

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  
PARTICIPANT SATISFACTION QUESTIONNAIRE  
(PSQ)**

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.

## FIRST PHASE RELIABILITY TEST DRAFT PARTICIPANT SATISFACTION QUESTIONNAIRE

1. **Participant Name:** \_\_\_\_\_  
 (Last) (First) (MI) (Suffix)
2. **Date Questionnaire Completed:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 month day year
3. **Interviewer Name:** \_\_\_\_\_  
 (Last) (First)

### SATISFACTION ITEMS

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

**We are interested in your feelings, GOOD AND BAD, about the care you receive from (PACE site). 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 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 repeat the response scale for each question. Fill in the box for each question that corresponds to the participant's response. **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 17** ]

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

**Satisfaction with Provider Respect for Participant Wishes**

11. 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

12. 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

13. 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

**Satisfaction with Competency of Providers**

14. 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

15. 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

**Satisfaction with Treatment of Illnesses**

16. 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
- NA - Participant had no illness in the past four months

**Satisfaction with Program Overall**

17. 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 [ **Skip remaining PSQ items and complete information box at end of questionnaire** ]

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

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

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

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

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

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

h. Home Care staff - nurses or aides who come to your home to assist you in any way (e.g., with getting dressed, bathing, meals, house chores, etc.)

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

18. 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

19. 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 staff member after completing the PSQ with a participant.**

1. Estimated form completion time (in minutes): \_\_\_\_\_
2. Approximate time of day questionnaire was completed:
  - 1 - Morning
  - 2 - Afternoon
  - 3 - Evening
3. Location where questionnaire 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 questionnaire to your site's Data Collection Coordinator.  
Thank you for your participation.**