

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
CAREGIVER SATISFACTION QUESTIONNAIRE
(CSQ)**

Conducted by:
Center for Health Services Research
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for:

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

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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.

FIRST PHASE RELIABILITY TEST DRAFT CAREGIVER SATISFACTION QUESTIONNAIRE

1. Caregiver Name: _____
(Last) (First) (MI) (Suffix)
2. Name of Associated Participant: _____
(Last) (First) (MI) (Suffix)
3. Caregiver Gender: ☐ 1 - Male
☐ 2 - Female
4. Caregiver Race/Ethnicity (as identified by caregiver): **(Mark all that apply.)**
 - ☐ 1 - American Indian or Alaska Native
 - ☐ 2 - Asian
 - ☐ 3 - Black or African-American
 - ☐ 4 - Hispanic or Latino
 - ☐ 5 - Native Hawaiian or Pacific Islander
 - ☐ 6 - White
 - ☐ UK - Unknown
5. Caregiver Relationship to Participant:
 - ☐ 1 - Spouse
 - ☐ 2 - Daughter or son
 - ☐ 3 - Sister or brother
 - ☐ 4 - Daughter-in-law or son-in-law
 - ☐ 5 - Other relative (specify): _____
 - ☐ 6 - Friend
 - ☐ 7 - Other (specify): _____
6. Date Questionnaire Completed: ____/____/____
month day year
7. Interviewer Name: _____
(Last) (First)

Interviewer: Read the following aloud to caregiver before asking the questions below:

We are interested in your feelings, GOOD AND BAD, about the care (PARTICIPANT) receives from (PACE site). I would like to ask you some questions about your satisfaction with the care (PARTICIPANT) has received from (PACE site) in the last four months. It will take about 10 minutes or less to complete the questions. Please think about each question carefully, keeping in mind the care (PARTICIPANT) has received. Please answer as truthfully as possible for each question. Your answers will be kept confidential.

Caregiver Perception of Provider-Caregiver Communication

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

8. How satisfied are you with how well (PACE site) staff explain things to you (for example, [PARTICIPANT'S] medications and/or medical conditions)?
 - ☐ 0 - Very satisfied
 - ☐ 1 - Somewhat satisfied
 - ☐ 2 - Neither satisfied nor dissatisfied
 - ☐ 3 - Somewhat dissatisfied
 - ☐ 4 - Very dissatisfied

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

Caregiver Satisfaction with Program Overall

11. 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

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

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

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

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

h. Home Care (including nurses and aides)

- ☐ 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

i. (PACE site) Transportation

- ☐ 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

j. Respite Care

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

12. All things considered, how satisfied are you with the care (PARTICIPANT) has received over the past four months?

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

13. 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 care provider or staff member after completing the COCOA form.

1. Estimated form completion time (in minutes): _____
2. Approximate time of day questionnaire completed:
 - ☐ 1 - Morning
 - ☐ 2 - Afternoon
 - ☐ 3 - Evening
3. Location where questionnaire was completed:
 - ☐ 1 - Day health center
 - ☐ 2 - Participant/caregiver residence
 - ☐ 3 - Completed by phone

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