Comparison of Current and Updated Home Health Care CAHPS[®] Survey Instruments¹

HHCAHPS Survey, original version		HHCAHPS Survey, updated version	Summary of Changes
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.	According to our records, you got care from the home health agency, [AGENCY NAME]. Is that right?	Second paragraph revised and moved prior to Question 2.
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?	N/A	Question was removed from the updated survey.
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?	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.	Question wording revised and examples provided.
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?	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.	Several questions about medications were combined into this new question.
5.	When you started getting home health care from this agency, did someone from the agency ask to see all the prescription and overthe-counter medicines you were taking?	N/A	Question was removed from the updated survey.
6.	In the last 2 months of care, was one of your home health providers from this agency a nurse?	N/A	Question was removed from the updated survey.
7.	In the last 2 months of care, was one of your home health providers from this agency a physical, occupational, or speech therapist?	N/A	Question was removed from the updated survey.
8.	In the last 2 months of care, was one of your home health providers from this agency a home health or personal aide?	N/A	Question was removed from the updated survey.

¹ All content of this document is pending finalization in the calendar year 2026 Final Rule.

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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?	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?	Question reworded to better capture patients' understanding of care coordination.
10. In the last 2 months of care, did you and a home health provider from this agency talk about pain?	N/A	Question was removed from the updated survey.
In the last 2 months of care, did you take any new prescription medicine or change any of the medicines you were taking?	N/A	Question was removed from the updated survey.
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?	N/A	Question was removed from the updated survey.
13. In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines?	N/A	Question was removed from the updated survey.
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?	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?	The word "providers" changed to "staff".
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?	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?	The word "providers" changed to "staff".
16. In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?	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?	The word "providers" changed to "staff" and question slightly reworded to provide examples.
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?	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?	The word "providers" changed to "staff".
18. In the last 2 months of care, how often did home health providers from this agency listen carefully to you?	9. In the last 2 months of care, how often did home health staff from this agency listen carefully to you?	The word "providers" changed to "staff".
19. In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?	10. In the last 2 months of care, how often did home health staff from this agency treat you with courtesy and respect?	The word "providers" changed to "staff".
N/A	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?	New question for updated survey.

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N/A	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?	New question for updated survey.
N/A	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?	New question for updated survey.
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?	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?	The word "providers" changed to "staff".
21. In the last 2 months of care, did you contact this agency's office to get help or advice?	15. Have you contacted this agency's office for help or advice?	Question shortened
22. In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?	16. When you contacted this agency's office, did you get the help or advice you needed?	Question shortened
23. When you contacted this agency's office, how long did it take for you to get the help or advice you needed?	N/A	Question was removed from the updated survey.
24. In the last 2 months of care, did you have any problems with the care you got through this agency?	N/A	Question was removed from the updated survey.
25. Would you recommend this agency to your family or friends if they needed home health care?	Would you recommend this agency to your family or friends if they needed home health care?	Question is unchanged.
26. In general, how would you rate your overall health?	18. In general, how would you rate your overall health?	Question is unchanged.
27. In general, how would you rate your overall mental or emotional health?	In general, how would you rate your overall mental or emotional health?	Question is unchanged.
28. Do you live alone?	20. Do you live alone?	Question is unchanged.
29. What is the highest grade or level of school that you have completed?	21. What is the highest grade or level of school that you have completed?	Question is unchanged.
30. Are you Hispanic or Latino/a?	N/A	Question was merged with Q22 (race question).
31. What is your race? Please select one or more.	22. What is your race or ethnicity? Please mark one or more.	Question modified to reflect the combined race and ethnicity response

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		categories. Additional response categories added.
32. What language do you mainly speak at home?	23. What language do you mainly speak at home?	Question is unchanged.
33. Did someone help you complete this survey?	24. Did someone help you complete this survey?	Question is unchanged.
34. How did that person help you?	25. How did that person help you?	Question is unchanged.

