
CAHPS[®] Nursing Home Survey

Version: Family Member Survey

Language: English

Response Scale: 4 points

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

Instructions for Front Cover

- Replace the cover of this document with your own front cover. Include a user-friendly title and your own logo.
- 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 care your family member gets.

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

The Resident

1. Who is the person listed in the cover letter?

- My Spouse/Partner
- My Parent
- My Mother-in-Law/Father-in-Law
- My Grandparent
- My Aunt or Uncle
- My Sister or Brother
- My Child
- My Friend
- Other

Please print: _____

2. For this survey, the phrase “family member” refers to the person listed in the cover letter. Is your family member now living in the nursing home listed in the cover letter?

- Yes → **If Yes, go to #4**
- No

3. Was your family member discharged from this facility or did he or she die?

- Discharged → **If Discharged, Stop Here. Please return this survey in the postage-paid envelope.**
- Deceased → **If your family member is deceased, we understand that you may not want to fill out a survey at this time.**

If you would like to fill out the rest of the survey, we would be very grateful for your feedback. Please go to #5 and answer the questions about your family member’s last 6 months at the nursing home. Thank you for your help.

4. Do you expect your family member to live in this or any other nursing home permanently?

- Yes
- No
- Don’t know

5. In total, about how long has your family member lived in this nursing home?

- Less than 1 month → **If less than 1 month, Stop Here. Please return this survey in the postage-paid envelope.**
- 1 month to almost 3 months
- 3 months to almost 6 months
- 6 months to almost 12 months
- 12 months or longer

6. In the last 6 months, has your family member ever shared a room with another person at this nursing home?

- Yes
- No

7. Does your family member have serious memory problems because of Alzheimer’s disease, dementia, a stroke, an accident, or something else?

- Yes
- No

8. In the last 6 months, how often was your family member capable of making decisions about his or her own daily life, such as when to get up, what clothes to wear, and which activities to do?

- Never
- Sometimes
- Usually
- Always

Your Visits

Please answer the following questions only for yourself. Do not include the experiences of other family members.

9. In the last 6 months, about how many times did you visit your family member in the nursing home?

- ¹ 0 to 1 time → **If 0 to 1, go to #43 on page 6**
² 2 to 5 times
³ 6 to 10 times
⁴ 11 to 20 times
⁵ More than 20 times

10. In the last 6 months, during any of your visits, did you try to find a nurse or aide for any reason?

- ¹ Yes
² No → **If No, go to #12**

11. In the last 6 months, how often were you able to find a nurse or aide when you wanted one?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

12. In the last 6 months, how often did you see the nurses and aides treat your family member with courtesy and respect?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

13. In the last 6 months, how often did you see the nurses and aides treat your family member with kindness?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

14. In the last 6 months, how often did you feel that the nurses and aides really cared about your family member?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

15. In the last 6 months, did you ever see any nurses or aides be rude to your family member or any other resident?

- ¹ Yes
² No

16. In the last 6 months, during any of your visits, did you help your family member with **eating**?

- ¹ Yes
² No → **If No, go to #18**

17. Was it because the nurses or aides either didn't help or made him or her wait too long?

- ¹ Yes
² No

18. In the last 6 months, during any of your visits, did you help your family member with **drinking**?

¹ Yes

² No → **If No, go to #20**

19. Was it because the nurses or aides either didn't help or made him or her wait too long?

¹ Yes

² No

20. Help toileting includes helping someone get on and off the toilet or helping change disposable briefs or pads. In the last 6 months, during any of your visits, did you help your family member with **toileting**?

¹ Yes

² No → **If No, go to #22**

21. Was it because the nurses or aides either didn't help or made him or her wait too long?

¹ Yes

² No

22. In the last 6 months, how often did your family member look and smell clean?

¹ Never

² Sometimes

³ Usually

⁴ Always

23. Sometimes residents make it hard for nurses and aides to provide care by doing things like yelling, pushing, or hitting. In the last 6 months, did you see any resident, including your family member, behave in a way that made it hard for nurses or aides to provide care?

¹ Yes

² No → **If No, go to #25**

24. In the last 6 months, how often did the nurses and aides handle the situation in a way that you felt was appropriate?

¹ Never

² Sometimes

³ Usually

⁴ Always

Your Experience With Nurses & Aides

25. In the last 6 months, did you want to get information about your family member from a nurse or an aide?

¹ Yes

² No → **If No, go to #27**

26. In the last 6 months, how often did you get this information as soon as you wanted?

¹ Never

² Sometimes

³ Usually

⁴ Always

27. In the last 6 months, how often did the nurses and aides explain things in a way that was easy for you to understand?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

28. In the last 6 months, did the nurses and aides ever try to discourage you from asking questions about your family member?

- 1 Yes
 2 No

The Nursing Home

29. In the last 6 months, how often did your family member's room look and smell clean?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

30. In the last 6 months, how often did the public areas of the nursing home look and smell clean?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

31. Personal medical belongings are things like hearing aids, glasses, and dentures. In the last 6 months, how often were your family member's personal medical belongings damaged or lost?

- 1 Never
 2 Once
 3 Two or more times

32. In the last 6 months, did your family member use the nursing home's laundry service for his or her clothes?

- 1 Yes
 2 No → **If No, go to #34**

33. In the last 6 months, when your family member used the laundry service, how often were clothes damaged or lost?

- 1 Never
 2 Once or twice
 3 Three or more times

34. In the last 6 months, were you ever unhappy with the care your family member received at the nursing home?

- 1 Yes
 2 No → **If No, go to #36**

35. In the last 6 months, did you ever stop yourself from talking to any nursing home staff about your concerns because you thought they would take it out on your family member?

- 1 Yes
 2 No

Care Of Your Family Member

36. In the last 6 months, have you been involved in decisions about your family member's care?

¹ Yes

² No → **If No, go to #38**

37. In the last 6 months, how often were you involved as much as you wanted to be in the decisions about your family member's care?

¹ Never

² Sometimes

³ Usually

⁴ Always

Overall

38. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care at this nursing home?

0 Worst care possible

1

2

3

4

5

6

7

8

9

10 Best care possible

39. If someone needed nursing home care, would you recommend this nursing home to them?

¹ Definitely no

² Probably no

³ Probably yes

⁴ Definitely yes

40. In the last 6 months, how often did you feel there were enough nurses and aides in this nursing home?

¹ Never

² Sometimes

³ Usually

⁴ Always

You And Your Role

Please remember that the questions in this survey are about your experiences. Do not include the experiences of other family members.

41. In the last 6 months, did you ask the nursing home for information about payments or expenses?

¹ Yes

² No → **If No, go to #43**

42. In the last 6 months, how often did you get all the information you wanted from the nursing home about payments or expenses?

¹ Never

² Sometimes

³ Usually

⁴ Always

About You

43. What is your age?

- 18 to 24
 25 to 34
 35 to 44
 45 to 54
 55 to 64
 65 to 74
 75 or older

44. Are you male or female?

- Male
 Female

45. 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

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

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

47. What is your race? 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

48. What language do you mainly speak at home?

- 1 English
 2 Spanish
 3 English and Spanish equally
 4 Some other language

49. Did someone help you complete this survey?

- 1 Yes
 2 No → **If No, go to #51**

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

Optional

51. Is there anything else you'd like to say about the care your family member gets at this nursing home?

Please print: _____

Thank you.

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