

A PROJECT TO DEVELOP AN OUTCOME-BASED CONTINUOUS
QUALITY IMPROVEMENT SYSTEM AND CORE OUTCOME
AND COMPREHENSIVE ASSESSMENT DATA SET FOR PACE

**DRAFT COCOA DATA SET
PARTICIPANT SATISFACTION QUESTIONNAIRE
(PSQ)**

Conducted by:
Center for Health Services Research
University of Colorado Health Sciences Center

for:

Department of Health and Human Services
Centers for Medicare & Medicaid Services

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0791. The time required to complete this information collection is estimated to vary from 10 to 20 minutes with an average of 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

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.

7. How satisfied are you with the **Timeliness of the Transportation** (that is, the van comes on time to take you to the Day Center and to go home)?
- ☐ 0 - Very satisfied
 - ☐ 1 - Somewhat satisfied
 - ☐ 2 - Neither satisfied nor dissatisfied
 - ☐ 3 - Somewhat dissatisfied
 - ☐ 4 - Very dissatisfied

Perception of Provider-Participant Communication

The next questions are about the staff at (PACE site). By "staff" I mean nurses, social workers, doctors, therapists, and others who care for you at (PACE site).

8. How satisfied are you with how well (PACE site) staff explain things to you (for example, your medications and medical conditions)?
- ☐ 0 - Very satisfied
 - ☐ 1 - Somewhat satisfied
 - ☐ 2 - Neither satisfied nor dissatisfied
 - ☐ 3 - Somewhat dissatisfied
 - ☐ 4 - Very dissatisfied
 - ☐ UA - This information could not be obtained due to participant's cognitive impairment [**Go to Item 17**]

9. How satisfied are you with how well (PACE site) staff listen to you?

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied

10. How satisfied are you with how well (PACE site) staff show respect for what you have to say?

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied

Satisfaction with Provider Respect for Participant Wishes

11. How satisfied are you with how much (PACE site) staff tell you about your choices for treatment or care?

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied

12. On the whole, how satisfied are you with how well (PACE site) staff pay attention to your wishes for medical care?

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied

13. How satisfied are you with your level of involvement in making decisions about your care?

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied

Satisfaction with Competency of Providers

14. How satisfied are you with the ability of (PACE site) staff to help you when you have a problem?

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied

15. On the whole, how satisfied are you with how well (PACE site) staff set up care for you? For example, they make sure you see doctors, nurses, therapists when you need to.

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied

Satisfaction with Treatment of Illnesses

16. How satisfied are you with the care you received from (PACE site) for your illnesses in the past four months?

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied
- ☐ NA - Participant had no illness in the past four months

Satisfaction with Program Overall

17. How satisfied have you been with each of the following people and services from (PACE site) over the past four months?

a. (PACE site) Doctors

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied
- ☐ NA - Service not used
- ☐ UA - This information could not be obtained due to participant's cognitive impairment [Skip remaining PSQ items and complete information box at end of questionnaire]

b. (PACE site) Nurses

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied
- ☐ NA - Service not used

c. (PACE site) Social Workers

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied
- ☐ NA - Service not used

d. (PACE site) Therapists (physical therapists and/or occupational therapists)

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied
- ☐ NA - Service not used

e. Day Health Center - Meals

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied
- ☐ NA - Service not used

f. Day Health Center - Recreation/Activities

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied
- ☐ NA - Service not used

g. Day Health Center - Personal Care Services

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied
- ☐ NA - Service not used

h. Home Care staff - nurses or aides who come to your home to assist you in any way (e.g., with getting dressed, bathing, meals, house chores, etc.)

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied
- ☐ NA - Service not used

18. All things considered, how satisfied are you with the care you received from (PACE site) in the past four months?

- ☐ 0 - Very satisfied
- ☐ 1 - Somewhat satisfied
- ☐ 2 - Neither satisfied nor dissatisfied
- ☐ 3 - Somewhat dissatisfied
- ☐ 4 - Very dissatisfied

19. Would you recommend (PACE site) to your best friend or close family member?

- ☐ 0 - No
- ☐ 1 - Yes, probably
- ☐ 2 - Yes, definitely

The following information should be completed by the PACE staff member after completing the PSQ with a participant.

1. Estimated form completion time (in minutes): _____
2. Approximate time of day questionnaire was completed:
 - ☐ 1 - Morning
 - ☐ 2 - Afternoon
 - ☐ 3 - Evening
3. Location where questionnaire was completed:
 - ☐ 1 - Day health center [**Go to Item 4**]
 - ☐ 2 - Participant residence [**Stop Here**]
4. Is this a day the participant typically attends the day health center?
 - ☐ 0 - No
 - ☐ 1 - Yes

Please return the completed questionnaire to your site's Data Collection Coordinator.
Thank you for your participation.