

HOME HEALTH CARE CAHPS SURVEY
SUPPLEMENTAL ITEMS

- S1.** Did this home health care start as soon as you thought you needed?
- 1 Yes
2 No
- S2.** Did your care from this agency follow a stay in a hospital, nursing home, or rehabilitation center?
- 1 Yes
2 No
- S3.** In the last 2 months of care, how often did you have a hard time speaking with or understanding home health providers from this agency because you spoke different languages?
- 1 Never
2 Sometimes
3 Usually
4 Always
- S4.** In the last 2 months of care, how often did home health providers from this agency behave in a professional manner?
- 1 Never
2 Sometimes
3 Usually
4 Always
- S5.** In the last 2 months of care, how often did you feel that home health providers from this agency really cared about you?
- 1 Never
2 Sometimes
3 Usually
4 Always
- S6.** In the last 2 months of care, did you contact this agency's office about any problems?
- 1 Yes
2 No
3 Did not have problems

S7. In the last 2 months of care, did this agency solve your problem as soon as you needed?

- Yes
- No
- I am still waiting
- I did not call (Go to S9)

S8. Are you satisfied with how this agency solved your problem?

- Yes
- No
- I am still waiting
- I did not call (Go to S9)

S9. Using any number from 0 to 10, where 0 is the worst home health agency possible and 10 is the best home health agency possible, what number would you use to rate this home health agency?

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

S10. Is there anything else you'd like to say about the care you got from this home health agency?
