

Care Provider Name: \_\_\_\_\_  
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  
RECREATIONAL THERAPY FORM**

Conducted by:  
The Center for Health Services Research

for:

Department of Health and Human Services  
Centers for Medicare and 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.

**DRAFT COCOA DATA SET  
RECREATIONAL THERAPY FORM  
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 recreational therapists or activities coordinators providing direct care to the participant.

**WHEN COLLECTED:** This form will be completed for each participant at one time point during the two-site feasibility test.

Completion of the form should occur within 24 hours of the provider's assessment of the participant (ideally, the form will be completed as part of the participant's routine assessment).

**INSTRUCTIONS:** This form contains items to be completed by the recreational therapist or activities coordinator (this includes direct responses to items and administering items to PACE participants). The recreational therapist/activities coordinator will complete the form and will record responses directly on the form. The recreational therapist/activities coordinator should mark the correct response as appropriate or print numbers/answers where requested. All items should be completed unless specifically directed to skip items based on a previous response. The Data Collection Coordinator (DCC) assigned at the site will receive the completed forms from the recreational therapist/activities coordinator. The DCC will submit completed forms to the Research Center.

**Note:** Some data items in this form are also included in other COCOA forms. The forms in which the item appears are noted in brackets next to each item. For example, item 4 in this form is included both in this form and the Social Work form, as indicated by [SW, RT] next to the question stem for item 4. The abbreviations for each of the COCOA forms are listed below for quick reference.

Intake = Intake Form; HEA = Home Environment Assessment Form; PCP = Primary Care Provider Form; RN = Nursing Form; REHAB = Rehabilitation Therapy Form; SW = Social Work Form; RT = Recreational Therapy Form; RD = Dietitian Form; PSQ = Participant Satisfaction Form; CSQ = Caregiver Satisfaction Form; EOL = End of Life Form; UTIL = Utilization Form.

# Two-Site Feasibility Test

## DRAFT RECREATIONAL THERAPY FORM

1. **Participant Name:** [ALL] Site ID \_\_\_\_\_ Participant ID \_\_\_\_\_
- \_\_\_\_\_  
(Last) (First) (MI) (Suffix)
2. **Reason for Assessment:** [HEA, PCP, RN, REHAB, SW, RT, RD, PSQ, CSQ]
- 1 - Initial assessment  
 2 - Reassessment  
 3 - Annual reassessment
3. **Date Assessment Completed:** [INTAKE, HEA, PCP, RN, REHAB, SW, RT, RD, EOL, UTIL] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

### QUALITY OF LIFE

**Ask the participant to respond to Items 4-7 below.**

4. Do you participate in **Religious or Spiritual Activities/Services** as much as you would like? [SW, RT]
- 0 - Yes, I participate as much as I would like  
 1 - Somewhat - I participate in some activities but would like to be more involved  
 2 - No, I do not currently participate as much as I would like  
 3 - I am not interested in participating in religious or spiritual activities/services  
 UA - This information could not be obtained due to participant's cognitive impairment
5. **Social Activities:** How often during the past week did you attend a social, religious, or recreational event or program at home or away from home? For example, you went to church or temple, to a party, out to dinner, watched a movie or play, or just got together with friends or family. [SW, RT]
- 1 - At least once every day  
 2 - Several times during the week, but not every day (2-6 times)  
 3 - One time  
 4 - Not at all  
 UA - This information could not be obtained due to participant's cognitive impairment
6. **Socialization/Isolation:** The next two questions are about talking to family and friends (who do not live with you). [SW, RT]
- a. During the past week, how many times did you talk to family or friends (besides people from [PACE site]) over the telephone?
- 1 - At least once every day  
 2 - Several times during the week, but not every day (2-6 times)  
 3 - One time  
 4 - Not at all  
 NA - Participant does not have telephone  
 UA - This information could not be obtained due to participant's cognitive impairment
- b. During the past week, how many times did you talk to family or friends (besides people from [PACE site]) in person (that is, you saw them and talked with them)?
- 1 - At least once every day  
 2 - Several times during the week, but not every day (2-6 times)  
 3 - One time  
 4 - Not at all  
 UA - This information could not be obtained due to participant's cognitive impairment

c. How often do you feel lonely or isolated?

- 0 - Never
- 1 - Sometimes
- 2 - Frequently, but not always
- 3 - Always
- UA - This information could not be obtained due to participant's cognitive impairment

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

7. **Satisfaction with Amount of Interaction/Contact:** How satisfied are you with the amount of time you spend with family, friends, and others? [SW, RT]

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

**PROVIDER: Respond to Items 8 and 9 below.**

8. **Description of Family Relationships/Informal Support Systems** (Note if close, distant, hostile, domestic violence, alcohol or drug abuse, medical problems, etc.): [RN, SW, RT]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. **Provider Suspicion of Participant Abuse:** Based on your experience and interactions with the participant, is there reason to suspect any of the following? (Mark all that apply.) [PCP, RN, REHAB, SW, RT, RD]

- 1 - Physical Abuse: beating, over-medication, restraining, etc.
- 2 - Denial of Basic Needs: withholding of food, clothing, hygiene, lack of supervision, abandonment
- 3 - Psychological Abuse: verbal assaults, insults, threats, and isolation
- 4 - Material Abuse: thefts, misuse of funds, fraud, etc.
- 5 - Violation of Rights: coercion, locking in, etc.
- 6 - Self-Neglect: substandard housing, failure to obtain adequate medical care, food, or protection
- 7 - None

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

**ACTIVITY INTERESTS AND INVOLVEMENT**

10. **Participant Leisure Activities:** What leisure activities is the participant involved in at home or outside the Day Center? [RT]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Does the participant attend the Day Center (other than for medical care)? [RT]

- 0 - No [ Go to Item 19 ]
- 1 - Yes

12. Does the participant prefer individual activities, doing activities with one other person, two to four others, or doing activities with a large group (five or more other people)? **(Mark all that apply.) [RT]**

- 0 - Individual
- 1 - One other person
- 2 - Small group (two to four others)
- 3 - Large group (five or more others)
- 4 - No preference

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

13. **Participant's Current Activity Involvement at the Day Center** (as of the assessment date): **(Mark all that apply.) [RT]**

- |  |   |
|--|---|
| <input type="checkbox"/> Arts/Crafts         | <input type="checkbox"/> Word Games                     |
| <input type="checkbox"/> Baking/Cooking      | <input type="checkbox"/> Board Games                    |
| <input type="checkbox"/> Bingo               | <input type="checkbox"/> Puzzles                        |
| <input type="checkbox"/> Bowling             | <input type="checkbox"/> Cards                          |
| <input type="checkbox"/> Gardening           | <input type="checkbox"/> Sports                         |
| <input type="checkbox"/> Current Events      | <input type="checkbox"/> Exercise                       |
| <input type="checkbox"/> Games               | <input type="checkbox"/> Manicures                      |
| <input type="checkbox"/> Newsletter          | <input type="checkbox"/> Reading                        |
| <input type="checkbox"/> Writing             | <input type="checkbox"/> Religious/Spiritual Activities |
| <input type="checkbox"/> Outings             | <input type="checkbox"/> Intergenerational              |
| <input type="checkbox"/> Movies              | <input type="checkbox"/> Picnics                        |
| <input type="checkbox"/> Trivia              | <input type="checkbox"/> Walking Club                   |
| <input type="checkbox"/> Participant Council | <input type="checkbox"/> Music/Singing                  |
| <input type="checkbox"/> Newspaper           | <input type="checkbox"/> Independent Activities _____   |
| <input type="checkbox"/> T.V.                | _____   |
| <input type="checkbox"/> Educational         | _____   |
| <input type="checkbox"/> Nutrition Club      | _____   |
| <input type="checkbox"/> Sewing              | <input type="checkbox"/> Other _____                    |
|  | <input type="checkbox"/> None                           |

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

**PROVIDER: Ask participant to answer Items 14-16 below.**

14. Do you feel you spend enough time talking with or doing activities with other participants at the Center? **[RT]**

- 0 - Fine as is
- 1 - I would like to spend more time with others
- 2 - I would like to spend less time with others
- UA - This information could not be obtained due to participant's cognitive impairment

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

15. Do you like the activities you participate in at the Center? **[RT]**

- 0 - No Why not? \_\_\_\_\_
- 1 - Yes
- UA - This information could not be obtained due to participant's cognitive impairment

16. Would you like to change your activities? **[RT]**

- 0 - No
- 1 - Yes
- UA - This information could not be obtained due to participant's cognitive impairment

Activities to Add: \_\_\_\_\_

Activities to Drop: \_\_\_\_\_

17. **PROVIDER:** Do you feel the participant would benefit by increasing or decreasing involvement in activities? [RT]

- 0 - No, maintain current level of involvement
- 1 - Yes, increased involvement
- 2 - Yes, decreased involvement

Explain: \_\_\_\_\_

18. **PROVIDER:** Do you feel the participant would benefit from increasing or decreasing interaction with others at the Center? [RT]

- 0 - No, maintain current level of interaction
- 1 - Yes, increased interaction
- 2 - Yes, decreased interaction

Explain: \_\_\_\_\_

19. **Participant Goals: (Ask participant.)** What would you like to change or accomplish over the next few months that we can help you with? [PCP, RN, REHAB, SW, RT, RD]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- UA - This information could not be obtained due to participant's cognitive impairment

## **EMOTIONAL/MENTAL HEALTH STATUS**

20. **Observed Depression or Depressive Symptoms:** Which of the following have you observed in the participant in the past week? (Mark all that apply.) [PCP, RN, SW, RT]

- |   |  |
|---|--|
| <input type="checkbox"/> 1 - Decreased level of energy and activity               | <input type="checkbox"/> 5 - Crying spells                                       |
| <input type="checkbox"/> 2 - Slowing of thinking, language, and behavior          | <input type="checkbox"/> 6 - Consistent sadness                                  |
| <input type="checkbox"/> 3 - Decrease in appetite                                 | <input type="checkbox"/> 7 - Sleep disturbances, insomnia, or excessive sleeping |
| <input type="checkbox"/> 4 - Expressions of feelings of worthlessness or futility | <input type="checkbox"/> 8 - Other (specify: _____)                              |
|   | <input type="checkbox"/> 9 - None of the above                                   |

21. Describe **Participant's Social Behavior** in the past week based on your and others' observation and interaction with participant: (Mark all that apply.) [SW, RT]

- |  |   |
|--|---|
| <input type="checkbox"/> 1 - Friendly, cooperative                         | <input type="checkbox"/> 9 - Willing to try                                 |
| <input type="checkbox"/> 2 - Interacts with other participants             | <input type="checkbox"/> 10 - Passive                                       |
| <input type="checkbox"/> 3 - Interacts with staff                          | <input type="checkbox"/> 11 - Confused                                      |
| <input type="checkbox"/> 4 - Initiates recreational programs independently | <input type="checkbox"/> 12 - Unable to initiate interactions/participation |
| <input type="checkbox"/> 5 - Motivated                                     | <input type="checkbox"/> 13 - Unmotivated                                   |
| <input type="checkbox"/> 6 - Helps other participants (as able)            | <input type="checkbox"/> 14 - Uncooperative                                 |
| <input type="checkbox"/> 7 - Prefers keeping to self                       | <input type="checkbox"/> 15 - Antisocial, withdrawn, acts out, abusive      |
| <input type="checkbox"/> 8 - Needs quiet space for activities              | <input type="checkbox"/> 16 - Focuses on illness/other problems             |
|  | <input type="checkbox"/> 17 - Other (specify: _____)                        |

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

22a. **Frequency of Behavior Problems (Reported or Observed):** Has the participant exhibited any of the following behaviors since the last assessment? **(Respond for each item below.) [RN, SW, RT]**

	Never	Once/month or less frequently	Several times each month	Several times a week	At least daily
1) Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.	<input type="checkbox"/> - 0	<input type="checkbox"/> - 1	<input type="checkbox"/> - 2	<input type="checkbox"/> - 3	<input type="checkbox"/> - 4
2) Physical aggression: aggressive/combatative to self or others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)	<input type="checkbox"/> - 0	<input type="checkbox"/> - 1	<input type="checkbox"/> - 2	<input type="checkbox"/> - 3	<input type="checkbox"/> - 4
3) Disruptive, infantile, regressive, or socially inappropriate behavior (other than above)	<input type="checkbox"/> - 0	<input type="checkbox"/> - 1	<input type="checkbox"/> - 2	<input type="checkbox"/> - 3	<input type="checkbox"/> - 4
4) Delirium, confusion, delusional, hallucinatory, or paranoid behavior	<input type="checkbox"/> - 0	<input type="checkbox"/> - 1	<input type="checkbox"/> - 2	<input type="checkbox"/> - 3	<input type="checkbox"/> - 4
5) Agitated (pacing, fidgeting, argumentative)	<input type="checkbox"/> - 0	<input type="checkbox"/> - 1	<input type="checkbox"/> - 2	<input type="checkbox"/> - 3	<input type="checkbox"/> - 4
6) Withdrawn/isolated	<input type="checkbox"/> - 0	<input type="checkbox"/> - 1	<input type="checkbox"/> - 2	<input type="checkbox"/> - 3	<input type="checkbox"/> - 4

b. **For any behavior present, describe circumstances** (e.g., time of day, location/setting):

Circumstances

1) Verbal disruption

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2) Physical aggression

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3) Disruptive, infantile, regressive, or socially inappropriate behavior (other than above)

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4) Delirium, confusion, delusional, hallucinatory, or paranoid behavior

---

5) Agitated

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6) Withdrawn/isolated

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23. **Wandering:** Has the participant wandered since the last assessment? (Wandering is defined as straying or becoming lost in the community due to impaired judgment. Example: A confused participant leaves home unattended and is not able to find his or her way back.) *Assess the participant using the ratings below.* [RN, SW, RT]

- 0 - *Never*      This rating is used for any of the following circumstances (if mark 0, check the appropriate response [a, b, or c]):
- a. Never wanders away from home, the day health center, or other locations.
  - b. Has not wandered since the last assessment.
  - c. Has not wandered because special precautions have been instituted, such as continuous supervision and/or secured exits.
- 1 - *Seldom (once/week or less)*      Has wandered away from home, day health center or other locations occasionally (less than once a week) since the last assessment.
- 2 - *Often (more than once/week)*      This rating is used for any of the following circumstances:
- Has wandered away from home, day health center or other locations once a week or more since the last assessment.
  - Wanders once a week or more, from some locations, but not others.

24. **Restraints:** Have physical restraints been used on the participant since the last assessment? [PCP, RN, REHAB, RT]

- 0 - No [ Go to Item 25 ]       1 - Yes

If yes, specify frequency, type, and reason:

Frequency of use: \_\_\_\_\_

Type: \_\_\_\_\_

Reason: \_\_\_\_\_

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

## **COGNITIVE FUNCTIONING**

25. **Ability to Sustain Attention:** Assess the participant's ability to sustain attention during structured and unstructured activity. [REHAB, SW, RT]

a. Structured Activity (recreation, self-care, daily household activities)

- 0 - Independent – requires no cues or redirection to task  
 1 - Supervised – requires occasional verbal cues to redirect attention to task appropriately  
 2 - Assisted – requires consistent verbal and/or tactile cues to maintain attention to task  
 3 - Unable – unable to sustain attention sufficiently to be productive in most minimal sense

b. Unstructured Activity (free conversation, free time)

- 0 - Independent – requires no cues or redirection to task  
 1 - Supervised – requires occasional verbal cues to redirect attention to task appropriately  
 2 - Assisted – requires consistent verbal and/or tactile cues to maintain attention to task  
 3 - Unable – unable to sustain attention sufficiently to be productive in most minimal sense

26. **Judgment (Puts Self At Risk):** Identify the participant's ability to use judgment and make decisions that affect his/her ability to function independently. [RN, REHAB, SW, RT]

- 1 - Judgment is good. Makes appropriate decisions.  
 2 - Judgment is occasionally poor. May make inappropriate decisions in complex or unfamiliar situations; needs monitoring and guidance in decision making.  
 3 - Judgment is frequently poor; needs oversight and supervision because person makes unsafe or inappropriate decisions.  
 4 - Judgment is always poor; cannot make any appropriate decisions for self. Makes judgments that constantly put self at risk.

27. **Ability to Understand Others** in participant's primary language (understanding information content -- however able; e.g., understanding spoken language, sign language, writing, or other means): [RN, SW, RT]

- 0 - No observable impairment. Understands complex or detailed instructions and participates normally in conversation.  
 1 - With mild difficulty, understands one-step instructions and simple multi-step instructions. Able to participate in ordinary conversation.  
 2 - Has moderate difficulty understanding simple, one-step instructions and participating in conversation; may need frequent prompting or assistance.  
 3 - Has severe difficulty understanding simple instructions and conversation. May require multiple repetitions, restatements, demonstrations.  
 4 - Unable to understand even simple language.

28. **Ability to Express Thoughts, Wants, Needs** in primary language (expressing information content -- however able; e.g., using spoken language, sign language, writing, or other means): [RN, SW, RT]
- 0 - Able to express complex ideas, feelings, and needs clearly, completely, and easily in most situations.
  - 1 - Has mild difficulty in expressing ideas and needs (choice of words, word order, or grammar may sometimes be unclear or confusing; may need minimal prompting or assistance).
  - 2 - Has moderate difficulty in expressing simple ideas or needs (choice of words, word order, or grammar commonly unclear or confusing; needs prompting or assistance).
  - 3 - Has severe difficulty expressing basic ideas or needs and requires considerable assistance.
  - 4 - Unable to express basic needs even with considerable prompting or assistance (e.g., communication is nonsensical or unintelligible).

**PHYSIOLOGIC/FUNCTIONAL STATUS**

29. **Exercise/Activity Level:** Describe participant's usual level of activity or exercise. For example, does he/she walk often, do household tasks, participate in swimming or exercise class, or do other activities that require physical exertion? [RN, REHAB, RT]

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30. **Endurance:** Identify the participant's ability to complete activity of daily living tasks because of limitations of stamina, endurance, shortness of breath or pain. [REHAB, RT]

- 0 - Has adequate stamina/endurance to complete tasks within reasonable time frame. Does not need to take rest breaks and does not become extraordinarily weakened or tired after completing tasks.
- 1 - Has slightly limited stamina/endurance to complete tasks but is able to do so within a reasonable time frame. Needs rest periods and becomes slightly tired or weakened when tasks completed.
- 2 - Has limited physical stamina/endurance to complete tasks and may take considerably longer periods of time to complete tasks. Even with frequent rest breaks becomes very tired or weakened when tasks are completed. Must rest for long periods after any exertion.
- 3 - Does not have the physical stamina to complete tasks. Even with frequent rest cannot complete tasks.

31. **Fine Motor Skills:** Indicate the level of deficit for right and left hand. Describe any deficit. [REHAB, RT]

	R	Describe	L	Describe
0 - No deficit				
1 - Minimal deficit				
2 - Moderate deficit				
3 - Severe deficit				

Adaptive Devices used or needed: \_\_\_\_\_

**Please respond to the evaluation questions and return completed materials to the Data Collection Coordinator at your site.**

**Thank you for your participation.**