

CAHPS Nursing Home Survey – Long-Stay Resident Instrument

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Information for Vendors

- The scripts provided in this document use the questions from the CAHPS Nursing Home Survey – Long-Stay Resident Instrument.
- If you plan to add your own items to this instrument, insert them just before Item Number 39, which begins the "About You" section.
- All questions should include a “REFUSED” (“REF”) response option, which can be on the interviewer’s manual notation sheet. Unless otherwise noted, “REF” responses should follow the same skip pattern as the “NO” response option.
- Please be aware that you may need approval from an Institutional Review Board (IRB) in order to conduct this survey. Regardless of whether you need IRB approval, you must get the respondent’s consent to participate.

Conventions Used in This Document

- Survey instructions intended for interviewers appear in [UPPERCASE LETTERS ENCLOSED IN BRACKETS].
- Text in UPPERCASE LETTERS (e.g., “REF” as a response option) is intended for use in coding a response. It should not be read aloud.
- Text that appears in **bold, lowercase letters** is meant to be read aloud. Other lowercase text is optional but recommended.
- Text that is underlined should be emphasized.

Introductory Script and Questions

[AFTER LOCATING RESIDENT, INTRODUCE SELF & BRIEFLY INTRODUCE SURVEY.]

Hello, my name is {INTERVIEWER NAME} and I was hoping you'd have some time to talk to me today about how things are going here for you. (IF NEEDED: We're doing a survey to learn about the care that nursing home residents receive and would like your help.)

Would you like to participate in this survey?

- Yes
- Yes, but at a later time
- No

[IF R AGREES, GO TO A PRIVATE LOCATION TO CONDUCT INTERVIEW. IF R DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, ARRANGE AN APPOINTMENT TO GO BACK LATER. IF NOT, THANK R FOR TIME AND LEAVE.]

Before we start, let me tell you a few things about this survey.

The goal of this survey is to learn about the care that nursing home residents receive in this nursing home and to improve the quality of care in nursing homes.

If you agree to take part, we would ask you some questions about your satisfaction with your nursing home care. **This interview should take approximately 20 minutes. Your participation in this study is completely voluntary.** No matter whether you decide to complete the interview or refuse to participate, **your care here will not be affected in any way.**

You can skip over any questions you don't want to answer and you can stop participating at any time.

All of your answers are completely confidential. Your name won't be connected to your answers in any way. No one at the nursing home will know what you said.

By participating in this survey, you will help us develop better ways of assessing nursing home quality. This may benefit residents in the future.

Do you have any questions before we start?

[ANSWER ANY QUESTIONS, THEN GO TO QUESTION 1.]

[HAND R SHOWCARD 1: 0-10]

Now let's talk about how you feel about things at this nursing home and how you feel about the care you get. Remember, when you answer, you can use any number from 0 to 10, where 0 is the worst possible and 10 is the best possible.

- 1. First, what number would you use to rate the food here at this nursing home?**

_____ (0-10)

- 2. Do you ever eat in the dining room?**

¹ YES

² NO → IF NO, GO TO QUESTION 4

- 3. When you eat in the dining room, what number would you use to rate how much you enjoy mealtimes?**

_____ (0-10)

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

_____ (0-10)

- 5. Now, think about all the different areas of the nursing home. What number would you use to rate how clean this nursing home is?**

_____ (0-10)

- 6. What number would you use to describe how safe and secure you feel in this nursing home?**

_____ (0-10)

7. Now, 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. Do you ever take any medicine to help with aches or pain?

¹ YES

² NO → IF NO, GO TO QUESTION 10

8. What number would you use to rate how well the medicine worked to help with aches or pain?

_____ (0-10)

9. What number would you use to rate how well the staff help you when you have pain?

_____ (0-10)

10. What number would you use to rate how quickly the staff come when you call for help?

_____ (0-10)

11. Do the staff help you get dressed, take a shower, or go to the toilet?

¹ YES

² NO → IF NO, GO TO QUESTION 13

12. What number would you use to rate how gentle the staff are when they're helping you?

_____ (0-10)

13. What number would you use to rate how respectful the staff are to you?

_____ (0-10)

14. What number would you use to rate how well the staff listen to you?

_____ (0-10)

15. What number would you use to rate how well the staff explain things in a way that is easy to understand?

_____ (0-10)

16. Overall, what number would you use to rate the care you get from the staff?

_____ (0-10)

17. Overall, what number would you use to rate this nursing home?

_____ (0-10)

[HAND R SHOWCARD 2: YES/NO/SOMETIMES]

For the next questions, you can answer yes, no, or sometimes.

18. Is the area around your room quiet at night?

- 1 YES
- 2 NO
- 3 SOMETIMES

19. Are you bothered by noise in the nursing home during the day?

- 1 YES
- 2 NO
- 3 SOMETIMES

20. If you have a visitor, can you find a place to visit in private?

- 1 YES
- 2 NO
- 3 SOMETIMES

21. Do you visit a doctor for medical care outside the nursing home?

- 1 YES
- 2 NO
- 3 SOMETIMES

22. Do you see any doctor for medical care inside the nursing home?

- 1 YES
- 2 NO
- 3 SOMETIMES

[OBSERVATIONAL SCREENER: IS R ABLE TO MOVE AROUND ALONE - NOT IN WHEELCHAIR?]

- 1 YES → IF YES, GO TO QUESTION 26
- 2 NO

23. If you wanted to, can you turn yourself over in bed without help from another person?

- 1 YES → IF YES, GO TO QUESTION 26
- 2 NO
- 3 SOMETIMES

24. Are you ever left sitting or laying in the same position so long that it hurts?

- 1 YES
- 2 NO
- 3 SOMETIMES

25. Are you able to move your arms to reach things that you want?

- 1 YES
- 2 NO → IF NO, GO TO QUESTION 28
- 3 SOMETIMES

26. We'd like to find out about whether you can reach the things you need in your room. Can you reach the call button by yourself?

- 1 YES
- 2 NO
- 3 SOMETIMES

27. Is there a pitcher of water or something to drink where you can reach it by yourself?

- 1 YES
- 2 NO
- 3 SOMETIMES

28. Do the staff help you dress, take a shower, or bathe?

- 1 YES
- 2 NO → IF NO, GO TO QUESTION 30

29. Do the staff make sure you have enough personal privacy when you dress, take a shower, or bathe?

- 1 YES
- 2 NO
- 3 SOMETIMES

30. Can you choose what time you go to bed?

- 1 YES
- 2 NO
- 3 SOMETIMES

31. Can you choose what clothes you wear?

- 1 YES
- 2 NO
- 3 SOMETIMES

32. Can you choose what activities you do here?

- 1 YES
- 2 NO
- 3 SOMETIMES

33. Are there enough organized activities for you to do on the weekends?

- 1 YES
- 2 NO
- 3 SOMETIMES

34. Are there enough organized activities for you to do during the week?

- 1 YES
- 2 NO
- 3 SOMETIMES

[HAND R SHOWCARD 3: DEFINITELY NO/PROBABLY NO/PROBABLY YES/DEFINITELY YES]

For the next question, you can answer definitely no, probably no, probably yes, or definitely yes.

35. Would you recommend this nursing home to others?

- 1 DEFINITELY NO
- 2 PROBABLY NO
- 3 PROBABLY YES
- 4 DEFINITELY YES

[HAND R SHOWCARD 4: OFTEN/SOMETIMES/RARELY/NEVER]

Now I'd like you to use this list of answer choices – often, sometimes, rarely, or never.

36. How often do you feel worried – often, sometimes, rarely, or never?

- 1 OFTEN
- 2 SOMETIMES
- 3 RARELY
- 4 NEVER

37. How often do you feel happy – often, sometimes, rarely, or never?

- 1 OFTEN
- 2 SOMETIMES
- 3 RARELY
- 4 NEVER

[HAND R SHOWCARD 5: EXCELLENT/VERY GOOD/GOOD/FAIR/POOR]

38. In general, how would you rate your overall health – excellent, very good, good, fair, or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR

[HAND R SHOWCARD 6: 0-10]

These next questions are about you.

39. First, we want to know how you feel about your life now. 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 now?

_____ (0-10)

40. In what year were you born?

_____ (YEAR)

41. 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, or
- 6 More than 4-year college degree?

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

- 1 YES, HISPANIC OR LATINO
- 2 NO, NOT HISPANIC OR LATINO

43. What is your race? (IF NEEDED: Would you say you are...)

- 1 White
- 2 Black or African-American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other (*Please print*)

44. [INDICATE GENDER]

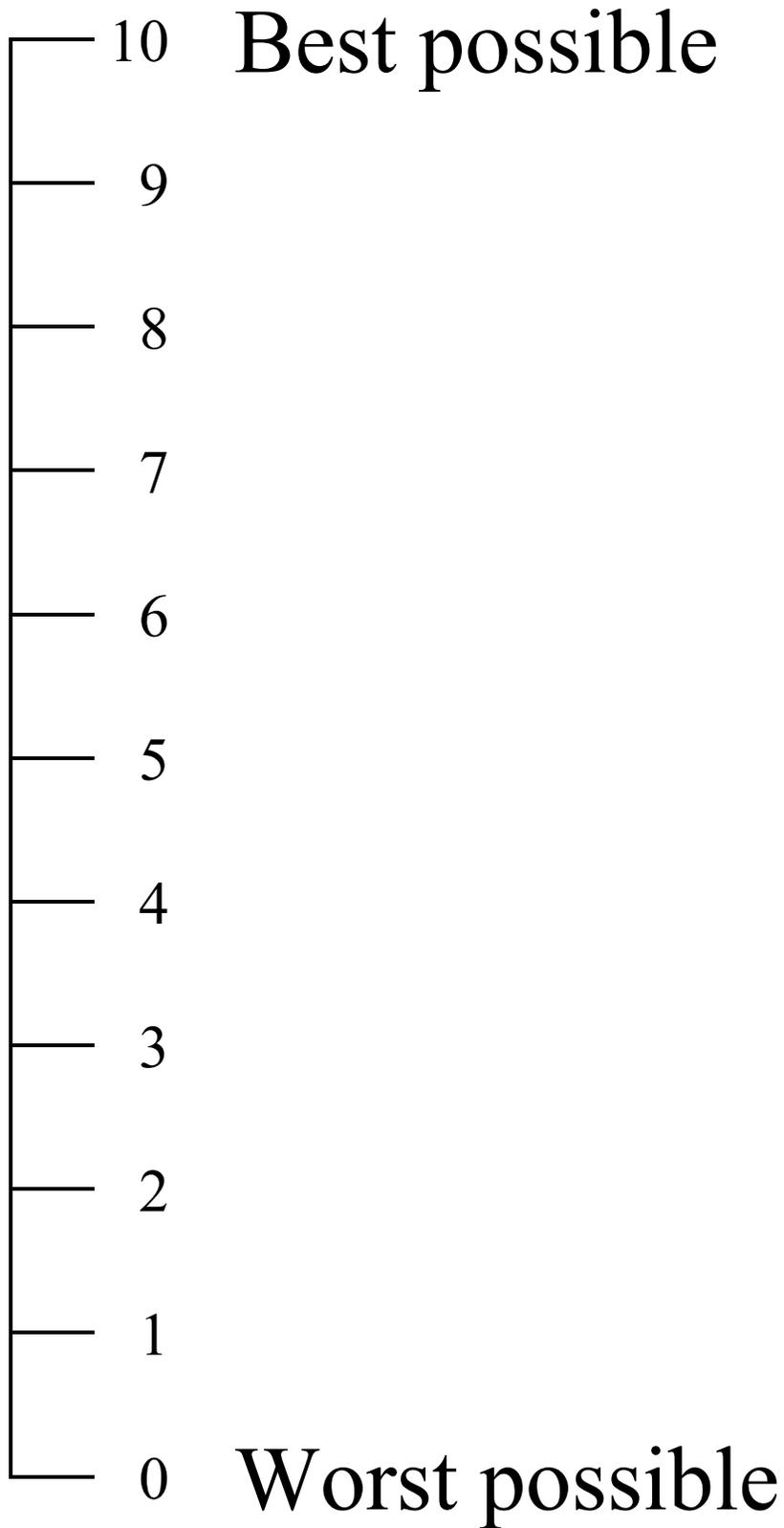
- 1 MALE
- 2 FEMALE

45. [ASK IF NOT OBSERVED] Do you currently have a roommate?

- 1 YES
- 2 NO

Appendix: Showcards With Printed Response Options

(Cards begin on next page)



Showcard #1

Yes

No

Sometimes

Showcard #2

Definitely No

Probably No

Probably Yes

Definitely Yes

Showcard #3

Often

Sometimes

Rarely

Never

Showcard #4

Excellent

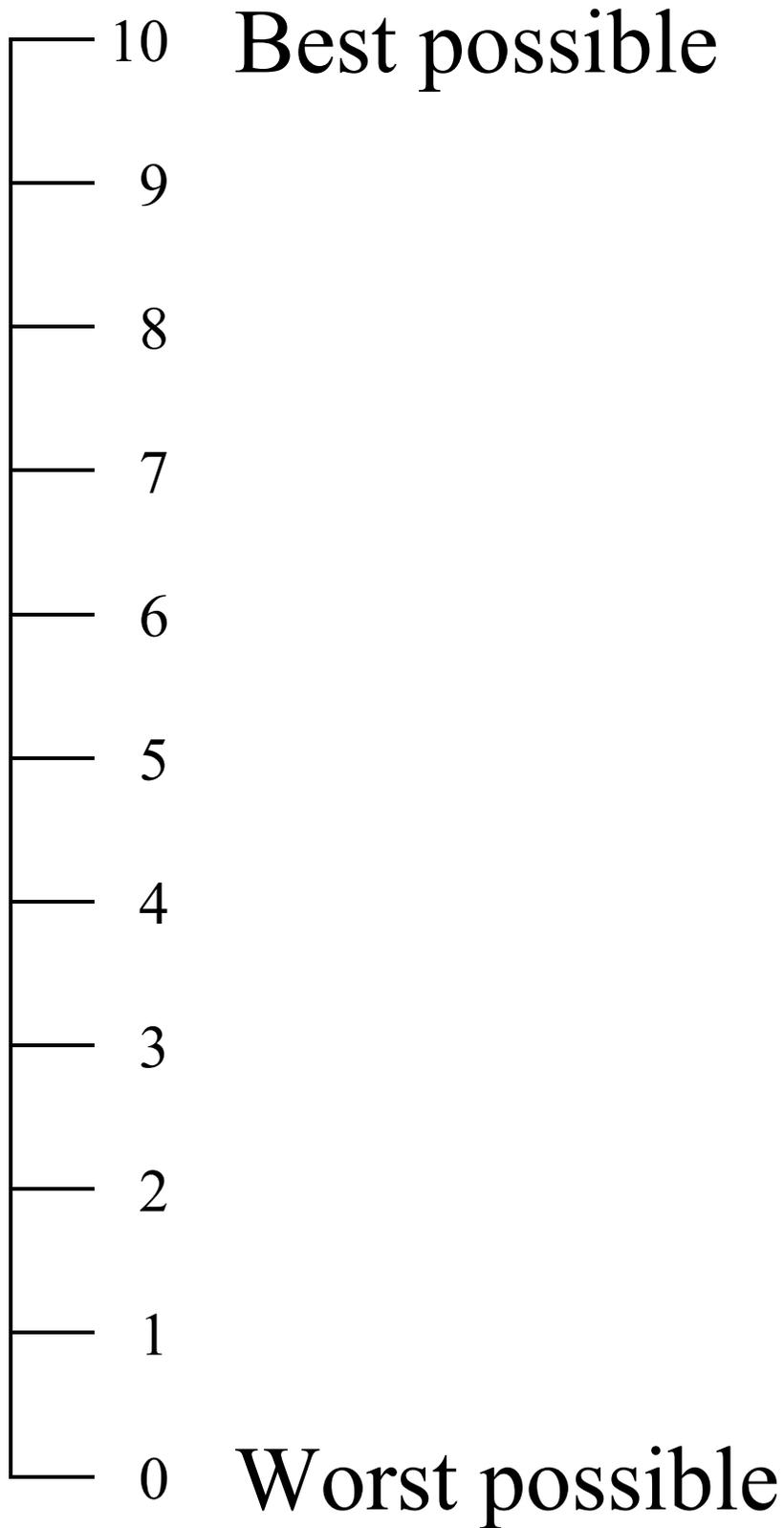
Very Good

Good

Fair

Poor

Showcard #5



Showcard #6