Comparison of Current and Revised Home Health Care CAHPS® Survey Instruments

| **HHCAHPS Survey, original version** | **HHCAHPS Survey, version 2.0** | **Summary of Changes** |
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| 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. 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. |
| 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? | N/A | Question was removed from the revised survey. |
| 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. 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. |
| 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? | 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. |
| 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? | N/A | Question was removed from the revised survey. |
| 1. 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 revised survey. |
| 1. 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 revised survey. |
| 1. 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 revised survey. |

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| 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? | 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. |
| 1. 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 revised survey. |
| 1. 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 revised survey. |
| 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? | N/A | Question was removed from the revised survey. |
| 1. 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 revised survey. |
| 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? | 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”. |
| 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? | 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”. |
| 1. 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. |
| 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? | 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”. |
| 1. 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”. |
| 1. 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 version 2.0. |
| 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 version 2.0. |
| 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 version 2.0. |
| 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 revised 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 revised survey. |
| 25. Would you recommend this agency to your family or friends if they needed home health care? | 17. 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? | 19. 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 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. |