
CAHPS[®] Nursing Home Survey

Version: Discharged Resident Instrument

Language: English

For assistance with this survey, please contact the CAHPS Help Line at 800-492-9261 or cahps1@westat.com.



File name: discharged-resident-653a.doc
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Instructions for Front Cover

- Replace the cover of this document with your own front cover. Include a user-friendly title, your own logo, and the name of the nursing home.
- Include this text regarding the confidentiality of survey responses:

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

What To Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [INSERT VENDOR ADDRESS].

If you want to know more about this study, please call XXX-XXX-XXXX.

Instructions for Format of Questionnaire

Proper formatting of a questionnaire improves response rates, the ease of completion, and the accuracy of responses. The CAHPS team's recommendations include the following:

- If feasible, insert blank pages as needed so that the survey instructions (see next page) and the first page of questions start on the right-hand side of the questionnaire booklet.
- Maximize readability by using two columns, serif fonts for the questions, and ample white space.
- Number the pages of your document, but remove the headers and footers inserted to help sponsors and vendors distinguish among questionnaire versions.

Survey Instructions

Answer each question by marking 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 #1 on page 1**

No

Please answer the questions in this survey about your stay in the nursing home named on the cover. Do not include any other nursing home stays in your answers.

- 1. For the following questions, use any number from 0 to 10, where 0 is the worst possible and 10 is the best possible.

What number would you use to rate **the food** at the nursing home?

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

- 2. Did you ever eat in the dining room?

- ¹ Yes
- ² No → **If No, go to #4**

- 3. When you ate in the dining room in the nursing home, what number would you use to rate **how much you enjoyed mealtimes**?

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

- 4. What number would you use to rate **how comfortable the temperature was** in the nursing home?

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

5. Think about all the different areas of the nursing home. What number would you use to rate **how clean the nursing home was?**

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

6. What number would you use to describe **how safe and secure you felt** in the nursing home?

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

7. Think about all the different kinds of medicine that help with aches or pain. This includes medicine prescribed by a doctor, as well as aspirin and Tylenol.

When you were in the nursing home, did you ever take any medicine to help with aches or pain?

- ¹ Yes
- ² No → **If No, go to #10**

8. Thinking about when you were in the nursing home, what number would you use to rate **how well the medicine to help with aches or pain worked?**

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

9. What number would you use to rate **how well the nursing home staff helped you when you had pain?**

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

10. What number would you use to rate **how quickly the nursing home staff came when you called for help?**

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

11. When you were in the nursing home, did the staff help you get dressed, take a shower, or go to the toilet?

- ¹ Yes
- ² No → **If No, go to #13**

12. What number would you use to rate **how gentle the nursing home staff were** when they helped you?

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

13. What number would you use to rate **how respectful the nursing home staff were to you?**

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

14. What number would you use to rate **how well the nursing home staff listened to you?**

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

15. What number would you use to rate **how well the nursing home staff explained things in a way that was easy to understand?**

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

16. Overall, what number would you use to rate **the care you got from the nursing home staff?**

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

17. When you were in the nursing home, did you have any special therapy, such as physical, occupational, or speech therapy?

- ¹ Yes
- ² No → **If No, go to #19**

18. Thinking about when you were in the nursing home, what number would you use to rate the **special therapy you got?**

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

19. Overall, what number would you use to rate **the nursing home?**

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

20. When you were in the nursing home, was the area around your room quiet at night?

- ¹ Yes
- ² No
- ³ Sometimes

21. When you were in the nursing home, were you bothered by noise in the nursing home **during the day**?

- ¹ Yes
² No
³ Sometimes

22. When you were in the nursing home, did you have any visitors?

- ¹ Yes
² No → **If No, go to #24**

23. When you had visitors in the nursing home, could you find a place to visit in private?

- ¹ Yes
² No
³ Sometimes

24. When you were in the nursing home, did you visit a doctor for medical care **outside the nursing home**?

- ¹ Yes
² No
³ Sometimes

25. When you were in the nursing home, did you visit a doctor for medical care **inside the nursing home**?

- ¹ Yes
² No
³ Sometimes

26. When you were in the nursing home, could you turn yourself over in bed without help from another person?

- ¹ Yes → **If Yes, go to #29**
² No

27. When you were in the nursing home, were you ever left sitting or laying in the same position so long that it hurt?

- ¹ Yes
² No
³ Sometimes

28. When you were in the nursing home, were you able to move your arms to reach things that you wanted?

- ¹ Yes
² No → **If No, go to #31**
³ Sometimes

29. We would like to find out about whether you could reach the things you needed in your room.

When you were in the nursing home, could you reach the call button by yourself?

- ¹ Yes
² No
³ Sometimes

30. When you were in the nursing home, was there a pitcher of water or something to drink where you could reach it by yourself?

- ¹ Yes
² No
³ Sometimes

31. When you were in the nursing home, did the staff help you dress, take a shower, or bathe?

- ¹ Yes
² No → **If No, go to #33**

32. When you were in the nursing home, did the staff make sure you had enough personal privacy when you dressed, took a shower, or bathed?

- ¹ Yes
² No
³ Sometimes

33. When you were in the nursing home, could you choose what **time you went to bed**?

- ¹ Yes
² No
³ Sometimes

34. When you were in the nursing home, could you choose what **clothes you wore**?

- ¹ Yes
² No
³ Sometimes

35. When you were in the nursing home, could you choose what **activities you did there**?

- ¹ Yes
² No
³ Sometimes

36. When you were in the nursing home, were there enough organized activities for you to do **on the weekends**?

- ¹ Yes
² No
³ Sometimes

37. When you were in the nursing home, were there enough organized activities for you to do **during the week**?

- ¹ Yes
² No
³ Sometimes

38. Would you recommend the nursing home to others?

- ¹ Definitely no
² Probably no
³ Probably yes
⁴ Definitely yes

39. When you were in the nursing home, how often did you feel **worried**?

- ¹ Often
² Sometimes
³ Rarely
⁴ Never

40. When you were in the nursing home, how often did you feel **happy**?

- ¹ Often
² Sometimes
³ Rarely
⁴ Never

41. When you were in the nursing home, did you have a roommate?

- ¹ Yes
² No

42. Think about how you felt about your life when you were in the nursing home.

Use any number from 0 to 10, where 0 is the worst possible and 10 is the best possible. What number would you use to rate **your life then**?

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

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

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

44. Are you male or female?

- ¹ Male
² Female

45. In what year were you born?

Write in: _____ year

46. 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

47. Are you of Hispanic or Latino origin or descent?

- ¹ Yes, Hispanic or Latino
² No, not Hispanic or Latino

48. What is your race? Please mark one or more.

- ¹ White
² Black or African American
³ Asian
⁴ Native Hawaiian or Other Pacific Islander
⁵ American Indian or Alaska Native
⁶ Other

49. Did someone help you complete this survey?

- ¹ Yes → **If Yes, go to #50**
- ² No → **If No, please return the completed survey in the postage-paid envelope.**

50. How did that person help you? Mark one or more.

- 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

Thank you.

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