

OMB #: 0938-1066
Expiration Date: January 31, 2021

HOME HEALTH CARE CAHPS® SURVEY

(ALTERNATIVE INSTRUCTIONS, SCANNABLE FORMS)

2018

SURVEY INSTRUCTIONS

- Answer all the questions by completely filling in the circle 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.

- Yes
 - 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?
- Yes
 - No
 - 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?

- Yes
- No
- 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?

- Yes
- No
- 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?

- Yes
- No
- 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?
- Yes
 - 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?
- Yes
 - 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?
- Yes
 - 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?
- Never
 - Sometimes
 - Usually
 - Always
 - 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?
- Yes
 - 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?
- Yes
 - 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?
- Yes
 - No
 - 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?

- Yes
- No
- 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?

- Yes
- No
- 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?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- 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?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- 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?
- Yes
- 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?

- Yes
- No → If No, go to Q24.
- 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?

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

- Yes
- No

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

- Definitely no
- Probably no
- Probably yes
- Definitely yes

ABOUT YOU

26. In general, how would you rate your overall health?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
27. In general, how would you rate your overall mental or emotional health?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
28. Do you live alone?
- Yes
 - No
29. What is the highest grade or level of school that you have completed?
- 8th grade or less
 - Some high school, but did not graduate
 - High school graduate or GED
 - Some college or 2-year degree
 - 4-year college graduate
 - More than 4-year college degree
30. Are you Hispanic or Latino/Latina?
- Yes
 - No
31. What is your race? Please select one or more.
- White
 - Black or African-American
 - Asian
 - Native Hawaiian or other Pacific Islander
 - American Indian or Alaska Native
32. What language do you mainly speak at home?
- English
 - Spanish
 - Some other language:
-
- (Please print.)*
33. Did someone help you complete this survey?
- Yes
 - No → **If No, please return the completed survey in the postage-paid envelope.**

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

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

(Please print.)

- No one helped me complete this survey

Thank you!

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

<p>INSULIN Regular NPH Lantus Humalog TIV30</p>	<p>Blood sugar levels must be tested when using insulin</p> <p>Stop taking this medication if you have prolonged diarrhea or vomiting</p> <p>Limit alcohol while using this medication because it can increase your risk of developing low blood sugar</p> <p>Stop all other eye drops, vision, redness or discomfort. Do not drive, use machinery, until you can perform such activities safely</p>	<p>Persons advised vomiting, diarrhea, dizziness, or a metallic taste in the mouth</p> <p>The most common side effect is low blood sugar (hypoglycemia) which may be serious. Some people may experience symptoms such as shaking, sweating, fast heart beat, blurred vision, or confusion.</p> <p>Symptoms of high blood sugar (hyperglycemia) include thirst,</p>	<p>Severe dizziness and/or drowsiness</p> <p>Chills, heavy cold skin</p> <p>Rapid/shallow breathing</p> <p>Slow/irregular heartbeat</p> <p>Stomach pain with nausea, vomiting or diarrhea</p> <p>Rash, itching/swelling (especially of the face/tongue/throat)</p>
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