HomeHealthSurvey

Survey Instructions

- 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.**

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Your Home Health Care

1. According to our records, you got care from the home health agency, **Agency Name.** Is that right?

○ **Yes**
○ **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.

○ **Yes**
○ **No**
○ **I don't know**
○ **I did not need help with home safety**

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.

○ **Yes**
○ **No**
○ **I don't know**
○ **I don't take 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?

○ **Yes**
○ **No**
○ **I don't know**
○ **I don't take any medicines**

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?

○ **Never**
○ **Sometimes**
○ **Usually**
○ **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?

○ **Never**
○ **Sometimes**
○ **Usually**
○ **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?

○ **Never**
○ **Sometimes**
○ **Usually**
○ **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?

- ○ **Never**
- ○ **Sometimes**
- ○ **Usually**
- ○ **Always**

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

- ○ **Never**
- ○ **Sometimes**
- ○ **Usually**
- ○ **Always**

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

- ○ **Never**
- ○ **Sometimes**
- ○ **Usually**
- ○ **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**?

- ○ **Never**
- ○ **Sometimes**
- ○ **Usually**
- ○ **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?

- ○ **Yes**
- ○ **No**
- ○ **I don't know**
- ○ **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**?

- ○ **Never**
- ○ **Sometimes**
- ○ **Usually**
- ○ **Always**

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 = 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**.

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

- ○ **Yes**
- ○ **No → If No, skip to Q17.**

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

- ○ **Yes**
- ○ **No**

17. 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

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.

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

- ○ **Excellent**
- ○ **Very good**
- ○ **Good**
- ○ **Fair**
- ○ **Poor**

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

- ○ **Excellent**
- ○ **Very good**
- ○ **Good**
- ○ **Fair**
- ○ **Poor**

20. Do you live alone?

- ○ **Yes**
- ○ **No**

21. 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**

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

- ○ **American Indian or Alaska Native**
- ○ **Asian**
- ○ **Black or African American**
- ○ **Hispanic or Latino**
- ○ **Middle Eastern or North African**
- ○ **Native Hawaiian or Pacific Islander**
- ○ **White**

23. What language do you mainly speak at home?

- ○ **English**
- ○ **Spanish**
- ○ **Some other language:**

_____

(Please print)

24. Did someone help you complete this survey?

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

25. 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 me in some other way:**

_____

(Please print)

- ○ **No one helped me with this survey**

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Consent to Share Responses

Your home health care agency may want to review your answers so that they can decide how to address any concerns that you have. We will not share your answers to this survey linked to your name unless you give your permission for this information to be shared with your home health agency.

Do you give your permission to provide your answers to this survey linked to your name to your home health agency?

○ **Yes, I give my permission to share my name and survey responses with my home health care agency**

○ **No, I do not give permission to share my name and survey responses with my home health care agency.**

The following section can be used to provide additional comments regarding the care you recieved. These comments will be shared with the home health agency that provided your care.

COMMENTS

If your comments exceed the space of this box please include additional comments on a separate sheet

THANK YOU!
Please return the completed survey in the postage-paid envelope.

SHP
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