

Louisiana Department of Health and Hospitals
Long Term-Personal Care Services
2013 CONSUMER SURVEY

June 4, 2013
Version 1

LT-PCS Consumer Survey Questions

The first set of questions I am going to ask you are about the help you get from your assessor to get the services you need and want. These questions refer to the most recent time you talked with your assessor about getting services.

1	<p>Did you receive information about the agencies that provide services in your area?</p> <p style="margin-left: 40px;">1 <input type="checkbox"/> YES</p> <p style="margin-left: 40px;">2 <input type="checkbox"/> NO → skip to Q NEW 3</p> <p style="margin-left: 40px;">7 <input type="checkbox"/> UNSURE → skip to Q NEW 3</p> <p style="margin-left: 40px;">8 <input type="checkbox"/> UNCLEAR RESPONSE → skip to Q NEW 3</p> <p style="margin-left: 40px;">9 <input type="checkbox"/> NO RESPONSE → skip to Q NEW 3</p>
2	<p>If yes, was the information easy to understand?</p> <p style="margin-left: 40px;">1 <input type="checkbox"/> YES</p> <p style="margin-left: 40px;">2 <input type="checkbox"/> NO (see below)</p> <p style="margin-left: 40px;">7 <input type="checkbox"/> UNSURE (see below)</p> <p style="margin-left: 40px;">8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p style="margin-left: 40px;">9 <input type="checkbox"/> NO RESPONSE</p> <p style="margin-left: 40px;">If no or unsure, probe for reasons information was not easy to understand. Please list reasons information was hard to understand</p> <hr style="margin-left: 40px;"/> <hr style="margin-left: 40px;"/> <hr style="margin-left: 40px;"/>
3	<p>Did you help plan the services you get and when you get them?</p> <p style="margin-left: 40px;">1 <input type="checkbox"/> YES</p> <p style="margin-left: 40px;">2 <input type="checkbox"/> NO</p> <p style="margin-left: 40px;">7 <input type="checkbox"/> UNSURE</p> <p style="margin-left: 40px;">8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p style="margin-left: 40px;">9 <input type="checkbox"/> NO RESPONSE</p>

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4	<p>Given your current situation and health status, do the services you get include things that are important to you?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>
<p>The next questions are about your needs for help and who helps you.</p>	
5	<p>In the last 60 days, have you ever been unable to complete a personal care task such as bathing or dressing, because there was no one there to help?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 8</p> <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 8</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 8</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 8</p>
6	<p>What tasks were you unable to do because there was no one there to help you? (Read all responses)</p> <p><input type="checkbox"/> Bathing</p> <p><input type="checkbox"/> Dressing</p> <p><input type="checkbox"/> Transferring from bed or chair to wheelchair or standing</p> <p><input type="checkbox"/> Eating</p> <p><input type="checkbox"/> Using the toilet</p>

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7	<p>Why was there no one there to help you? (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> Worker didn't show up and no replacement was sent</p> <p><input type="checkbox"/> Worker called in sick</p> <p><input type="checkbox"/> Worker was late</p> <p><input type="checkbox"/> No family or friends available</p> <p><input type="checkbox"/> Other _____</p>
8	<p>Would any of the following special equipment make it easier for you to complete personal care tasks?</p> <p>Grab bars or shower chair for bathing _____ Yes _____ No _____ Already have it _____ Unsure</p> <p>Special devices to help with getting dressed _____ Yes _____ No _____ Already have it _____ Unsure</p> <p>Grab bars for getting out of bed _____ Yes _____ No _____ Already have it _____ Unsure</p> <p>Raised toilet seat _____ Yes _____ No _____ Already have it _____ Unsure</p> <p>Other _____</p>
9	<p>In the last 60 days, have you ever been unable to complete a household task, such as laundry or preparing food, because you didn't have someone to help?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 12</p> <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 12</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 12</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 12</p>

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10	<p>What tasks were you unable to do because there was no one there to help you? (Read all responses)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Housework <input type="checkbox"/> Laundry <input type="checkbox"/> Getting Groceries
11	<p>Why was there no one there to help? (CHECK ALL THAT APPLY)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Worker didn't show up and no replacement was sent <input type="checkbox"/> Worker called in sick <input type="checkbox"/> Worker was late <input type="checkbox"/> No family or friends available <input type="checkbox"/> Other _____
12	<p>Is there any special equipment or other things that would make it easier to complete household tasks when there is no one there to help? (list responses)</p> <p>_____</p> <p>_____</p> <p>_____</p>
13*	<p>Can you always get to the places you need to go, like work, shopping, the doctor's office, or a friend's house?</p> <ul style="list-style-type: none"> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 7 <input type="checkbox"/> UNSURE 8 <input type="checkbox"/> UNCLEAR RESPONSE 9 <input type="checkbox"/> NO RESPONSE

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14*	<p>Is there any special help that you need to take medicine, such as someone to pour it or set up your pills?</p> <p>_____</p> <p>Review response from above and then code as appropriate below:</p> <p>1 <input type="checkbox"/> NEEDS HELP FROM ANOTHER PERSON</p> <p>2 <input type="checkbox"/> DOES NOT NEED HELP FROM ANOTHER PERSON → SKIP TO QUESTION 17</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 17</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 17</p>
15*	<p>Do you ever go without taking your medicine when you need it?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 17</p> <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 17</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 17</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 17</p>
16*	<p>Is this because there is no one there to help you?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO If no, please explain _____</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>
17*	<p>Think about the people who are paid to help you with the everyday activities we have been discussing. Do they spend all the time with you that they are supposed to?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>

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17a	<p>Think about the people who are paid to help you with the everyday activities we have been discussing. Are they scheduled to be with you during the times that you need them the most?</p> <ul style="list-style-type: none">1 <input type="checkbox"/> YES2 <input type="checkbox"/> NO7 <input type="checkbox"/> UNSURE8 <input type="checkbox"/> UNCLEAR RESPONSE9 <input type="checkbox"/> NO RESPONSE
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18	<p>In the past 3 months, have you felt unsafe because you did not have a worker present?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>3 <input type="checkbox"/> SOMETIMES</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p> <p>Please tell me more about this?</p> <hr/> <hr/> <hr/>
19	<p>Do you have family, friends or neighbors who help you?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 20</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 20</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 20</p>
19a	<p>What kind of help do you receive from your family? (CHECK ALL THAT APPLY)</p> <p>1 <input type="checkbox"/> TRANSPORTATION AND ERRANDS</p> <p>2 <input type="checkbox"/> OVERNIGHT STAYS AS COMPANIONS</p> <p>3 <input type="checkbox"/> OVERNIGHT STAYS FOR ASSISTANCE WITH PERSONAL NEEDS</p> <p>4 <input type="checkbox"/> WEEKEND ASSISTANCE WITH PERSONAL NEEDS</p> <p>7 <input type="checkbox"/> PREPARATION OF MEALS</p> <p>8 <input type="checkbox"/> OTHER</p>
20	<p>Would you like help from family and friends or neighbors?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>

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21	<p>Has anyone ever talked to you about any special equipment, or changes to your home that might make your life easier?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 24</p> <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 24</p> <p><input type="checkbox"/> NONE NEEDED → SKIP TO QUESTION 24</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 24</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 24</p>
22*	<p>What equipment or changes did you talk about? (SPECIFY)</p> <hr/> <hr/> <hr/>
23*	<p>Did you get the equipment or make the changes you needed?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p> <p>If yes, did someone explain to you how to use the equipment or make the changes?</p> <p>___ Yes ___ No</p>
24	<p>In the last 6 months has the type of help you need changed?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 27</p> <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 27</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 27</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 27</p>

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25	<p>Did the number of hours of service, the type of service, or anything else in your plan of care change?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 27</p> <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 27</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 27</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 27</p>
26	<p>Were you satisfied with the change in services?</p> <p><input type="checkbox"/> NOT AT ALL SATISFIED</p> <p><input type="checkbox"/> SOMEWHAT SATISFIED</p> <p><input type="checkbox"/> SATISFIED</p> <p><input type="checkbox"/> VERY SATISFIED</p>
27*	<p>Do you help pick the people who are paid to help you?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p> <p><input type="checkbox"/> NO PERSONAL CARE STAFF</p>
28*	<p>Did you know you can change the people who are paid to help you if you want to?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>

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29*	<p>Thinking again about the people who are paid to help you, do you tell them what to help you with?</p> <p>1 <input type="checkbox"/> YES → SKIP TO QUESTION 31</p> <p>2 <input type="checkbox"/> NO</p> <p>3 <input type="checkbox"/> SOMETIMES → SKIP TO QUESTION 31</p> <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 31</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 31</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 31</p>
30*	<p>Would you like to tell them the things you want help with?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>3 <input type="checkbox"/> SOMETIMES</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>
31	<p>Do they do things the way you want them to be done?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>3 <input type="checkbox"/> SOMETIMES</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>

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32*	<p>If there is something wrong with the help you are getting, who do you talk with to get the problem fixed? (CHECK ALL THAT APPLY)</p> <p>1 <input type="checkbox"/> NO ONE</p> <p>2 <input type="checkbox"/> FAMILY/FRIEND</p> <p>3 <input type="checkbox"/> XEROX STAFF</p> <p>4 <input type="checkbox"/> PROVIDER AGENCY SUPERVISOR</p> <p>5 <input type="checkbox"/> OTHER</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>
33	<p>Do you know who to call when you want to make a formal complaint?</p> <p>1 <input type="checkbox"/> YES Who _____</p> <p>2 <input type="checkbox"/> NO</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>
34*	<p>Do the people paid to help you treat you respectfully in your home?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>3 <input type="checkbox"/> SOMETIMES</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p> <p>95 <input type="checkbox"/> NO STAFF IN HOME SKIP TO Q 42</p>

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35*	<p>Do the people paid to help you listen carefully to what you ask them to do in your home?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>3 <input type="checkbox"/> SOMETIMES</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>
36*	<p>Have you ever been injured by any of the people paid to help you now?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 38</p> <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 38</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 38</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 38</p>
37*	<p>What happened? When? Would you like any help with this problem?</p> <p>_____</p>
38*	<p>Are any of the people paid to help you now mean to you, or do they yell at you?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 40</p> <p>3 <input type="checkbox"/> SOMETIMES</p> <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 40</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 40</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 40</p>
39*	<p>What happens? Would you like any help with this problem?</p> <p>_____</p>

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40*	<p>Have any of the people paid to help you now ever taken your things without asking?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 42</p> <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 42</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 42</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 42</p>
41*	<p>What happened? When? Would you like any help with this problem?</p> <p>_____</p>
42*	<p>Given your current situation and health status, is there anything you want to do outside your home that you don't do now?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 44</p> <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 44</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 44</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 44</p>
43*	<p>What would you like to do? What do you need to make this happen? (SPECIFY)</p> <p>_____</p> <p>_____</p>
<p>Ask questions 44-48 if person is under 65.</p>	
44*	<p>Are you working right now?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 48</p> <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 48</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 48</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 48</p>
45*	<p>What kind of work do you do? (SPECIFY)</p> <p>_____</p>

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46*	<p>Did you help pick the job you have now?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>
47*	<p>Do you like your job?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>
48*	<p>a. Given your current situation and health status, do you want to work?</p> <p>1 <input type="checkbox"/> YES (CONTINUE TO b.)</p> <p>2 <input type="checkbox"/> NO (SKIP TO NEXT QUESTION)</p> <p>7 <input type="checkbox"/> UNSURE (SKIP TO NEXT QUESTION)</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE (SKIP TO NEXT QUESTION)</p> <p>9 <input type="checkbox"/> NO RESPONSE (SKIP TO NEXT QUESTION)</p> <p>b. Would you like help finding work?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>

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49	<p>a. There are programs that allow people to choose their own worker, who could be a friend or family member. You would train that person, set the hours he or she works, and manage that worker, rather than have an agency send someone to your home. Would you be interested in this option?</p> <p>1 <input type="checkbox"/> YES (SKIP TO NEXT QUESTION)</p> <p>2 <input type="checkbox"/> NO (CONTINUE WITH b.)</p> <p>7 <input type="checkbox"/> UNSURE (SKIP TO NEXT QUESTION)</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE (SKIP TO NEXT QUESTION)</p> <p>b. Would you be interested in managing your own worker if someone, maybe a friend or family member, helped you with it?</p> <p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>
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The next questions are about where you live and who you live with.

50	<p>What kind of housing do you now live in?</p> <p><input type="checkbox"/> HOUSE THAT YOU OWN</p> <p><input type="checkbox"/> HOUSE THAT YOUR RELATIVES OWN (CHILDREN, PARENTS, BROTHERS/SISTERS)</p> <p><input type="checkbox"/> HOUSE OR APARTMENT ATTACHED TO YOUR RELATIVES HOME</p> <p><input type="checkbox"/> APARTMENT OR HOUSE THAT YOU RENT</p> <p><input type="checkbox"/> APARTMENT OR HOUSE THAT YOUR FAMILY RENTS</p> <p><input type="checkbox"/> ASSISTED LIVING (adult residential care) (a place that provides personal care services with some limited health care, in an apartment-like setting).</p> <p><input type="checkbox"/> NURSING HOME (where you get 24-hour nursing and personal care, usually in a shared room)</p> <p><input type="checkbox"/> OTHER _____</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE / DID NOT WANT TO RESPOND</p>
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51	<p>Are you living in your preferred housing arrangement?</p> <p>1 <input type="checkbox"/> YES → SKIP TO QUESTION 53</p> <p>2 <input type="checkbox"/> NO</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>
52	<p>Given your current situation and health status, what kind of housing would you prefer to live in?</p> <p><input type="checkbox"/> HOUSE THAT YOU OWN</p> <p><input type="checkbox"/> HOUSE THAT YOUR RELATIVES OWN (CHILDREN, PARENTS, BROTHERS/SISTERS)</p> <p><input type="checkbox"/> HOUSE OR APARTMENT ATTACHED TO YOUR RELATIVES HOME</p> <p><input type="checkbox"/> APARTMENT OR HOUSE THAT YOU RENT</p> <p><input type="checkbox"/> APARTMENT OR HOUSE THAT YOUR FAMILY RENTS</p> <p><input type="checkbox"/> ASSISTED LIVING (adult residential care) (a place that provides personal care services with some limited health care, in an apartment-like setting).</p> <p><input type="checkbox"/> NURSING HOME (where you get 24-hour nursing and personal care, usually in a shared room)</p> <p><input type="checkbox"/> OTHER _____</p> <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE / DID NOT WANT TO RESPOND</p>

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53	<p>A. Who do you live with now? (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> BY YOURSELF → CONTINUE WITH PART B <input type="checkbox"/> WITH SPOUSE → SKIP TO QUESTION 54 <input type="checkbox"/> WITH OTHER FAMILY MEMBERS (BROTHERS/SISTERS, PARENTS, CHILDREN) → SKIP TO QUESTION 54 <input type="checkbox"/> WITH A FRIEND → SKIP TO QUESTION 54 <input type="checkbox"/> WITH OTHERS IN A GROUP OR RESIDENTIAL HOME → SKIP TO QUESTION 54 <input type="checkbox"/> OTHER _____ → SKIP TO QUESTION 54 <p>7 <input type="checkbox"/> UNSURE → SKIP TO QUESTION 54</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE → SKIP TO QUESTION 54</p> <p>9 <input type="checkbox"/> NO RESPONSE → SKIP TO QUESTION 54</p> <p>B. Do you prefer to live by yourself?</p> <p>_____ Yes → SKIP TO QUESTION 56 _____ No → SKIP TO QUESTION 55</p>
54	<p>Do you live with people you prefer to live with?</p> <ul style="list-style-type: none"> 1 <input type="checkbox"/> YES → SKIP TO QUESTION 56 2 <input type="checkbox"/> NO 7 <input type="checkbox"/> UNSURE 8 <input type="checkbox"/> UNCLEAR RESPONSE 9 <input type="checkbox"/> NO RESPONSE

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**=*Modified PES question*

55	<p>Who would you prefer to live with?</p> <ul style="list-style-type: none"> <input type="checkbox"/> BY YOURSELF <input type="checkbox"/> WITH YOUR SPOUSE <input type="checkbox"/> WITH OTHER FAMILY MEMBERS (BROTHERS/SISTERS, PARENTS, CHILDREN) <input type="checkbox"/> WITH A FRIEND <input type="checkbox"/> WITH OTHERS IN A GROUP OR RESIDENTIAL HOME <input type="checkbox"/> OTHER _____ <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>
56	<p>Can you move around your house and get to the rooms and items that you need?</p> <ul style="list-style-type: none"> <input type="checkbox"/> YES, MOST OF THE TIME <input type="checkbox"/> SOMETIMES, WITH DIFFICULTY <input type="checkbox"/> NO, RARELY CAN MOVE AROUND OR GET THINGS <p>7 <input type="checkbox"/> UNSURE</p> <p>8 <input type="checkbox"/> UNCLEAR RESPONSE</p> <p>9 <input type="checkbox"/> NO RESPONSE</p>

**=PES question*

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57	<p>What do you not have that would help you (either in terms of equipment or home modifications) move around your house more easily or get items that you need?</p> <ul style="list-style-type: none"> <input type="checkbox"/> WIDER DOORWAYS SO WHEELCHAIRS CAN GET THROUGH <input type="checkbox"/> AN ENTRANCE WITH NO STAIRS <input type="checkbox"/> STAIR RAILS ON BOTH SIDES OF STAIRWAYS OR STEPS <input type="checkbox"/> BATHROOM –LARGER OR REMODELED <input type="checkbox"/> BEDROOM –LARGER OR REMODELED <input type="checkbox"/> CHAIRLIFT, RAMP OR ELEVATOR <input type="checkbox"/> WALKER/CANE <input type="checkbox"/> BETTER LIGHTING <input type="checkbox"/> BETTER HANDLES ON DOORS AND FAUCETS <input type="checkbox"/> DIFFERENT BED (E.G. A HOSPITAL BED) <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE OF THE ABOVE
58	<p>Do you live in this neighborhood because you want to?</p> <ul style="list-style-type: none"> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 7 <input type="checkbox"/> UNSURE 8 <input type="checkbox"/> UNCLEAR RESPONSE 9 <input type="checkbox"/> NO RESPONSE
<p>The next section is about your health care providers and your health.</p>	
59	<p>Do you have one person you think of as your personal doctor or health care provider?</p> <ul style="list-style-type: none"> <input type="checkbox"/> YES, ONLY ONE <input type="checkbox"/> MORE THAN ONE 2 <input type="checkbox"/> NO 7 <input type="checkbox"/> DON'T KNOW/NOT SURE 9 <input type="checkbox"/> REFUSED

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60	<p>How long has it been since you last visited a doctor for a routine checkup? A routine check-up is a general physical exam, not an exam for a specific injury, illness or condition.</p> <p><input type="checkbox"/> WITHIN PAST YEAR</p> <p><input type="checkbox"/> WITHIN PAST 2 YEARS</p> <p><input type="checkbox"/> WITHIN PAST 5 YEARS</p> <p><input type="checkbox"/> MORE THAN 5 YEARS</p> <p>7 <input type="checkbox"/> DON'T KNOW/NOT SURE</p> <p><input type="checkbox"/> NEVER</p> <p>9 <input type="checkbox"/> REFUSED</p>
61	<p>When was the last time you had your eyes examined by any doctor or eye care provider?</p> <p><u>Read only if necessary</u></p> <p><input type="checkbox"/> WITHIN PAST month</p> <p><input type="checkbox"/> WITHIN PAST YEAR</p> <p><input type="checkbox"/> WITHIN PAST 2 YEARS</p> <p><input type="checkbox"/> MORE THAN 2 YEARS</p> <p><u>Do not read</u></p> <p>7 <input type="checkbox"/> DON'T KNOW/NOT SURE</p> <p><input type="checkbox"/> NEVER</p> <p>9 <input type="checkbox"/> REFUSED</p>

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62	<p>How long has it been since you visited a dentist or dental clinic for any reason? Include visits to dental specialists or orthodontists?</p> <p><u>Read only if necessary</u></p> <p><input type="checkbox"/> WITHIN PAST YEAR</p> <p><input type="checkbox"/> WITHIN PAST 2 YEARS</p> <p><input type="checkbox"/> WITHIN PAST 5 YEARS</p> <p><input type="checkbox"/> MORE THAN 5 YEARS</p> <p><u>Do not read</u></p> <p>7 <input type="checkbox"/> DON'T KNOW/NOT SURE</p> <p><input type="checkbox"/> NEVER</p>
63	<p>About how much do you weigh without shoes?</p> <p>_____ Weight</p> <p>7 <input type="checkbox"/> DON'T KNOW/NOT SURE</p> <p>9 <input type="checkbox"/> REFUSED</p>
64	<p>About how tall are you without shoes?</p> <p>_____ Ft _____ inches</p> <p>7 <input type="checkbox"/> DON'T KNOW/NOT SURE</p> <p>9 <input type="checkbox"/> REFUSED</p>
<p>NOTE: This next section is for women ages 21 to 64 only.</p>	
65	<p>a. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?</p> <p>1 <input type="checkbox"/> YES – CONTINUE TO QUESTION 66</p> <p>2 <input type="checkbox"/> NO → SKIP TO QUESTION 69</p> <p>7 <input type="checkbox"/> DON'T KNOW/NOT SURE → SKIP TO QUESTION 69</p> <p>9 <input type="checkbox"/> REFUSED → SKIP TO QUESTION 69</p>

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66	<p>How long has it been since you had your last Pap test?</p> <p><u>Read only if necessary</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> WITHIN PAST YEAR <input type="checkbox"/> WITHIN PAST 2 YEARS <input type="checkbox"/> WITIN PAST 3 YEARS <input type="checkbox"/> WITHIN PAST 5 YEARS <input type="checkbox"/> MORE THAN 5 YEARS <p><u>Do not read</u></p> <p>7 <input type="checkbox"/> DON'T KNOW/NOT SURE</p>
<p>NOTE: The next question is for men aged 40 years and older.</p>	
67	<p>A Prostate-specific Antigen test, also called PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?</p> <ul style="list-style-type: none"> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO → SKIP TO QUESTION 69 7 <input type="checkbox"/> DON'T KNOW/NOT SURE → SKIP TO QUESTION 69 9 <input type="checkbox"/> REFUSED → SKIP TO QUESTION 69
68	<p>How long has it been since you had your last PSA test?</p> <p><u>Read only if necessary</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> WITHIN PAST YEAR <input type="checkbox"/> WITHIN PAST 2 YEARS <input type="checkbox"/> WITIN PAST 3 YEARS <input type="checkbox"/> WITHIN PAST 5 YEARS <input type="checkbox"/> MORE THAN 5 YEARS <p><u>Do not read</u></p> <p>7 <input type="checkbox"/> DON'T KNOW/NOT SURE</p>

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69	<p>Is there anything else you would like to talk with me about?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Thank you for talking with me today. I really appreciate all your help. If you have other questions, here is information on how you can contact me. INFORMAL PARTING OF YOUR CHOICE – GOOD-BYE, TAKE CARE, HANDSHAKE, ETC.

E. Interviewer Comments and Observations

Was the original address correct?

Yes No

Correct address: _____

Was the original primary telephone number correct?

Yes No

Was the original secondary or cell telephone number correct?

Yes No

Was the secondary or contact telephone number correct?

Yes No

Correct telephone numbers: _____

If either the original address or telephone number were incorrect, did the Xerox Assessor have the correct address or telephone number?

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- Yes
- No
- Unknown

How long did it take to complete the direct interview?

Hours Minutes

In your opinion, did individual appear to understand most of the questions or not?

- 2 Yes, appeared to understand most questions (even if prompted) and could give an opinion
- 1 Not sure
- 0 No, appeared to have little understanding or comprehension

In your opinion, did the individual seem to answer the questions in a consistent manner (do you feel his/her responses were valid)?

- 2 Yes, seemed to give consistent and valid responses
- 1 Not sure
- 0 No, did not seem to give consistent and valid responses

**What percent of the questions did the program participant answer by him/herself?

- 1 All
- 2 Most
- 3 About Half
- 4 Not Many
- 5 None
- 96 Unsure
- 98 No Response

**Who else provided the responses? (If applicable)

- 1. Spouse
- 2. Parent
- 3. Child
- 4. Sibling
- 5. Other Family Member
- 6. Friend
- 7. PCA/Home Health Care Worker
- 8. Other
- 96 Unsure
- 98 No Response

** Who was that other person? (Applies only when "Other" is selected):

- 0 _____ (state "other's" relationship)
- 96 Unsure
- 97 Unclear
- 98 No Response

*=*PES question*

**=*Modified PES question*

**Was the direct care worker present during the survey?

___ Yes ___ No

What is the direct care worker's relationship to the participant?

___ Relative ___ Friend ___ Not Previously Known

Comments: (Also use this space to list question #s of any responses obtained from a PCA)

Were there any questions that were problematic?

___ Yes ___ No

If yes, indicate the question numbers below and describe the problem and any suggestions you have for improvement.

Question	Problem/Suggestion
----------	--------------------

___	_____
___	_____
___	_____
___	_____
___	_____

Other Comments

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