

STUDY OF MEDICARE HOME HEALTH PRACTICE VARIATIONS

CARE PROVIDER PROFILE

Conducted by:
The Center for Health Services and Policy Research

for:
Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation

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Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment. Responses to the collection of the information are voluntary.

**CARE PROVIDER PROFILE
OVERVIEW/PROTOCOL
(CPP)**

- PURPOSE:** This information is being collected in order to obtain demographic data on Care Providers participating in the data collection of the OASIS and Care Provider Questionnaire. This information will be used for descriptive purposes and for various analyses involving Care Provider characteristics.
- HOW COLLECTED:** This questionnaire will be completed by each Care Provider participating in the study.
- WHEN COLLECTED:** The CPP should be completed only once by each Care Provider participating in the study. This should be done by the Care Provider at the onset of the study prior to completion of any other study questionnaires. As new Care Providers join the study, after the study has begun, they will need to complete the CPP prior to completion of any other study questionnaires.
- INSTRUCTIONS:** The Care Provider completes the CPP her/himself, and answers are to be recorded directly on the instrument. The Care Provider should mark the correct response as appropriate or print numbers/answers where requested. All questions should be answered unless specifically directed to skip questions based on a previous answer.

