

ICPSR 28961

**National Home and Hospice Care  
Survey, 2007**

*United States Department of Health and  
Human Services. Centers for Disease  
Control and Prevention. National Center  
for Health Statistics*

National Home Health Aide Survey  
Questionnaire

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### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>A1</b>	Are you currently employed by {AGENCY}?	1 Yes 2 No	All HHAs		
<b>A2</b>	Were you working there or available for work on {SAMPLE DATE}?  IF NEEDED: Even if you were not scheduled to work that day, we are interested in whether or not you were employed at this agency at that time.	1 Yes 2 No		If A1=2	HHAs who responded "No" to this question were ineligible for the NHHAS.
<b>A3</b>	{Are/Were} you working as . . . STOP READING WHEN RESPONDENT ANSWERS. a home health aide, a home care aide, a hospice aide, a personal care attendant, a CNA, or something else?	1 Home health aide 2 Home care aide 3 Hospice aide 4 A personal care attendant 5 A CNA 91 Something else	All HHAs		
<b>A3a</b>	[What {are/were} you working as?]	SPECIFY  _____		If A3=91	
<b>A4</b>	In your job with {AGENCY}, {do/did} you provide assistance with ADLs, or activities of daily living? By ADLs, we mean eating, dressing, bathing, transferring and toileting.	1 Yes 2 No	All HHAs		HHAs who responded "No" to this question were ineligible for the NHHAS.
<b>A4a</b>	Are/Were} you an employee of {AGENCY} or {are/were} you a contract worker?	1 Agency employee 2 Contract worker	All HHAs		HHAs who responded "Contract worker" to this question were ineligible for the NHHAS.
<b>A4b</b>	Do/Did} you work at an in-patient facility at your job with {AGENCY} or {do/did} you care for patients in their homes?  IF ONLY AT AN INPATIENT FACILITY, PROBE: {Is/Was} it at one facility or more than one facility?	1 One inpatient facility 2 Two or more inpatient facilities 3 Patient homes only 4 Both home and inpatient facility	All HHAs		

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<b>A5</b>	During the last month you worked for {AGENCY}, did you work with a single patient, or multiple patients?	1 Single patient 2 Multiple patients		If A4b=3	
<b>A6</b>	{Do/Did} you live with this patient?	1 Yes 2 No		If A5=1	

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<b>B1a_m</b>	<p>The first section is about why you initially decided to become a home health aide.</p> <p>For each item I read, please tell me whether this is a reason you chose this type of work. Was it because...</p> <p>a. Relative or friend was receiving care b. Provided care to a friend or relative c. Like helping people d. Thought it would give you time to interact with patients or the elderly e. Prefer home care setting to facility f. Family member or friend was also a home health aide g. Wanted to work in health care h. Job was steady and secure i. Home health aide jobs available j. Home health aide jobs close to home k. Work hours fit schedule l. Want to eventually become a nurse m. Is there any other reason you chose this type of work?</p>	<p>FOR EACH REASON (a-m):</p> <p>1 Yes 2 No</p>	Current HHAs		Questions in Section HB are asked of home health aides who were <u>still employed</u> at the sampled agency at the time of the National Home Health Aide Survey (NHHAS) (A1=1).
<b>B1n</b>	<p>Is there any other reason you chose this type of work? PROBE: Any others?</p>	<p>SPECIFY REASON</p> <p>Reason OS1 _____</p> <p>Reason OS2 _____</p>		If B1m=1	
<b>B2</b>	<p>Which of the reasons you gave me was the <u>most important reason</u> for becoming a home health aide?</p>	<p>MOST MPORTANT REASON</p> <p>1 Relative or friend was receiving care 2 Provided care to a friend or relative 3 Like helping people</p>		If B1a-m = 1 for 2+ reasons	

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		4 Would give you time to interact with patients or elderly 5 Prefer home care setting to facility 6 Family member or friend was a home health aide 7 Wanted to work in health care 8 Job was steady and secure 9 Home health aide jobs available 10 Home health aide jobs close to home 11 Work hours fit schedule 12 Want to become a nurse 13 Reason OS1 14 Reason OS2			
<b>B3</b>	How did you learn about being a home health aide as a <u>possible</u> job?  PROBE: Anything else?	SELECT ALL THAT APPLY 1 Family member or friend was one, recommended it 2 Providing care to a relative/friend and became interested 3 Relative/friend receiving care  4 Worked in other health care setting, e.g. nursing home	Current HHAs		Interviewer assigned nursing assistant's response(s) to one or more of the pre-coded categories provided for this question.

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		5 Newspaper 6 TV 7 Radio 8 School/job training program 9 Unemployment/employment agency 91 Other (SPECIFY)			
<b>B3a</b>	How did you learn about being a home health aide as a possible job?	SPECIFY _____		If B3=91	
<b>B4</b>	Since you first became a home health aide, how long have you been doing this kind of work, including the time at your current job?  Do not count the time between jobs or time spent on a leave of absence.  READ CATEGORIES IF NECESSARY	1 6 months or less 2 > 6 months to less than 1 year 3 1 to < 2 years 4 2-5 years 5 6-10 years 6 11-20 years 7 >20 years	Current HHAs		Interviewer assigned nursing assistant's response to one of the pre-coded categories provided for this question.

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<b>B5</b>	What were you doing <u>before</u> you <u>first</u> became a home health aide? Were you mainly... working as a certified nursing assistant, working at some other type of job, going to school, staying home with children, were you unemployed, or were you doing something else?	1 Working as a certified nursing assistant 2 Working at some other type of job 3 Going to school 4 Staying home with children 5 Unemployed 91 Something else	Current HHAs		
<b>B5a1</b>	Were you working in ...  long-term care, such as a nursing home, acute care, ambulatory care, or home care?	1 Long-term care 2 Acute care 3 Ambulatory care 4 Home care		If B5=1	
<b>B5a2</b>	What kind of work were you doing?  IF MORE THAN ONE JOB, ASK: Which one did you consider your main job?	SPECIFY  _____		If B5=2	
<b>B5b</b>	What were your most important activities or duties?	SPECIFY  _____		If B5=2	
<b>B5c</b>	What were you doing <u>before</u> you became a home health aide?	SPECIFY  _____		If B5 =91	
<b>B6</b>	What kind of business or industry did you work for? PROBE: What did they make, sell, or do?  IF SELF-EMPLOYED: What kind of business was it?	SPECIFY  _____		If B5=2	
<b>B7</b>	If you had to decide whether to become a	1 Definitely become	Current		



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	home health aide again, would you...  definitely become one, probably become one, probably not become one, or would you definitely not become one?	one 2 Probably become one 3 Probably not become one 4 Definitely not become one	HHAs		

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Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>C1a</b>	Did you receive any classroom or formal training to become a home health aide?	1 Yes 2 No	Current HHAs		Questions in Section HC are asked of home health aides who were <u>still employed</u> at the sampled agency at the time of the National Home Health Aide Survey (NHHAS) (A1=1).
<b>C1b</b>	Where did you receive your training to become a home health aide?  IF RESPONDENT RECEIVED TRAINING IN ANOTHER COUNTRY, PROBE:  Where did you receive training in the U.S. to become a home health aide?	1 Agency where currently working 2 Agency other than where currently working 3 Nursing facility 4 Community college, vocational, technical school program 5 Red Cross 6. High school 7 Not received in the U.S.. 91 Somewhere else		If C1a=1	Interviewer assigned nursing assistant's response to one of the pre-coded categories provided for this question.
<b>C1c</b>	Where did you receive training in the U.S. to become a home health aide?	PLACE WHERE TRAINING WAS RECEIVED  SPECIFY _____		If C1b= 91	
<b>C2</b>	How well did your home health aide training prepare you for what it is actually like to work in a home health setting?  Did you feel . . . well prepared, somewhat prepared, or not at all prepared?	1 Well prepared, 2 Somewhat prepared 3 Not at all prepared		If C1a=1	

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<b>C3</b>	Was your home health aide training ... mostly spent doing or observing hands- on work with patients, mostly spent in classroom study, or evenly split between hands-on work and classroom study?	1 Mostly spent doing or observing hands-on work with patients 2 Mostly spent in classroom study 3 Evenly split between hands-on work and classroom study		If C1a=1	
<b>C4</b>	Next, I'd like you to think about <u>all</u> the home health aide training you have had, including training to become a home health aide <u>and</u> any training you received since you started working in the field. For each area, please tell me whether the training you received was excellent, good, fair, or poor. If you haven't received training in an area, just tell me. a. patient care skills such as helping with eating, bathing, dressing, and walking b. Talking with residents c. Discussing patient care with patients' families d. Organizing your work tasks so that everything gets done on time e. dementia care f. Working with patients that act out or are abusive g. Preventing personal injuries at work h. Assisting with duties that don't directly involve patients, such as meal planning, or care of the home i. End of life issues and coping with grief j. Abuse and neglect issues k. Relating to patients of different cultures or ethnicities, or with different values or beliefs	FOR EACH AREA (a-k):  1 Excellent 2 Good 3 Fair 4 Poor 5 Not received	Current HHAs		
<b>C5</b>	Have you taken any home health continuing education classes, including in-service	1 Yes 2 No	Current HHAs		

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	training, in the past two years?				
<b>C6</b>	In general, how useful have these home health aide continuing education classes been in helping you do your job? Would you say . . . very useful, somewhat useful, or not at all useful?	1 Very useful, 2 Somewhat useful 3 Not at all useful		If C5=1	

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Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>D1</b>	About how many full-time or part-time jobs have you had during the past <u>five years</u> ? Please include your current job and include military duty, self-employment or your own business.  READ IF NECESSARY: Consider all private duty patients as one job.	1 One 2 Two 3 Three 4 Four 5 5-7 6 8-10 7 More than 10	All HHAs		Interviewer assigned nursing assistant's response to one of the pre-coded categories provided for this question.
<b>D2</b>	About how many full-time or part-time jobs have you had during the past <u>two years</u> ? That would be since (MONTH, YEAR TWO YEARS PRIOR TO INTERVIEW DATE). Please include your current job.	NUMBER OF JOBS  SPECIFY  _____		If D1 ≠ 1	
<b>D2_D3b2</b>	I have some more questions about the job(s) you have had during the past 2 years.}  Let's start with your job at {AGENCY} When did you <u>start</u> working for {AGENCY/EMPLOYER}? When did you stop working there?  Where else have you worked since {MONTH/YEAR TWO YEARS AGO}? Again, include full-time and part-time work and any other current jobs.  When did you <u>start</u> working for {AGENCY/EMPLOYER}?  When did you stop working there?	FOR EACH JOB-UP TO 5 JOBS-  ENTER MONTH AND YEAR STARTED JOB  SPECIFY  _____   ENTER MONTH AND YEAR ENDED JOB {IF STILL AT JOB, ENTER 96.}  SPECIFY  _____	All HHAs		
<b>D4a-4a2</b>	The next few questions are about your job	FOR JOBS 2-5		If D2 ≠ 1	

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	at {AGENCY/EMPLOYER [2-5].  What kind of work {are/were} you doing there?	SPECIFY _____ IF RESPONDENT INDICATES HOME HEALTH AIDE, CODE 999.			
<b>D4a4</b>	{Are/Were} you providing assistance with ADLs (Activities of Daily Living)?	1 Yes 2 No		If D4a2= 999	
<b>D4b</b>	What {are/were} your most important activities or duties?	FOR JOBS 2-5  SPECIFY _____		If D4a4 ≠ 1	
<b>D5</b>	What kind of business or industry {is/was} this?  PROBE: What {do/did} (they/you) make, sell, or do?	FOR JOBS 2-5  SPECIFY _____		If D2 = 2-5	
<b>D5a</b>	INTERVIEWER: DID RESPONDENT INDICATE JOB WAS AS AN EMPLOYEE OF A HOME HEALTH OR HOSPICE AGENCY?  PROBE: We are interested only in home health or hospice agency employment, not employment as a contract worker or private duty care.	1 Yes 2 No		If D2 = 2-5	
<b>D5b</b>	Just to confirm, were you working or available for work with {EMPLOYER} on {SAMPLE DATE}?	1 Yes 2 No			Asked if D5a=1 and D4a4 = 1 and start and stop dates for job span the date of employment with the sampled agency.
<b>D5c-g</b>	What is the address of {EMPLOYER}?	SPECIFY _____		If D5b = 1	

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<b>D6</b>	How many hours {do/did} you usually work in an average week for {AGENCY/EMPLOYER}?  PROBE: Your best estimate is fine.	FOR EACH JOB  ENTER NUMBER OF HOURS PER WEEK. IF MORE THAN 99 HOURS PER WEEK, ENTER 99.  SPECIFY HOURS  _____			This question is not asked if A6=1.
<b>D6a</b>	{Are/Were} you paid by the hour while working at {AGENCY/EMPLOYER}?	FOR EACH JOB  1 Yes 2 No IF GET DIFFERENTIAL CODE 'NO'.			This question is not asked if A6=1.
<b>D6a2</b>	What {is/was} your hourly rate of pay, {just before you left that job} before taxes and deductions?	FOR EACH JOB  ENTER HOURLY RATE  \$_____		If D6a=1	
<b>D6b1,D6b2</b>	How much {do/did} you earn, before taxes and other deductions at {AGENCY/EMPLOYER} {just before you left that job}?  Please include tips, commissions, and regular overtime pay.	FOR EACH JOB  ENTER DOLLARS  \$_____   ENTER UNIT 1 Per day 2 Per week 3 Once every two weeks 4 Twice a month 5 Per month 6 Per year 91 Other		If D6a=2	Also asked for Job 1 if A6=1.

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<b>D6b2a</b>	[How much {do/did} you earn, before taxes and other deductions at {AGENCY/EMPLOYER} {just before you left that job}?]	SPECIFY OTHER UNIT   _____		If D6b2=91	
<b>D6d</b>	Why did you stop working at {AGENCY/EMPLOYER}? Did the job end or were you laid off, did you quit, or were you fired?	1 Laid off or job ended 2 Quit 3 Fired 4 Medical disability 5 Retired			Asked about Job 1 if nursing assistant no longer works at sampled agency or for Jobs 2-5, if no longer works there (i.e. D3b1 ≠ 96). Interviewer assigned nursing assistant's response to one of the pre-coded categories provided for this question.
<b>D7</b>	I just need to confirm this information.  On {SAMPLE DATE}, you were working as a home health aide for {NUMBER OF AGENCIES CODED "YES" AT D5A + 1 AND STILL WORKING ON SAMPLE DATE} agency(ies).  Is that correct?	1 Yes 2 No			Asked if A1=1 AND if one or more jobs with D4a4 and D5a = 1 AND stop date is no earlier than SAMPLE DATE or still working.
<b>D8</b>	I'd like to ask you some more questions about your current job.  How did you find your current job at {AGENCY}? PROBE: How did you hear about it? Anything else?	SELECT ALL THAT APPLY  1 Family member or friend was one, recommended it 2 Relative or friend received care 3 Prior home health or nursing assistant job 4 Newspaper ad, article 5 TV 6 Radio	Current HHAs		All remaining questions in Section D (i.e. D8-D32a) apply to home health aides that were <u>still employed</u> at the sampled agency at the time of the National Home Health Aide Survey (NHHAS) (A1=1). Interviewer assigned nursing assistant's response to one or more of the pre-coded categories provided for this question.



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		7 Home health or hospice agency 8 School or job training program 9 Recruiter 10 Self-initiated job search 11 Unemployment or employment agency 91 Other			
<b>D8a</b>	[How did you find your current job?]	HOW FOUND JOB  SPECIFY _____		If D8=91	
<b>D10</b>	Over the past month, have you primarily been . . . traveling around to different locations for your assignments, or working at one location?	1 Traveling around to different locations 2 Working at one location	Current HHAs		
<b>D11</b>	Are you reimbursed for your mileage or travel expenses or provided with an agency car?	1 Yes 2 No 91 Depends	Current HHAs		
<b>D11a</b>	[Are you reimbursed for your mileage or travel expenses?]	SPECIFY _____		If D11=91	
<b>D12</b>	Are you paid for your travel time...  a. from home to your (first patient/ agency) and from your (last patient/ agency) back home? b. between (your agency and) patients? c. anywhere else?	FOR EACH LOCATION (a-c):  1 Yes 2 No	Current HHAs		

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<b>D12d</b>	Where else (are you paid for your travel time)?	SPECIFY _____		If D12c=1	
<b>D13</b>	I have a few questions specifically about health insurance. Is there health insurance coverage available to you at {AGENCY}?  PROBE: This would include insurance that is offered after a certain number of months on the job. PROBE: Whether you use the benefit or not, is it available to you?	1 Yes 2 No	Current HHAs		
<b>D14</b>	Does {AGENCY} offer health insurance coverage for other family members?	1 Yes 2 No		If D13=1	
<b>D15</b>	Are you currently participating in this health insurance plan?  IF PARTIALLY PARTICIPATING, FOR EXAMPLE, DENTAL OR VISION, CODE "NO."	1 Yes 2 No		If D13=1	
<b>D15a</b>	Who is covered under this health insurance plan?  PROBE: Anyone else?	SELECT ALL THAT APPLY  1 Self 2 Spouse/partner 3 Children 91 Other (SPECIFY)		If D15=1	Interviewer assigned nursing assistant's response to one or more of the pre-coded categories provided for this question.
<b>D15aa</b>	[Who is covered under this health insurance plan?]	WHO ELSE COVERED  SPECIFY _____		If D15a=91	
<b>D16</b>	Why aren't you participating in the health	SELECT ALL THAT		If D15=2	Interviewer assigned nursing

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	insurance plan at your job?	<b>APPLY</b>  1 Can't afford it; too expensive 2 Already covered by another plan 3 Covered by Medicare, Medicaid 4 Not worked long enough to be eligible 5 Don't need health insurance 6 Plan offered not a good value; not a good plan 7 Plan not offered to home health aides 91 Other			assistant's response to one or more of the pre-coded categories provided for this question.
<b>D16a</b>	[Why aren't you participating in the health insurance plan at your job?]	<b>REASON NOT COVERED</b>  <b>SPECIFY</b> _____		If D16= 91	
<b>D18</b>	Are you enrolled or do you participate in any government programs that pay for medical care such as Medicare or Medicaid (or STATE SPECIFIC MEDICAID NAME)?  PROBE: Medicaid is a public-assistance program that pays for medical care.	1 Yes 2 No		If D16 ≠ 3	
<b>D18a</b>	Have you ever participated in any government programs that pay for medical care such as Medicare or Medicaid (or	1 Yes 2 No		If D18=2	

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	STATE SPECIFIC MEDICAID NAME)?				
<b>D19</b>	<p>{Not including any health insurance you get through {AGENCY}, do you also/Do you} have health insurance coverage either through your spouse or partner's job or employer, or (other) health insurance that you have purchased on your own?</p> <p>PROBE: Include any coverage on a parent's plan.</p>	<p>1 Yes 2 No</p>		If D16 ≠ 2	
<b>D19a</b>	<p>The next questions are about benefits that are available at {AGENCY}. This would include benefits that are offered after a certain number of months on the job, and includes benefits offered to you whether you use it or not.</p> <p>Does {AGENCY} <u>offer</u> you...</p> <p>a. paid sick leave? b. paid holidays off? c. any other paid time off, such as vacation or personal days? d. extra pay for working on holidays? e. a retirement or pension plan? PROBE: This would <u>not</u> include social security or railroad retirement benefits. f. paid child care or child care subsidies or assistance? g. dental/vision or drug benefits? h. disability and/or life insurance? i. bonuses? j. time off for good work? k. tuition reimbursement or subsidy? l. a cell phone for work? m. any other benefits?</p>	<p>FOR EACH BENEFIT (a-m):</p> <p>1 Yes 2 No</p>	Current HHAs		

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<b>D19b</b>	[Does your company offer any other benefits?]	OTHER BENEFIT SPECIFY _____		If D19a (m)=1	
<b>D20</b>	The next questions are about the hours you work on your current job at {AGENCY}.  Would you prefer to work more or fewer hours on this job, or is the amount of hours you work about right?	1 More hours 2 Fewer hours 3 About right	Current HHAs		
<b>D21</b>	What are the reasons you cannot work more hours on this job?  PROBE: Anything else?	SELECT ALL THAT APPLY  1 Agency has enough employees, does not require more hours, no overtime 2 Child care, family issues prevent working more hours 3 Going to school 4 Another job 91 Other (SPECIFY)		If D20=1	Interviewer assigned nursing assistant's response to one or more of the pre-coded categories provided for this question.
<b>D21a</b>	[What are the reasons you cannot work more hours on this job?]	OTHER REASON SPECIFY _____		If D21=91	
<b>D22</b>	Does your agency pay overtime to home health aides that work more than 8 hours in a day, or over 40 hours in a week? PROBE: Does not apply to live-ins.	1 Yes 2 No	Current HHAs		
<b>D25</b>	If you are caring for a patient who needs continuous care, are you required to stay with the patient until the next aide arrives?	1 Yes 2 No 3 Not applicable-don't			This question is not asked if A6=1 or A4b=1 or 2.

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	READ IF NECESSARY: Continuous care is provided around the clock (24/7) to the patient.	provide care to patients needing continuous care			
<b>D26</b>	About how often do you have to stay past your shift? Would you say . . . never, rarely, sometimes, or often?	1 Never 2 Rarely 3 Sometimes 4 Often		If D25=1	
<b>D28</b>	Are you paid for that time?	1 Yes 2 No		If D26 = 2,3, or 4	
<b>D29</b>	Since you started your job at {AGENCY} have you been given a pay increase/ During the past year, were you given a pay increase while working at {AGENCY}?	1 Yes 2 No	Current HHAs		
<b>D30</b>	If you had to decide whether to take your current job as a home health aide again at (AGENCY), would you . . . definitely take it, probably take it, probably not take it, or would you definitely not take it?	1 Definitely take it 2 Probably take it 3 Probably not take it 4 Definitely not take it	Current HHAs		
<b>D31</b>	If you change jobs in the future, do you think your next job will be as a home health aide or doing something else?  IF 'SOMETHING ELSE' ASK: What else would you do?	1 Home health aide 2 CNA 3 Medical assistant 4 LPN 5 LVN 6 RN 7 Other type of health care worker 8 Something else 9 Don't plan on having another job	Current HHAs		Interviewer assigned nursing assistant's response to one of the pre-coded categories provided for this question.
<b>D31a</b>	[If you change jobs in the future, do you	OTHER JOB		If D31=8	

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	think your next job will be as a home health aide or doing something else?]	SPECIFY _____			
<b>D32</b>	In addition to your job at {AGENCY}, you told me you also have {one/two/three/four} other job{s}. Why do you have more than one job currently?  PROBE: Anything else?	SELECT ALL THAT APPLY  1 Need the money 2 Like the variety of jobs 3 Cannot get enough hours on any one job 4 Like to work 91 Other (SPECIFY)			Asked if A1=1 and still working at least one other job (D3b1 = 96).  Interviewer assigned nursing assistant's response to one or more of the pre-coded categories provided for this question.
<b>D32a</b>	[Why do you have more than one job?]	OTHER REASON  SPECIFY _____		If D32 =91	

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<b>E1</b>	<p>Over the past month, how have you been traveling from home to (your first patient/the agency) and from (your last patient/the agency) back to your home? Do not include transportation between patients.</p> <p>IF MORE THAN ONE MODE, PROBE: Which is your main form of transportation that you use most often?</p> <p>IF RESPONDENT SAYS "CAR" or "DRIVE" PROBE: Do you drive yourself, carpool, or get a ride from someone?</p> <p>IF MODE HAS CHANGED OVER TIME, PROBE: What have you used most recently?</p>	1 Drive by yourself 2 Get a ride from others 3 Public transportation 4 Walk, bicycle 5 Taxi, van, or car service 6 Carpool 91 Other (SPECIFY)	Current HHAs		<p>Questions in Section HE are asked of home health aides who were <u>still employed</u> at the sampled agency at the time of the National Home Health Aide Survey (NHHAS) (A1=1).</p> <p>This question is not asked if A6=1.</p> <p>Interviewer assigned nursing assistant's response to one of the pre-coded categories provided for this question.</p>
<b>E1a</b>	[Over the past month, how have you been traveling from home to your first patient and from your last patient home? Do not include transportation between patients.]	METHOD OF TRAVEL SPECIFY _____		If E1=91	
<b>E1a1</b>	You said you worked {HOURS FROM D6 JOB 1} hours a week for {AGENCY}. Does that include any traveling time?	1 Yes 2 No	Current HHAs		This question is not asked if A6=1.
<b>E1a2</b>	Do the {HOURS FROM D6 JOB 1} hours include travel time... a. from home to your first (patient/ agency) and from your (last patient/ agency) back home? b. between (your agency and) patients? c. anywhere else?	FOR EACH LOCATION (a-c):  1 Yes 2 No		If E1a1=1	
<b>E1a3</b>	[Does this travel time include any other time.]	OTHER TRAVEL SPECIFY		If E1a2 (c) =1	



### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
		<input type="text"/>			
<b>E1b1</b>	On the last day you worked, how much time did you spend traveling to {the (first place where you saw your patients/your first patient)/agency)?	UNIT 1 Hours 2 Hours and minutes 3 Minutes	Current HHAs		This question is not asked if A6=1.
<b>E1b2</b>	[On the last day you worked how much time did you spend traveling to {the (first place where you saw your patients/your first patient)/agency)?]	SPECIFY HOURS <input type="text"/>		If E1b1=1 or 2	
<b>E1b3</b>	[On the last day you worked how much time did you spend traveling to {the (first place where you saw your patients/your first patient)/agency)?]	SPECIFY MINUTES <input type="text"/>		If E1b1=2 or 3	
<b>E1c1</b>	On the last day you worked, (after leaving the agency) how much total time did you spend traveling between {facilities to see patients/ patient homes and in-patient facilities/ patients)?	UNIT 1 Hours 2 Hours and minutes 3 Minutes			This question is not asked if A6=1 or A4b=1.
<b>E1c2</b>	[On the last day you worked, (after leaving the agency) how much total time did you spend traveling between {facilities to see patients/patient homes and in-patient facilities/ patients)?]	SPECIFY HOURS <input type="text"/>		If E1c1=1 or 2	
<b>E1c3</b>	[On the last day you worked, (after leaving the agency) how much total time did you spend traveling between {facilities to see patients/patient homes and in-patient facilities/ patients)?]	SPECIFY MINUTES <input type="text"/>		If E1c1=2 or 3	
<b>E1d1</b>	On the last day you worked, how much time did you spend traveling from {your last patient/ the last place where you saw your patients)/agency to your home?	UNIT 1 Hours 2 Hours and minutes 3 Minutes	Current HHAs		This question is not asked if A6=1.

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

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<b>E1d2</b>	[On the last day you worked, how much time did you spend traveling from {your last patient/the last place where you saw your patients}/agency) to your home?]	SPECIFY HOURS  _____		If E1d1=1 or 2	
<b>E1d3</b>	[On the last day you worked, how much time did you spend traveling from {your last patient/the last place where you saw your patients}/agency) to your home?]	SPECIFY MINUTES  _____		If E1d1=2 or 3	
<b>E2</b>	During the past month, did you miss any time from work because of problems with transportation?	1 Yes 2 No	Current HHAs		This question is not asked if A6=1.
<b>E3a</b>	How much time from work did you miss because of transportation problems?  PROBE: During the past month. PROBE: Your best estimate is fine.	TIME MISSED FROM WORK SPECIFY NUMBER  _____		If E2=1	
<b>E3b</b>	[How much time from work did you miss because of transportation problems?]	UNIT: 1 Days 2 Hours		If E2=1	
<b>E3d</b>	Do you have another place to live when you are not providing care?	1 Yes 2 No		If A6=1	
<b>E4</b>	The next questions are about you and the people living with you in your household. Again, I'd like to remind you that all of your answers will be kept confidential.  (IF NEEDED: EMPHASIZE TO LIVE-INS	NUMBER OF ADULTS  SPECIFY  _____	Current HHAs		

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
	<p>THE HOUSEHOLD IS NOT THE PATIENT'S.}</p> <p>How many people in your household are adults, age 18 or older, <u>not including yourself</u>? Please count people who normally stay with you for at least 2 nights per week.</p>				
<b>E5</b>	{Are any of the people/Is the person} in your household that {are/is} over age 18 currently working full-time or part-time?	1 Yes 2 No		If E4 ≠0	
<b>E6</b>	And how many people in your household are children age 17 or younger?	NUMBER OF CHILDREN SPECIFY _____	Current HHAs		
<b>E6a</b>	Of those {NUMBER OF CHILDREN FROM E6}, how many are your own children or children you are responsible for?	NUMBER OF CHILDREN SPECIFY _____		If E6=2-19	
<b>E6b</b>	Of those {NUMBER OF CHILDREN FROM E6a} children, how many of them require child care while you are working at {AGENCY}?	NUMBER OF CHILDREN SPECIFY _____		If E6a=2-19	
<b>E6c</b>	Is that your own child or a child you are responsible for?	1 Yes, respondent's own child or responsible for child 2 No, not respondent's child or not responsible for child		If E6=1	
<b>E6d</b>	Does this child require child care while you are working at {AGENCY}?	1 Yes 2 No		If E6a=1 or E6c =1	

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>E7</b>	During the past month, did you miss any time from work because of problems with child care arrangements?	1 Yes 2 No		If E6d=1 or E6b=2-19	
<b>E8a</b>	How much time from work did you miss because of problems with child care?  PROBE: During the past month. PROBE: Your best estimate is fine.	TIME MISSED WORK SPECIFY NUMBER  _____		If E7=1	
<b>E8b</b>	[How much time from work did you miss because problems with child care?]	UNIT 1 Days 2 Hours		If E7=1	
<b>E9</b>	Not counting care you get paid for, are you currently taking care of a family member, relative, or friend who has a disability or health problem?	1 Yes 2 No	Current HHAs		
<b>E10</b>	During the past month, did you miss any time from work because of having to take care of a family member, relative, or friend?	1 Yes 2 No		If E9=1	
<b>E11a</b>	How much time did you miss?  PROBE: During the past month. PROBE: Your best estimate is fine.	TIME MISSED WORK SPECIFY NUMBER  _____		If E10=1	
<b>E11b</b>	[How much time did you miss?]	UNIT 1 Days 2 Hours		If E10=1	
<b>E12</b>	Now I would like to ask you about sources of income and support you may have received. Have you <u>ever</u> received cash welfare for families and children, which is also known	1 Yes 2 No	Current HHAs		

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
	as TANF or Temporary Assistance for Needy Families? TANF used to be called AFDC, or Aid to Families with Dependent Children. Again, everything you tell me is confidential. PROBE: Please include electronically transferred benefits. INTERVIEWER: TANF GRANT MAY BE SHARED WITH WORKER'S SPOUSE/BOYFRIEND/GIRLFRIEND.				
<b>E13</b>	Are you <u>currently</u> receiving cash welfare or TANF?	1 Yes 2 No		If E12=1	
<b>E14</b>	Have you <u>ever</u> received Food Vouchers or food items from WIC which is the Women, Infants, and Children Program?	1 Yes 2 No	Current HHAs		
<b>E14b</b>	Are you <u>currently</u> receiving Food Vouchers or food items from WIC?	1 Yes 2 No		If E14=1	
<b>E15a</b>	Have you <u>ever</u> received benefits from the program called SSI or Supplemental Security Income?  PROBE: Please include electronically transferred benefits.	1 Yes 2 No	Current HHAs		
<b>E15b</b>	Are you <u>currently</u> receiving SSI or Supplemental Security Income?	1 Yes 2 No		If E15a=1	
<b>E16a</b>	Have you <u>ever</u> received food stamp benefits?  PROBE: Please include electronically transferred benefits.	1 Yes 2 No	Current HHAs		
<b>E16b</b>	Are you <u>currently</u> receiving food stamps?	1 Yes 2 No		If E16a=1	

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>E17</b>	Do you currently live in public housing, receive a rent subsidy such as Section Eight, or pay a lower rent because the government pays part of the cost?	1 Yes 2 No	Current HHAs		

## 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>F1PRE, F1</b>	<p>The next questions are about your supervisor at {AGENCY}. This is the person to whom you report about your day-to-day activities. Please remember this survey is confidential.</p> <p>I'm going to read you some statements about your supervisor.</p> <p>Please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement.</p> <p>a. (My supervisor) provides clear instructions when assigning work  b. (My supervisor) is supportive of progress in my career, such as further training  c. (My supervisor) listens to me when I am worried about a patient's care  d. (My supervisor) tells me when I am doing a good job</p>	<p>FOR EACH STATEMENT (a-d):</p> <p>1 Strongly agree  2 Somewhat agree  3 Somewhat disagree  4 Strongly disagree</p>	Current HHAs		Questions in Section HF are asked of home health aides who were <u>still employed</u> at the sampled agency at the time of the National Home Health Aide Survey (NHHAS) (A1=1).

## 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>G1</b>	The next questions are about the time you spend with and how you relate to the patients on your current job at {AGENCY}.		Current HHAs		Questions in Section HG are asked of home health aides who were <u>still employed</u> at the sampled agency at the time of the National Home Health Aide Survey (NHHAS) (A1=1).  This statement is not read if A6=1.
<b>G1a</b>	First, I'll ask about your patient caseload and schedule. How many visits did you make to your patients during the week of Sunday, {WEEKSTART}, through {today/Saturday},{WEEKEND}?	1 Knows total visits 2 Does not know total visits	Current HHAs		This question is not asked if A6=1.
<b>G1a1</b>	KNOWS NUMBER OF VISITS.	NUMBER OF VISITS SPECIFY  _____		If G1a=1	
<b>G1a2</b>	We can talk about your patient workload by patient or by day. Which is easier for you?	1 Per patient 2 Per day		If G1a=2	
<b>G1b</b>	Still thinking about that week, [Sunday, {WEEKSTART through {today/Saturday} {WEEKEND}}, how many patients did you see . . . once that week? twice that week? three times that week? four times that week? five times that week? six times that week? seven times that week? {PROBE: Any patients seen more than seven times per week?}	FOR EACH TIME  NUMBER OF PATIENTS  _____		If G1a2 =1	
<b>G1c</b>	How many visits did you make on . . . Sunday	FOR EACH DAY		If G1a2 =2	



## 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
	Monday Tuesday Wednesday Thursday Friday Saturday	NUMBER OF VISITS   _____			
<b>G1d</b>	During those visits, how many patients did you care for?	NUMBER OF PATIENTS  SPECIFY  _____		If G1a=1 or G1a2=2	
<b>G2</b>	Are you assigned to care for the same patients on most weeks you work, or do the patients you are assigned to change each week you work? PROBE: Other than new patients or discharges due to deaths or insurance changes.	1 Same patients 2 Patients change 3 Combination	Current HHAs		This question is not asked if A6=1. Interviewer assigned nursing assistant's response to one of the pre-coded categories provided for this question.
<b>G3</b>	{First/Now}, I'd like to ask you about things you do directly with patients such as helping them dress, bathe, get in and out of bed, or use the toilet. During the last week worked, how much time do you have to give individual attention to patients who need this type of assistance? Would you say you have . . . more than enough time, enough time, or not enough time?	1 More than enough time 2 Enough time 3 Not enough time	Current HHAs		
<b>G4</b>	Again, during the last week worked, how much time do you have to complete other duties that don't directly involve the patients? This would be things like meal or	1 More than enough time 2 Enough time 3 Not enough time	Current HHAs		Interviewer assigned nursing assistant's response to one of the pre-coded categories provided for this question.

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

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	food preparation, laundry, or record keeping  Would you say you have ... more than enough time, enough time, or not enough time?	4 Doesn't do these types of tasks			
<b>G5</b>	To what degree do you feel patients respect you, as part of their health care team?  Would you say . . . a great deal, somewhat, or not at all?	1 A great deal 2 Somewhat 3 Not at all	Current HHAs		
<b>G6</b>	In general, how often do the patients you care for let you know when you are doing a good job?  Would you say . . . always or most of the time, sometimes, or that never happens?	1 Always or most times 2 Sometimes 3 That never happens	Current HHAs		
<b>G7</b>	In general, are you encouraged by (AGENCY) to discuss the care and well being of patients with their families?  IF RESPONDENT INDICATES AT LEAST ONE FAMILY MEMBER, CODE "YES".	1 Yes 2 No	Current HHAs		
<b>G9</b>	To what degree do you feel your supervisor respects you, as part of the health care team?  Would you say . . . a great deal,	1 A great deal 2 Somewhat 3 Not at all	Current HHAs		

## 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
	somewhat, or not at all?				

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Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>H1</b>	<p>Now, I'd like to ask you a few questions about how satisfied you are with your current job as a home health aide at {AGENCY}. Again, your answers are confidential.</p> <p>Overall, how satisfied are you with your job?</p> <p>Are you . . .  extremely satisfied,  somewhat satisfied,  somewhat dissatisfied, or  extremely dissatisfied?</p>	1 Extremely satisfied 2 Somewhat satisfied 3 Somewhat dissatisfied 4 Extremely dissatisfied	Current HHAs		Questions in Section HH are asked of home health aides who were <u>still employed</u> at the sampled agency at the time of the National Home Health Aide Survey (NHHAS) (A1=1).
<b>H2</b>	<p>I'm going to read you a list of job characteristics and I would like you to tell me if it is a reason why you continue to work in your current job.</p> <p>Do you continue to work in your current job because...</p> <p>a. you enjoy caring for others?  b. flexible schedule or hours?  c. you are able to work independently?  d. the salary or pay is good?  e. the benefits?  f. you enjoy working with the other members of the care team?  g. you enjoy working with your supervisor?  h. the opportunity for overtime?  i. you feel good about the work you do?  j. career advancement?  k. any other reasons?</p>	<p>FOR EACH REASON (a-k):</p> <p>1 Yes  2 No</p>	Current HHAs		
<b>H2I</b>	For what reasons do you continue to work in your current job?	OTHER REASON SPECIFY		If H2 (k)=1	

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<b>H3</b>	Of the reasons you just mentioned, what is the most important reason why you continue to work at your job?  READ LIST OF RESPONSES IF NECESSARY	<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> MOST IMPORTANT REASON 1 Enjoy caring for others 2 Flexible schedule or hours 3 Able to work independently 4 The salary or pay is good 5 The benefits 6 Enjoy working with the other members of the care team 7 Enjoy working with your supervisor 8 The opportunity for overtime 9 Feel good about the work you do 10 Career advancement 11 Other reason			Asked if more than one item at H2a-k = 1.
<b>H4</b>	Are you extremely satisfied, somewhat satisfied, somewhat dissatisfied, or extremely dissatisfied with the following aspects of your current job? a. doing challenging work? b. the benefits? c. the salary or wages? d. learning new skills?	FOR EACH JOB ASPECT (a-d): 1 Extremely satisfied 2 Somewhat satisfied 3 Somewhat dissatisfied 4 Extremely dissatisfied	Current HA		
<b>H5</b>	There are usually things that people like and dislike about their jobs. Please tell me the types of problems or incidents that	SELECT ALL THAT APPLY  1 HHA communication	Current HHAs		Interviewer assigned nursing assistant's response to one or more of the pre-coded categories provided for this question.

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
	make your job with {AGENCY} difficult or cause you to dislike your job.  PROBE: Anything else?	problems with agency staff 2 Misinformation about patient's health 3 Patient communication problems with agency 4 Travel problems (distance, bad directions) 5 Problem patients 6 Clients families 7 Coworkers 8 Supervisor 9 Pay 10 Benefits 11 Workload-Too little, too much 12 Nothing, no complaints 91 Other (SPECIFY)			
<b>H5a</b>	[There are usually things that people like and dislike about their jobs. Please tell me the types of problems or incidents at work that make it difficult for you to work there or cause you to dislike your job.]	TYPE OF PROBLEM SPECIFY  _____		If H5=91	
<b>H6</b>	If a friend or family member needed care and asked your advice about receiving home health care from {AGENCY}, would you . . . definitely recommend it, probably recommend it, probably not recommend it, or would you definitely not recommend it?	1 Definitely recommend 2 Probably recommend 3 Probably not recommend 4 Definitely not recommend	Current HHAs		
<b>H6a</b>	If a friend or family member asked your	1 Definitely recommend	Current		

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	advice about taking a home health aide job at {AGENCY}, would you . . . definitely recommend it, probably recommend it, probably not recommend it, or would you definitely not recommend it?	2 Probably recommend 3 Probably not recommend 4 Definitely not recommend	HHAs		
<b>H7</b>	Are you currently looking for a different job either as a home health aide or doing something else? Please remember, this survey is confidential.	1 Yes 2 No 3 No, but thinking about it	Current HHAs		Interviewer assigned nursing assistant's response to one of the pre-coded categories provided for this question.
<b>H8</b>	How likely is it that you will leave this job at {AGENCY} in the next year? Would you say . . very likely, somewhat likely, or not at all likely?	1 Very likely 2 Somewhat likely 3 Not at all likely	Current HHAs		
<b>H9</b>	What are the reasons you think you would leave?  PROBE: Any other reasons?	SELECT ALL THAT APPLY  1 Different job or opportunity 2 Schedule 3 Retirement 4 Travel problems 5 Pay 6 Moving to a different area 7 Workload; too little, too much 8 Lack of respect or appreciation 9 Supervisor 10 Job too physically	Current HHAs	H8=1,2	Interviewer assigned nursing assistant's response to one or more of the pre-coded categories provided for this question.

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
		demanding 11 Nothing, no complaints 91 Other (SPECIFY)			
<b>H9a</b>	[What are the reasons why you think you would leave?]	OTHER REASON SPECIFY _____		If H9=91	



## 2007 National Home Health Aide Survey Questionnaire (NHHAS)

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<b>I1</b>	<p>I'd like you to continue thinking about {AGENCY}. I'm going to read you a few statements and for each one, tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.</p> <p>{The first statement is }</p> <ul style="list-style-type: none"> <li>a. I am respected by my agency for my work</li> <li>b. I am involved in challenging work</li> <li>c. I am trusted to make patient care decisions</li> <li>d. I am confident in my ability to do my job</li> </ul>	<p>FOR EACH STATEMENT (a-d):</p> <ul style="list-style-type: none"> <li>1 Strongly agree</li> <li>2 Somewhat agree</li> <li>3 Somewhat disagree</li> <li>4. Strongly disagree</li> </ul>	Current HHAs		Questions in Section HI are asked of home health aides who were <u>still employed</u> at the sampled agency at the time of the National Home Health Aide Survey (NHHAS) (A1=1).
<b>I2</b>	<p>Now, I'd like to ask you a few questions about how you think people view the work you do as a home health aide.</p> <p>How much do you think society values or appreciates your work as a home health aide?</p> <p>Would you say ...</p> <p>very much, somewhat, or not at all?</p>	<ul style="list-style-type: none"> <li>1 Very much</li> <li>2 Somewhat</li> <li>3 Not at all</li> </ul>	Current HHAs		
<b>I3</b>	<p>How much do you think your supervisor values or appreciates the work you do as a home health aide?</p> <p>Would you say . . .</p> <p>very much, somewhat, or not at all?</p>	<ul style="list-style-type: none"> <li>1 Very much</li> <li>2 Somewhat</li> <li>3 Not at all</li> </ul>	Current HHAs		
<b>I4</b>	<p>How much do you think the organization at {AGENCY} values or appreciates the work</p>	<ul style="list-style-type: none"> <li>1 Very much</li> <li>2 Somewhat</li> </ul>	Current HHAs		

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

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	you do as a home health aide? Would you say . . . very much, somewhat, or not at all?	3 Not at all			
<b>I5</b>	How important do you think your work is?  Would you say . . . very important, somewhat important, or not important at all??	1 Very important 2 Somewhat important 3 Not important at all	Current HHAs		
<b>I8</b>	On your current job, have you ever been discriminated against because of your race or ethnic origin? This could be from your employer, client or client's family.  Please remember all your answers are confidential.	1 Yes 2 No	Current HHAs		
<b>I10</b>	Have you experienced discrimination from (ITEMS a-e) at your current job? a. patients b. patient's family members or friends c. agency management d. members of the care team e. any other sources (SPECIFY)	FOR EACH SOURCE (a-e):  1 Yes 2 No		If I8=1	
<b>I10f</b>	[Who did you experience discrimination from?]	OTHER SOURCE SPECIFY  _____		If I10e=1	

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

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<b>J1</b>	The next questions are about any times you may have been hurt or injured while working at your job as a home health aide. Include only work-related injuries that you reported to the agency, that required medical attention, or that caused you to miss work.		Current HHAs		Questions in Section HJ are asked of home health aides who were <u>still employed</u> at the sampled agency at the time of the National Home Health Aide Survey (NHHAS) (A1=1).
<b>J2</b>	Since you started your job with {AGENCY}, have you had any/During the last 12 months that you have been working for {AGENCY}, have you had any . . . a. back injuries including pulled back muscles? b. other strains or pulled muscles? c. human bites? d. animal bites? e. scratches, open wounds, or cuts? f. black eyes or other types of bruising? g. burns? h. other injuries from your job?	FOR EACH INJURY (a-h):  1 Yes 2 No	Current HHAs		
<b>J2h1</b>	[Since you started your job with {AGENCY}, have you had any /During the past 12 months working for {AGENCY}, did you have any other injuries from your job?]	OTHER INJURY SPECIFY  _____		If J2(h)=1	
<b>J3</b>	{Since you started your job/During the past 12 months}, how many different times were you hurt or injured while working for {AGENCY}?  READ IF NECESSARY: Include only work-related injuries that you reported to the agency, that required medical attention or that caused you to miss work.	NUMBER OF TIMES SPECIFY  _____		If J2=1	
<b>J4</b>	How did these injuries happen?	SELECT ALL THAT		If J2=1	Interviewer assigned nursing

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

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	PROBE: Anything else?	APPLY 1 Lifting, repositioning, bathing or handling patients 2 Slips, trips, falls 3 Aggression, violence, abuse by patients 4 Bumping into, hitting, or using equipment 5 Performing household chores 91 Other (SPECIFY)			assistant's response(s) to one or more of the pre-coded categories provided for this question.
<b>J4a</b>	[How did these injuries happen?]	HOW INJURY HAPPENED SPECIFY _____		If J4=91	
<b>J5</b>	{Since you started your job/During the past 12 months}, in total, how many days were you unable to work because of the injuries?  PROBE FOR PARTIAL DAYS: Count a missed day if you were out for one half day or more.	NUMBER OF DAYS  SPECIFY _____		If J2=1	
<b>J7</b>	Since you started your job at {AGENCY}, have you ever used lifting devices when moving or lifting patients who cannot move around on their own?	1 Yes 2 No	Current HHAs		
<b>J8</b>	How often are lifts present in patients' homes when they are needed? Would you say . . . always, sometimes, or never?	1 Always 2 Sometimes 3 Never	Current HHAs		
<b>J9</b>	Aside from lifts, are there any other devices or equipment that you need to make your job safer that is typically missing in patients'	1 Yes 2 No	Current HHAs		

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Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
	homes?				
<b>J10</b>	What types of equipment or devices?	SELECT ALL THAT APPLY  1 Bathing aids- (shower chairs, adapted shower stalls, other bathing systems) 2 Bedrails 3 Belts- back 4 Belts-walking, gait belts (with handles) 5 Electric beds 6 Lifts, lifting aides or equipment 7 Sheets (slip or roller) 8 Sliding boards (to move patient from bed to chair) 9 Toilet seat risers 10 Trapeze bars 11 Walker, canes 12 Wheelchairs 91 Other (SPECIFY)		If J9=1	Interviewer assigned nursing assistant's response(s) to one or more of the pre-coded categories provided for this question.
<b>J10a</b>	[What types of equipment or devices?]	OTHER EQUIPMENT SPECIFY  _____		If J10= 91	

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>K1 PRE</b>	The remaining questions are about your background. Again, everything you tell me is confidential.		All HHAs		
<b>K1aa- K1ac</b>	What is your date of birth?	SPECIFY MONTH  _____   SPECIFY DAY  _____   SPECIFY YEAR  _____	All HHAs		
<b>K1a</b>	Approximately, how old are you?	SPECIFY AGE  _____			Asked if K1aa-ac (month, day, or year of birth) is unknown.
<b>K1b</b>	INTERVIEWER, CODE SEX, OR ASK IF NOT KNOWN  Are you female or male?	1 Female 2 Male	All HHAs		
<b>K2</b>	Are you Hispanic or {Latina/Latino}?	1 Yes 2 No	All HHAs		
<b>K3</b>	I'm going to read you a list of five race categories. Please choose one or more races that you consider yourself to be. Do you consider yourself . . . White, African American or Black, American Indian or Alaska Native, Asian, or Native Hawaiian or Pacific Islander?	SELECT ALL THAT APPLY  1 White 2 African American, Black 3 American Indian, Alaska Native 4 Asian 5 Native Hawaiian, Pacific Islander 91 Other	All HHAs		

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>K3a</b>	[I'm going to read you a list of five race categories. Please choose one or more races that you consider yourself to be.]	OTHER RACE  SPECIFY _____		If K3=91	
<b>K4</b>	Are you currently married, living with a partner in a marriage-like relationship, separated, divorced, widowed, or have you never been married?	1 Married 2 Living with partner 3 Separated 4 Divorced 5 Widowed 6 Never married	All HHAs		
<b>K5</b>	What is the highest grade or year you completed in school?  IF EDUCATED IN ANOTHER COUNTRY: And what is the highest equivalent year of school you completed?	0 None 1 1 <sup>st</sup> grade 2 2 <sup>nd</sup> grade 3 3 <sup>rd</sup> grade 4 4 <sup>th</sup> grade 5 5 <sup>th</sup> grade 6 6 <sup>th</sup> grade 7 7 <sup>th</sup> grade 8 8 <sup>th</sup> grade 9 9 <sup>th</sup> grade 10 10 <sup>th</sup> grade 11 11 <sup>th</sup> grade 12 12 <sup>th</sup> grade 13 1 year college, trade school 14 2 years college, trade school 15 3 years college, trade school 16 College graduate 17 Post college	All HHAs		
<b>K6</b>	Did you {get your high school diploma or did you} {receive your G.E.D.}?	1 High school diploma 2 GED 3 Neither, no		If K5=0-12	

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
	PROBE FOR WHICH ONE.				
<b>K6a</b>	Are you a certified nursing assistant or CNA?	1 Yes 2 No		If A3#5	
<b>K7</b>	Which of the following categories best describes your total household income last year, before taxes? Please include any income you and other family members may have received from jobs, public assistance, interest, or any other sources. Please stop me when I get to the right category . .  PROBE: Your best estimate is fine. Less than \$10,000, \$10,000 to under \$20,000, \$20,000 to under \$30,000, \$30,000 to under \$40,000, \$40,000 to under \$50,000, \$50,000 to under \$60,000, \$60,000 to under \$70,000, \$70,000 to under \$80,000, or \$80,000 or more?	1 Less than \$10,000 2 \$10,000 to under \$20,000 3 \$20,000 to under \$30,000, 4 \$30,000 to under \$40,000 5 \$40,000 to under \$50,000 6 \$50,000 to under \$60,000 7 \$60,000 to under \$70,000, 8 \$70,000 to under \$80,000 9 \$80,000 or more	All HHAs		
<b>K7a</b>	During the past 12 months (that is, since {12 MONTHS BEFORE INTERVIEW DATE}), did you receive a flu shot?	1 Yes 2 No	All HHAs		
<b>K7b</b>	In general would you say that your health is . . . excellent, very good, good, fair, or poor?	1 Excellent 2 Very good 3 Good 4 Fair 5 Poor	All HHAs		
<b>K8</b>	Are you a citizen of the United States?  PROBE: Please remember this survey is confidential.	1 Yes 2 No	All HHAs		



### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>K8a</b>	Were you born a citizen of the United States, or did you become a citizen of the US through naturalization?	1 Born 2 Naturalized		If K8=1	
<b>K9, K9aa</b>	Where are you currently a citizen? What country?	SPECIFY COUNTRY  _____		If K8=2	
<b>K9a</b>	Were you trained as a home health aide or as some other type of health professional outside of the United States?  IF YES, PROBE: What were you trained as?	1 Yes, trained as a MD (medical doctor) 2 Yes, trained as RN/LPN (nurse) 3 Yes, trained as paramedic 4 Yes, trained as home health aide 5 Yes, trained as a nurse aide or certified nursing assistant 6 No 91 Yes, Other		If K8=2 or K8a=2	Interviewer assigned nursing assistant's response(s) to one of the pre-coded categories provided for this question.
<b>K9a1</b>	[Were you trained as a home health aide or as some other type of health professional outside of the United States?]	SPECIFY JOB TITLE  _____		If K9a =91	

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>K9b</b>	What languages do you speak?  PROBE: Any others?	SELECT ALL THAT APPLY  1 American sign language 2 Cantonese/ Mandarin 3 Creole 4 Czech 5 English 6 French 7 German 8 Hindi 9 Polish 10 Portuguese 11 Russian 12 Spanish 13 Swahili 14 Tagalog 91 Other (SPECIFY)	Current HHAs		All remaining questions in Section K apply to home health aides that were <u>still employed</u> at the sampled agency at the time of the National Home Health Aide Survey (A1=1).  Interviewer assigned nursing assistant's response(s) to one or more of the pre-coded categories provided for this question.
<b>K9b1</b>	[What languages do you speak?]	SPECIFY LANGUAGE _____		If K9b =91	
<b>K9c</b>	What do you consider to be your primary language?	1 American sign language 2 Cantonese/ Mandarin 3 Creole 4 Czech 5 English 6 French 7 German 8 Hindi 9 Polish 10 Portuguese 11 Russian 12 Spanish 13 Swahili 14 Tagalog			Asked if more than one language reported in K9b.  Interviewer assigned nursing assistant's response(s) to one of the pre-coded categories provided for this question.

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
		91 Other (SPECIFY)			
<b>K9cc</b>	[What do you consider to be your primary language?]	SPECIFY LANGUAGE  _____		If K9c =91	
<b>K9d</b>	How often do you use {K9b LANGUAGE(S) OTHER THAN ENGLISH} on your home health aide job at {AGENCY}? Would you say... always, sometimes, or never?	1 Always 2 Sometimes 3 Never			Asked if more than one language reported in K9b and K9c is 1-91.
<b>K10</b>	How often do you have difficulty communicating with patients because they speak a different language than you? Would you say . . . always, sometimes, or never?	1 Always 2 Sometimes 3 Never	Current HHAs		
<b>K10a</b>	How often do you have difficulty communicating with patients because they have a different background, different values, or beliefs than you? Would you say . . . always, sometimes, or never?	1 Always 2 Sometimes 3 Never	Current HHAs		
<b>K10b</b>	How often do you have difficulty communicating with other members of the health care team because they have a different background, different values, or beliefs than you? Would you say . . . always, sometimes, or never?	1 Always 2 Sometimes 3 Never	Current HHAs		

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
<b>L1 PRE</b>	Now, I have some questions about being a home health aide.		Leaver HHAs		Section L questions were asked of home health aides who were <u>no longer working</u> at the sampled Agency at the time of the National Home Health Aide Survey (A1=2).
<b>L1</b>	First, are you still working as a home health aide?	1 Yes 2 No	Leaver HHAs		
<b>L1a</b>	How likely is it that you will work as a home health aide again some day? Would you say ... very likely, somewhat likely, somewhat unlikely, or extremely unlikely?	1 Very likely 2 Somewhat likely 3 Somewhat unlikely 4 Extremely unlikely		If L1=2	
<b>L1b</b>	Are you working in . . . home care? long-term care, such as a nursing home? hospice care? acute care? ambulatory care?	SELECT ALL THAT APPLY. 1 Home care 2 Long-term care 3 Hospice care 4 Acute care 5 Ambulatory care		If L1=1	
<b>L2</b>	Since you first became a home health aide, how long have you been doing this kind of work? Do not count time between jobs or time spent on a leave of absence.  READ CATEGORIES IF NECESSARY.  6 MONTHS OR LESS MORE THAN 6 MONTHS BUT LESS THAN ONE YEAR 1 YEAR BUT LESS THAN 2 YEARS 2 - 5 YEARS	1 6 months or less 2 More than 6 months but less than one year 3 One year but less than 2 years 4 2 - 5 Years 5 6 - 10 Years 6 11 - 20 Years 7 More than 20 Years	Leaver HHAs		

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
	6 - 10 YEARS 11 - 20 YEARS MORE THAN 20 YEARS				
<b>L3</b>	If you had to decide whether to become a home health aide again, would you . . . definitely become one, probably become one, probably not become one, or would you definitely not become one?	1 Definitely become one 2 Probably become one 3 Probably not become one 4 Definitely not become one	Leaver HHAs		
<b>L4</b>	If a friend or family member asked your advice, in general, about becoming a home health aide, would you . . . definitely recommend it, probably recommend it, probably not recommend it, or would you definitely not recommend it?	1 Definitely recommend it 2 Probably recommend it 3 Probably not recommend it 4 Definitely not recommend it	Leaver HHAs		
<b>L7 PRE</b>	Next, I' like to ask you some questions about your home health aide job at {AGENCY}.		Leaver HHAs		
<b>L7</b>	For what reasons did you {quit/get fired at/leave} {AGENCY}?  PROBE: Any other reasons?	SELECT ALL THAT APPLY  1 Problems with supervisor 2 Problems with other members of the care team 3 Low pay 4 Poor benefits (health insurance, vacation days, etc.)		If D6D (Job 1) =2,3	Interviewer assigned nursing assistant's response(s) to one or more of the pre-coded categories provided for this question.

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
		5 Problems with agency working conditions, policies or procedures 6 Discrimination 7 Sexual harassment 8 Problems dealing with difficult/abusive patients 9 Problems dealing with patients families 10 Problems dealing with dying patients 11 Too high a caseload 12 Too many responsibilities per patient 13 Job too physically demanding 14 Too few hours 15 Travel distances to and from assignments too great, transportation issues 16 Child care issues 17 Care for an elderly or disabled family member 18 Missed too many days of work 19 No opportunity for advancement 20 Health or personal issues 21 Injured on the job  22 You, your family moved 23 Found a new, better job			

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
		24 To go back to school 91 Other (SPECIFY)			
<b>L7a</b>	[For what reasons did you {quit/get fired at/leave} {AGENCY}?]	OTHER REASON SPECIFY   _____		If L7=91	
<b>L8a</b>	What would have made you stay working as a home health aide at {AGENCY}?  PROBE: Any other kinds of benefits or incentives?	SELECT ALL THAT APPLY  1 Different supervisor, management 2 Different or better co-workers 3 Better working conditions, lighter workload 4 Better pay, benefits 5 Better hours (more, less, regular) 6 help with child, elder care 7 Transportation assistance, subsidy 8 Opportunities for advancement 9 More staff appreciation activities 10 More training, education offered 11 Different assignment 12 Nothing would make me stay 91 Other (SPECIFY)		If D6d (Job 1) ≠3	Interviewer assigned nursing assistant's response(s) to one or more of the pre-coded categories provided for this question.
<b>L8a1</b>	[What would have made you stay working as a home health aide at {AGENCY}?]	IF DONE THIS, WOULD STAY		If L8a =91	

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
		SPECIFY  _____			
<b>L9</b>	On this job, were you ever discriminated against because of your race or ethnic origin? Please remember that all your answers are confidential.	1 Yes 2 No	Leaver HHAs		
<b>L10</b>	How were you discriminated against? What form did the discrimination take?	SELECT ALL THAT APPLY 1 Hostile or racist treatment or ridicule 2 Threats 3 Physical assault 4 Assigned more difficult patients 5 Assigned less difficult patients 6 Assigned more hours 7 Assigned fewer hours 8 Unequal pay 9 Fewer opportunities for promotion 10 Assigned cases hard to reach because of transportation limitations 91 Other (SPECIFY)		If L9=1	Interviewer assigned nursing assistant's response(s) to one or more of the pre-coded categories provided for this question.
<b>L10a</b>	[How were you discriminated against?]	FORM OF DISCRIMINATION  SPECIFY  _____		If L10 =91	
<b>L11</b>	Did you experience discrimination from (ITEMS a-e) at your job at {AGENCY}?	FOR EACH SOURCE (a-e):		If L9=1	



### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	Section HA Current employment Question item	Code categories	HHAs asked	Skip pattern	Notes
	a. patients b. patient's family members or friends c. agency management d. members of the care team e. any other sources (SPECIFY)	1 Yes 2 No			
<b>L11f</b>	[Who did you experience discrimination from?]	SOURCE OF DISCRIMINATION SPECIFY <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div>		If L11(e)=1	
<b>L12</b>	To what degree did this discrimination contribute to why you left this job? Would you say ... it was the main reason, it was one of a number of different reasons, or it was not a reason at all?	1 It was the main reason 2 It was one of a number of different reasons 3 It was not a reason at all		If L9=1	
<b>L3</b>	Finally, if a friend or family member asked your advice about taking a job as a home health aide at {AGENCY}, would you ... definitely recommend it, probably recommend it, probably not recommend it, or definitely not recommend it?	1 Definitely recommend it 2 Probably recommend it 3 Probably not recommend it 4 Definitely not recommend it?	Leaver HAs		

### 2007 National Home Health Aide Survey Questionnaire (NHHAS)

Question number	<b>Section HA Current employment</b> Question item	Code categories	HHAs asked	Skip pattern	Notes
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