

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  
CAREGIVER SATISFACTION QUESTIONNAIRE  
(CSQ)**

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 seven to nine minutes with an average of eight 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  
CAREGIVER SATISFACTION QUESTIONNAIRE (CSQ)  
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 by telephone (or face-to-face) to the primary informal caregiver of enrolled participants.
- WHEN COLLECTED:** This form will be completed for 20 informal caregivers at one time point during the two-site feasibility test.
- INSTRUCTIONS:** The Caregiver 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 telephone (or face-to-face interview) with the informal caregiver of a PACE participant. 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 response. 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 CAREGIVER SATISFACTION QUESTIONNAIRE

Site ID \_\_\_\_\_ Participant ID \_\_\_\_\_

### CAREGIVER INFORMATION

1. Caregiver Name:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) (Suffix) \_\_\_\_\_

2. Name of Associated Participant:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) (Suffix) \_\_\_\_\_

3. Interviewer Name:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_

4. Relationship to Participant

- |  |  |
|--|--|
| <input type="checkbox"/> 1 - Spouse            | <input type="checkbox"/> 4 - Daughter-in-law or son-in-law |
| <input type="checkbox"/> 2 - Daughter or son   | <input type="checkbox"/> 5 - Other relative                |
| <input type="checkbox"/> 3 - Sister or brother | <input type="checkbox"/> 6 - Friend                        |

5. Caregiver Gender: ☐ 1 - Male ☐ 2 - Female

6. Caregiver Race/Ethnicity (as identified by caregiver): (Mark all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 - American Indian or Alaska Native | <input type="checkbox"/> 5 - Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> 2 - Asian                            | <input type="checkbox"/> 6 - White                               |
| <input type="checkbox"/> 3 - Black or African-American        | <input type="checkbox"/> UK - Unknown                            |
| <input type="checkbox"/> 4 - Hispanic or Latino               |  |

7. Date Questionnaire Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

**Interviewer:** Read the following aloud to caregiver before asking the questions in this section:

**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.**

**We are interested in your feelings, GOOD AND BAD, about the care (PARTICIPANT) has received in the past four months. 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?

- |   |  |
|---|--|
| <input type="checkbox"/> 0 - Very satisfied                     | <input type="checkbox"/> 3 - Somewhat dissatisfied |
| <input type="checkbox"/> 1 - Somewhat satisfied                 | <input type="checkbox"/> 4 - Very dissatisfied     |
| <input type="checkbox"/> 2 - Neither satisfied nor dissatisfied |  |

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

- |   |  |
|---|--|
| <input type="checkbox"/> 0 - Very satisfied                     | <input type="checkbox"/> 3 - Somewhat dissatisfied |
| <input type="checkbox"/> 1 - Somewhat satisfied                 | <input type="checkbox"/> 4 - Very dissatisfied     |
| <input type="checkbox"/> 2 - Neither satisfied nor dissatisfied |  |

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

- |   |  |
|---|--|
| <input type="checkbox"/> 0 - Very satisfied                     | <input type="checkbox"/> 3 - Somewhat dissatisfied |
| <input type="checkbox"/> 1 - Somewhat satisfied                 | <input type="checkbox"/> 4 - Very dissatisfied     |
| <input type="checkbox"/> 2 - Neither satisfied nor dissatisfied |  |

### **Caregiver Satisfaction with Program Overall**

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

12. 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

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

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

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

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

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

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

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

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

j. Respite Care

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

13. 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

14. 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.**