

OMB #: 0938-1066  
Expires July 31, 2026

# HOME HEALTH CARE CAHPS<sup>®</sup> SURVEY

## 2025

## SURVEY INSTRUCTIONS

- Answer all the questions by checking the box 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.

1  Yes  
2  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?

1  Yes  
2  No  
3  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?

1  Yes  
2  No  
3  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?

1  Yes  
2  No  
3  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?

1  Yes  
2  No  
3  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?

1  Yes  
2  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?

1  Yes  
2  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?

1  Yes  
2  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?

1  Never  
2  Sometimes  
3  Usually  
4  Always  
5  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?

1  Yes  
2  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?

1  Yes  
2  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?

1  Yes  
2  No  
3  I did **not** take any new prescription medicines or change any medicines

13. In the last 2 months of care, did home health providers from this agency talk with you about **when** to take these medicines?

- 1  Yes
- 2  No
- 3  I did **not** take any new prescription medicines or change any medicines

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?

- 1  Yes
- 2  No
- 3  I did **not** take any new prescription medicines or change any medicines

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?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

16. In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

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?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

18. In the last 2 months of care, how often did home health providers from this agency listen carefully to you?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

19. In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

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?

- 1  Yes
- 2  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?

- 1  Yes
- 2  No → If No, go to Q24.
- 3  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?

- 1  Same day
- 2  1 to 5 days
- 3  6 to 14 days
- 4  More than 14 days
- 5  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?

- 1  Yes
- 2  No

25. Would you recommend this agency to your family or friends if they needed home health care?

- 1  Definitely no
- 2  Probably no
- 3  Probably yes
- 4  Definitely yes

## ABOUT YOU

26. In general, how would you rate your overall health?

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

27. In general, how would you rate your overall mental or emotional health?

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

28. Do you live alone?

- 1  Yes
- 2  No

29. What is the highest grade or level of school that you have completed?

- 1  8th grade or less
- 2  Some high school, but did not graduate
- 3  High school graduate or GED
- 4  Some college or 2-year degree
- 5  4-year college graduate
- 6  More than 4-year college degree

30. Are you Hispanic or Latino/Latina?

- 1  Yes
- 2  No

31. What is your race? Please select one or more.

- 1  American Indian or Alaska Native
- 2  Asian
- 3  Black or African American
- 4  Native Hawaiian or other Pacific Islander
- 5  White

32. What language do you mainly speak at home?

- 1  English
- 2  Spanish
- 3  Some other language:

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*(Please print.)*

33. Did someone help you complete this survey?

- 1  Yes
- 2  No → **If No, please return the completed survey in the postage-paid envelope.**

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

- 1  Read the questions to me
- 2  Wrote down the answers I gave
- 3  Answered the questions for me
- 4  Translated the questions into my language
- 5  Helped in some other way:

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*(Please print.)*

- 6  No one helped me complete this survey

**Thank you!**

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