

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  
HOME ENVIRONMENT ASSESSMENT  
FORM**

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

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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.

Site ID

Participant ID

# FIRST PHASE RELIABILITY TEST DRAFT HOME ENVIRONMENT ASSESSMENT FORM

1. **Participant Name:** \_\_\_\_\_  
(Last) (First) (MI) (Suffix)

2. **Date Assessment Completed:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

3. **Reason for Assessment:**

- 1 - Initial assessment
- 2 - Reassessment
- 3 - Annual reassessment

4. **Staff Member Completing Assessment (Name):** \_\_\_\_\_  
(Last) (First)

5. **Structural Barriers** in the participant's environment limiting independent mobility: **(Mark all that apply.)**

- 0 - None
- 1 - Stairs inside home which must be used by the participant (e.g., to get to toileting, sleeping, eating areas)
- 2 - Stairs inside home which are used optionally (e.g., to get to laundry facilities)
- 3 - Stairs leading from inside house to outside
- 4 - Narrow or obstructed doorways
- 5 - Narrow or obstructed walkways
- 6 - Other (specify)

**Comments (if checked):**

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6. **Ramp:** Is there a ramp between outside and inside of house/residence?

- 0 - No
- 1 - Yes

Notes (optional): \_\_\_\_\_

7. **Kitchen Safety:** Do you suspect the participant follows unsafe kitchen practices or has an unsafe kitchen environment?

- 0 - No
- 1 - Yes
- NA - Participant does not have access to cooking facilities

Notes (optional): \_\_\_\_\_

8a. **Safety Hazards** found in the participant's current place of residence: **(Mark all that apply.)**

**Comments (if checked):**

- 0 - None \_\_\_\_\_
- 1 - Inadequate floor, roof, or windows \_\_\_\_\_
- 2 - Inadequate lighting \_\_\_\_\_
- 3 - Unsafe gas/electric appliance \_\_\_\_\_
- 4 - Inadequate heating \_\_\_\_\_
- 5 - Inadequate cooling \_\_\_\_\_
- 6 - Lack of fire safety devices \_\_\_\_\_
- 7 - Unsafe floor coverings \_\_\_\_\_
- 8 - Inadequate stairs or stair railings \_\_\_\_\_
- 9 - Lack of security locks on doors and windows \_\_\_\_\_
- 10 - Electrical cords improperly placed \_\_\_\_\_
- 11 - Other (specify): \_\_\_\_\_

b. **Sanitation Hazards** found in the participant's current place of residence: **(Mark all that apply.)**

**Comments (if checked):**

- 0 - None \_\_\_\_\_
- 1 - No running water \_\_\_\_\_
- 2 - Contaminated water \_\_\_\_\_
- 3 - No toileting facilities \_\_\_\_\_
- 4 - Outdoor toileting facilities only \_\_\_\_\_
- 5 - Inadequate sewage disposal \_\_\_\_\_
- 6 - Inadequate/improper food storage \_\_\_\_\_
- 7 - No food refrigeration \_\_\_\_\_
- 8 - No cooking facilities \_\_\_\_\_
- 9 - Insects/rodents present \_\_\_\_\_
- 10 - No scheduled trash pickup \_\_\_\_\_
- 11 - Cluttered/soiled living area \_\_\_\_\_
- 12 - Other (specify): \_\_\_\_\_

9. **Firearms in Home:**

- a. Are firearms kept in the home?  0 - No [ Go to Item 10 ]  1 - Yes
- b. Are firearms securely locked?  0 - No  1 - Yes
- c. Is the ammunition stored and locked away separately?  0 - No  1 - Yes

Notes (e.g., safety concerns regarding firearms, etc.): \_\_\_\_\_

10. **Telephone Access:** Does the participant have home access to a working telephone?

- 0 - No telephone access
- 1 - Phone accessible in home, apartment, or room
- 2 - Phone accessible in central facility area but not in own room

Notes (optional): \_\_\_\_\_

11a. **Pets in Home: (Mark all that apply.)**

- 0 - No pets [ Go to Item 12 ]
- 1 - Cat(s)
- 2 - Dog(s)
- 3 - Bird(s)
- 4 - Other (specify): \_\_\_\_\_

b. Is **Pet(s) Important to Participant** (e.g., emotional attachment, companionship)?

- 0 - No
- 1 - Yes

Notes (e.g., number of each, pet names): \_\_\_\_\_

c. Does **Pet Interfere** with participant's ability to maneuver around his/her living environment safely?

- 0 - No
- 1 - Yes (Explain): \_\_\_\_\_

d. Does participant **Properly Care for Pet(s)**?

- 0 - No (Explain): \_\_\_\_\_
- 1 - Yes
- NA - Someone else is responsible for care of pet(s)

Notes (e.g., other concerns regarding pets, etc.): \_\_\_\_\_

12. **Special Equipment/Assistive Devices:** Does the participant have or need any of the following special equipment or aids? **(Mark all that apply.)**

	Has and uses	Has, but does not use	Needs and does not have	Needs training	Ownership		
					Client	Rental	PACE Site
Prosthesis (type): _____							
Cane, crutches							
Walker (type): _____							
Wheelchair							
Brace (leg/back)							
Hearing aid							
Glasses							
Contact lenses							
Dentures							
Lifeline							
Hospital bed							
Bedside commode							
Bathing equipment							
Toilet equipment							
Transfer equipment							
Adaptive eating equipment							
Dressing/grooming aids							
Grab bars							
Side rails							
Trapeze							
Pressure relief devices							
Specialized mattress							
Oxygen equipment							
Orthotic positioning device							
Disposable medical supplies							
Other (specify): _____							
Other (specify): _____							

- NA - Participant does not have or need any special equipment/assistive devices.

Notes (optional): \_\_\_\_\_

**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 assessment completed:
  - 1 - Morning
  - 2 - Afternoon
  - 3 - Evening
3. Location where assessment 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 form to your site's Data Collection Coordinator.  
Thank you for your participation.**