

Items that have been **added**, **removed**, or **changed** between the two versions are indicated with color coding.  - Top box response

Survey valid through Mar 2026 Sample Month

Survey valid beginning Apr 2026 Sample Month

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

- Answer all the questions by checking the box to the left of your answer.
- If you are answering for someone who received home health care**, please try to answer questions from his or her point of view.
- Sometimes you can skip 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
 - No → If No, skip to Q1.

Questions & Responses

Question/Response Details

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

Question/Response Details

YOUR HOME HEALTH CARE

1. According to our records, you got care from the home health agency, **[AGENCY NAME]**. Is that right?

1 Yes
 2 No → If No, please stop and return the survey in the envelope provided.

YOUR CARE FROM HOME HEALTH STAFF

These next questions are about all the different staff from **[AGENCY NAME]**. Do not include care you got from staff from another home health care agency.

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.

 1 Yes
 2 No
 3 I don't know
 4 I did not need help with home safety

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?

- ➊ 1 Yes
- 2 No
- 3 Do not remember

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.

- ➊ 1 Yes
- 2 No
- 3 I don't know
- 4 I don't take any medicines

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?

- ➊ 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

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?

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

- ➊ 1 Yes
- 2 No
- 3 I don't know
- 4 I don't take 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

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

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

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?

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

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?

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

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**?

- 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

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?

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

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

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

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

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

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**?

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

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?

-  1 Yes
- 2 No
- 3 I don't know
- 4 I did not want or need this

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**?

- 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 0 Worst home health care possible
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 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

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?

- 0 0 Worst home health care possible
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 Best home health care possible

YOUR HOME HEALTH AGENCY

The next questions are about the office of **[AGENCY NAME]**.

15. Have you contacted this agency's **office** for help or advice?

- 1 Yes
- 2 No → **If No, go to Q17.**

16. When you contacted this agency's office, did you get the help or advice you needed?

- 1 Yes
- 2 No

17. 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

ABOUT YOU

There are only a few questions left.

If you are answering on behalf of a family member or friend who received home health care: these questions are about that person, not yourself.

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 was your race? Please choose 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

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

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

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

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

20. Do you live alone?

- 1 Yes
- 2 No

21. 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

22. What is your race or ethnicity? Please mark one or more.

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Hispanic or Latino
- 5 Middle Eastern or North African
- 6 Native Hawaiian or other Pacific Islander
- 7 White

32. What language do you mainly speak at home?

- 1 English
- 2 Spanish
- 3 Some other language: (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: (please print)

- 6 No one helped me complete this survey

Thank you!

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

23. What language do you mainly speak at home?

- 1 English
- 2 Spanish
- 3 Some other language: (please print)

24. Did someone help you complete this survey?

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

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

- 1 Read the questions to me
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- 3 Answered the questions for me
- 4 Translated the questions into my language
- 5 Helped in some other way: (please print)

- 6 No one helped me complete this survey

Thank you!

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