SAMPLE MEMBER NAME] about the **purpose** for taking [his/her] new or changed prescription medicines?
2. YES
3. NO

M MISSING/DK

1. In the last 2 months of care, did home health providers from this agency talk with [SAMPLE MEMBER NAME] about **when** to take these medicines?
2. YES
3. NO

M MISSING/DK

1. In the last 2 months of care, did home health providers from this agency talk with [SAMPLE MEMBER NAME] about the **side effects** of these medicines?
2. YES
3. NO

M MISSING/DK

1. In the last 2 months of care, how often did home health providers from this agency keep [SAMPLE MEMBER NAME] informed about when they would arrive at [his/her] home? Would you say…
2. Never,
3. Sometimes,
4. Usually, or
5. Always?

M MISSING/DK

1. In the last 2 months of care, how often did home health providers from this agency treat [SAMPLE MEMBER NAME] as gently as possible? Would you say…
2. Never,
3. Sometimes,
4. Usually, or
5. Always?

M MISSING/DK

1. 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? Would you say…
2. Never,
3. Sometimes,
4. Usually, or
5. Always?

M MISSING/DK

1. In the last 2 months of care, how often did home health providers from this agency listen carefully to [SAMPLE MEMBER NAME]? Would you say…
2. Never,
3. Sometimes,
4. Usually, or
5. Always?

M MISSING/DK

1. In the last 2 months of care, how often did home health providers from this agency treat [SAMPLE MEMBER NAME] with courtesy and respect? Would you say…
2. Never,
3. Sometimes,
4. Usually, or
5. Always?

M MISSING/DK

Q20\_INTRO We want to know [SAMPLE MEMBER NAME]’s rating of [his/her] care from this agency’s home health providers. Please try to answer the questions as best you can from [SAMPLE MEMBER NAME]’s point-of-view. If you need to, you can answer the questions from the point-of-view of a family member or caregiver helping [SAMPLE MEMBER NAME].

1. 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 [SAMPLE MEMBER NAME] use to rate [his/her] care from this agency’s home health providers?

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

Q21\_INTRO The next questions are about the office of [HOME HEALTH AGENCY].

1. In the last 2 months of care, did [SAMPLE MEMBER NAME] contact this agency’s **office** to get help or advice?
2. YES
3. NO Instructions: [GO TO Q24]

M MISSING/DK Instructions: [GO TO Q24]

1. In the last 2 months of care, when [SAMPLE MEMBER NAME] contacted this agency’s office did [he/she] get the help or advice [he/she] needed?
2. YES
3. NO Instructions: [GO TO Q24]

M MISSING/DK Instructions: [GO TO Q24]

1. When [SAMPLE MEMBER NAME] contacted this agency’s office, how long did it take for [him/her] to get the help or advice [he/she] needed? Would you say…
2. Same day,
3. 1 to 5 days,
4. 6 to 14 days, or
5. More than 14 days?

M MISSING/DK

1. In the last 2 months of care, did [SAMPLE MEMBER NAME] have any problems with the care [he/she] got through this agency?
2. YES
3. NO

M MISSING/DK

1. Would [SAMPLE MEMBER NAME] recommend this agency to [his/her] family or friends if they needed home health care? Would you say…
2. Definitely no,
3. Probably no,
4. Probably yes, or
5. Definitely yes?

M MISSING/DK

Q26\_INTRO This last set of questions asks for information about [SAMPLE MEMBER NAME]. Please listen to all response choices before making a selection.

1. In general, how would [SAMPLE MEMBER NAME] rate [his/her] overall health? Would you say that it is…
2. Excellent,
3. Very good,
4. Good,
5. Fair, or
6. Poor?

M MISSING/DK

1. In general, how would [SAMPLE MEMBER NAME] rate [his/her] overall mental or emotional health? Would you say that it is…
2. Excellent,
3. Very good,
4. Good,
5. Fair, or
6. Poor?

M MISSING/DK

1. Does [SAMPLE MEMBER NAME] live alone?
2. YES
3. NO

M MISSING/DK

1. What is the highest grade or level of school that [SAMPLE MEMBER NAME] has completed? Would you say…
2. 8th grade or less,
3. Some high school, but did not graduate,
4. High school graduate or GED,
5. Some college or 2-year degree,
6. 4-year college graduate, or
7. More than 4-year college degree?

M MISSING/DK

1. Is [SAMPLE MEMBER NAME] Hispanic or Latino/Latina?
2. YES
3. NO

M MISSING/DK

1. What is [SAMPLE MEMBER NAME]’s race? You may choose one or more of the following. Is he/she…
2. American Indian or Alaska Native,
3. Asian,
4. Black or African American,
5. Native Hawaiian or other Pacific Islander, or
6. White?

M MISSING/DK

1. What language does [SAMPLE MEMBER NAME] mainly speak at home? Would you say…
2. English, Instructions: [GO TO Q\_END]
3. Spanish, or Instructions: [GO TO Q\_END]
4. Some other language? Instructions: [GO TO Q32A]

M MISSING/DK [GO TO Q\_END]

Q32A What other language does [SAMPLE MEMBER NAME] 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).