



## PediHome:

### A Family-Reported Measure of Pediatric Home Healthcare Quality

#### ENGLISH PAPER VERSION

#### CERTIFIED NURSING ASSISTANT (CNA) AND/OR HOME HEALTH AIDE QUESTIONS

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##### INSTRUCTIONS

The following questions are about the Certified Nursing Assistants (CNAs) or Home Health Care Aides who have cared for your child in the LAST MONTH (30 days) your child was supposed to received care.

**A certified nursing assistant (CNA)** is a non-family member paid to help your child on a routine basis at your home and possibly at school and other community locations, for ongoing chronic illnesses. A CNA cannot do the same level of care as a RN or LPN, but can still help with getting dressed, changing bandages, and measuring vital signs. This is NOT a nurse.

**A home health aide – also called a home attendant, personal care aide, or caregiver assistant** – is a non-family member paid to help your child with **activities of daily living** such as getting dressed, bathing, or similar activities, at home and possibly at school and other community locations.

Do not answer these questions based on care in a hospital, facility, or transitional home.

Instead, answer the questions based on CNAs/Home Health Aides that came to your actual home for daily or nightly shifts.



### Access to Care Questions

We want to get a sense for how hard or easy it was for you to get CNA or home health aide care. Please answer the following questions based on the **LAST MONTH (30 days)** your child received CNA/Home Health Aide care.

1. How many **TOTAL** hours per week was your child **APPROVED** to get home health aide and/or CNA care, by your child's insurance company and/or government program?

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Example: If your child was approved for 4 hours, 5 days a week, please put 20 hours.

Example: If your child was approved for 8 hours, 7 days a week, please put 56 hours.

2. How many total hours per week did your child **ACTUALLY** get home health aide care and/or CNA care?

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This answer should be the same or less than the hours approved.

Do not include hours you paid out of pocket.

Example: Your child was approved for 4 hours, 5 days a week (20 hours) and got all the hours please put 20 hours received.

Example: Your child was approved for 8 hours, 7 days a week (56 hours), but only got care 3 days a week, please put 24 hours received.



3. How **often** were you able to...

	Never (0)	Seldom (1)	Sometimes (2)	Often (3)	Always (4)
a. get care at <b>TIMES OF THE DAY</b> that worked well for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. get care on <b>DAYS OF THE WEEK</b> that worked well for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>CHOOSE</b> which health aide(s) or CNA(s) cared for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Quality of Care Questions**

The next set of questions are going to be about the **QUALITY** of CNA and/or home health aide care received.

4. Please tell us your overall rating of your child's home health aide(s) and/or CNA(s).

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 your child's home health care?

0	1	2	3	4	6	7	8	9	10
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5. How often did your child's home health aide(s) or CNA(s)...

	Never (0)	Seldom (1)	Sometimes (2)	Often (3)	Always (4)
a. arrive <b>ON TIME</b> for the shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. treat <b>YOUR CHILD</b> with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. treat <b>YOU</b> with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>INTERACT</b> with your child in an appropriate way, given your child's abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. respect your family's <b>PRIVACY</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>FOCUS</b> on caring for my child and not distracted by other things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



6. How confident were you that your child's home health aide(s) or CNA(s)...

	Not confident at all (0)	A little confident (1)	Somewhat confident (2)	Quite confident (3)	Very confident (4)	THIS DOES NOT APPLY FOR MY CHILD (99)
a. could help your child with activities, such as bathing or toileting, in a <b>SAFE</b> way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>KNEW</b> your child's daily routine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>CARED</b> about your child's wellbeing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**END OF CNA/HOME HEALTH AIDE QUESTIONS**