Telephone Interview Script  
for the Home Health Care CAHPS Survey

INTRO1 Hello, may I please speak to [SAMPLE MEMBER’S NAME]?

1. YES Instructions: [GO TO INTRO2]
2. NO, NOT AVAILABLE RIGHT NOW Instructions: [SET CALLBACK]
3. NO [REFUSAL] Instructions: [GO TO TERMINATE SCREEN]
4. MENTALLY/PHYSICALLY INCAPABLE Instructions: [GO TO PROXY SCRIPT]

M MISSING/DK

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

IF PERSON ON PHONE VOLUNTEERS THEY ARE SAMPLE MEMBER’S PARTNER, CHILD, PARENT, SIBLING, GRANDCHILD, OR POWER OF ATTORNEY AND THEY ASK WHY WE ARE CALLING:

I would like to talk to [SAMPLE MEMBER’S NAME] about their experiences with the home health care that they received from [HOME HEALTH AGENCY].

INTRO2 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.

Your 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 SAMPLE MEMBER BACK TO COMPLETE A SURVEY THAT WAS BEGUN IN A PREVIOUS CALL. NOTE THAT THE SAMPLE MEMBER MUST HAVE ANSWERED AT LEAST ONE QUESTION IN THE SURVEY IN A PRECEDING CALL.

Hello, may I please speak to [SAMPLE MEMBER’S NAME]?

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

1. YES, SAMPLE MEMBER 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]
4. MENTALLY/PHYSICALLY INCAPABLE Instructions: [GO TO PROXY SCRIPT]

INTRO4 Hello, I am calling to continue the survey that we started in a previous call, regarding the care that you 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, you 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 your experience with this agency.

1. 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?
2. YES
3. NO
4. DO NOT REMEMBER

M MISSING/DK

1. 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. YES
3. NO
4. DO NOT REMEMBER

M MISSING/DK

1. 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?
2. YES
3. NO
4. DO NOT REMEMBER

M MISSING/DK

1. 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?
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 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.

1. In the last 2 months of care, was one of your home health providers from this agency a nurse?
2. YES
3. NO

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1. In the last 2 months of care, was one of your 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 your 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 you got at home? Would you say…
2. Never,
3. Sometimes,
4. Usually,
5. Always, or
6. you only had one provider in the last 2 months of care?

M MISSING/DK

1. In the last 2 months of care, did you 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 you take any new prescription medicine or change any of the medicines you were 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 you about the **purpose** for taking your 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 you 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 you 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 you informed about when they would arrive at your 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 you 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 you? 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 you 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 your rating of your care from this agency’s home health providers.

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 you use to rate your 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 you 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 you contacted this agency’s office did you get the help or advice you needed?
2. YES
3. NO Instructions: [GO TO Q24]

M MISSING/DK Instructions: [GO TO Q24]

1. When you contacted this agency’s office, how long did it take for you to get the help or advice you 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 you have any problems with the care you got through this agency?
2. YES
3. NO

M MISSING/DK

1. Would you recommend this agency to your 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 you. Please listen to all response choices before making a selection.

1. In general, how would you rate your 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 you rate your 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. Do you live alone?
2. YES
3. NO

M MISSING/DK

1. What is the highest grade or level of school that you have 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. Are you Hispanic or Latino/Latina?
2. YES
3. NO

M MISSING/DK

1. What is your race? You may choose one or more of the following. Are you…
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 do you 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 32A]

M MISSING/DK [GO TO Q\_END]

Q32A What other language do you 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).