

Est. Form Completion Time: _____

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:
The Center for Health Services Research

for:

Department of Health and Human Services
Centers for Medicare and 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.

**DRAFT COCOA DATA SET
PARTICIPANT SATISFACTION QUESTIONNAIRE (PSQ)
OVERVIEW/PROTOCOL**

- PURPOSE:** The information is being collected as part of a two-site feasibility test for the purpose of testing the feasibility of data collection using the draft core outcome and comprehensive assessment (COCOA) data set for PACE. Proposed data collection protocols will also be tested. The two-site feasibility test will result in the refinement of data items and protocols as appropriate. Findings from this project are intended to guide the anticipated implementation of a national approach for core comprehensive assessment of participants and outcome-based continuous quality improvement (OBCQI), in which PACE sites will collect data that will be used to determine and profile participant outcomes for their site.
- HOW COLLECTED:** This form will be completed by an individual who does not provide direct care to PACE participants (e.g., a volunteer, a site administrative staff member). The items will be administered in a face-to-face interview with the PACE participant.
- WHEN COLLECTED:** This form will be completed for 20 participants at one time point during the two-site feasibility test.
- INSTRUCTIONS:** The Participant Satisfaction Questionnaire will be completed by an individual who does not provide direct care to PACE participants (e.g., a volunteer, a site administrative staff member) via face-to-face interview with participants. The interviewer will record answers directly on the form and should mark the correct response as appropriate or print numbers/answers where requested. All items should be answered unless specifically directed to skip items based on a previous answer. Completed questionnaires will be submitted to the Data Collection Coordinator (DCC) assigned at the site. The DCC will submit completed forms to the Research Center.

Two-Site Feasibility Test

DRAFT PARTICIPANT SATISFACTION QUESTIONNAIRE

Site ID _____ Participant ID _____

CLINICAL RECORD ITEMS

1. Participant Name:

(Last) (First) (MI) (Suffix)

2. Date Questionnaire Information Obtained and Recorded: ____/____/____
month day year

3. Interviewer Name: _____
(Last) (First)

SATISFACTION ITEMS

Interviewer: Read the following aloud to the PACE participant before asking the questions below.

I am going to ask you some questions about your satisfaction, or how you feel about the care you have received from (PACE site) in the last four months. Please think about each question carefully, keeping in mind the care you have received.

We are interested in your feelings, GOOD AND BAD, about the care you have received in the past four months. Please answer as truthfully as possible for each question. Your answers will be kept confidential.

Interviewer: Show the response scale to the participant and read each response. Ask the participant if he/she understands the response options. Read aloud each question below and the word responses below the question. Fill in the box for the answer choice for each numbered question. DO NOT READ "UA" (UNABLE TO ANSWER).

Satisfaction with Transportation Services

The first few questions are about the transportation services at (PACE site).

4. In the past four months, have you used (PACE site) transportation services (that is, do the vans drive you to and from the Day Center or other locations)?

☐ 0 - No, I have not used (PACE site) transportation (because my family or friends drive me, etc.)

[If No, go to Item 8]

☐ 1 - Yes, I have used (PACE site) transportation in the past four months

☐ UA - This information could not be obtained due to participant's cognitive impairment [Go to Item 8]

5. How satisfied are you with the **Transportation Services** you have received from (PACE site) in the past four months (that is, your van rides to and from the Day Center)?

0 - Very
satisfied

☐

1 - Somewhat
satisfied

☐

2 - Neither satisfied
nor dissatisfied

☐

3 - Somewhat
dissatisfied

☐

4 - Very
dissatisfied

☐

6. How satisfied are you with the **Van Drivers** (for example, their helpfulness, courtesy, respectfulness)?

0 - Very
satisfied
☐

1 - Somewhat
satisfied
☐

2 - Neither satisfied
nor dissatisfied
☐

3 - Somewhat
dissatisfied
☐

4 - Very
dissatisfied
☐

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 18]

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
☐

11. How satisfied are you with (PACE site) staff's ability to talk with you about your cultural or spiritual beliefs and practices in a sensitive way?

0 - Very
satisfied
☐

1 - Somewhat
satisfied
☐

2 - Neither satisfied
nor dissatisfied
☐

3 - Somewhat
dissatisfied
☐

4 - Very
dissatisfied
☐

Satisfaction with Provider Respect for Participant Wishes

12. 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
☐

13. 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
☐

14. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Satisfaction with Competency of Providers

15. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Satisfaction with Treatment of Illnesses

17. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Satisfaction with Program Overall

The last few questions are about your satisfaction with (PACE site) overall.

18. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Stop Here]

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Day Center - Meals

0 - Very satisfied	1 - Somewhat satisfied	2 - Neither satisfied nor dissatisfied	3 - Somewhat dissatisfied	4 - Very dissatisfied	NA - Service not used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. Day Center - Recreation/Activities

0 - Very satisfied	1 - Somewhat satisfied	2 - Neither satisfied nor dissatisfied	3 - Somewhat dissatisfied	4 - Very dissatisfied	NA - Service not used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. Day 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. Does someone from (PACE site) come to your home to assist you in any way (e.g., with getting dressed, bathing, meals, house chores, etc.)?

- ☐ 0 - No [Go to Item 19]
☐ 1 - Yes

i. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Interviewer: Please respond to the evaluation questions and submit completed materials to the Data Collection Coordinator at your site.

Thank you for your participation.