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Compendium of Quality Indicators: Older Adults, Adults with Physical Disabilities, Adults with Mental Retardation/Autism Living at Home, in the Community or in Long Term Care Facilities


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Compendium of Quality Indicators

**Older Adults
Adults with Physical Disabilities
Adults with Mental Retardation/Autism**

**Living at Home, in the Community, or in Long
Term Care Facilities**

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September 2005

UNIVERSITY OF SOUTHERN MAINE

Muskie School of Public Service

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Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: Participant Experience Survey Performance Indicators: MR-DD Version Developer: The MEDSTAT Group, Inc.

Sara Galantowicz
777 E. Eisenhower Parkway
Ann Arbor, MI 48108

Website: <http://www.cms.hhs.gov/medicaid/waivers/consexpsurvey.asp>

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator								
1	Does Not Like Where Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Did Not Choose Where Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Did Not Choose to Live Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Wants to Live with Others than Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Does Not Like Housemates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Did Not Choose Roommate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Unmet Demand for Choice in Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Lack of Knowledge of Right to Change Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Unmet Demand for Directing Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Cannot Always Eat When Choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Cannot Always Watch TV When Choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Cannot Always Go to Bed When Choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Cannot Always Be Alone When Choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	No Clear Contact for Reporting Staffing Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Cannot Name Case Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Not Always Able to Contact Case Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Case Manager Not Always Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Does Not Like Job/Daily Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Did Not Choose Job/ Daily Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Unmet Demand for Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant Experience Survey Performance Indicators: MR-DD Version

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator								
21	Unmet Demand for Day Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Unmet Demand for Volunteer Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Staff in Home Not Always Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Staff in Home Do Not Always Listen Carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Staff Outside the Home Not Always Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Staff Outside the Home Do Not Always Listen Carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Transportation Staff Not Always Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Transportation Staff Do Not Always Listen Carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Unwanted Visitors in Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Program Participants Reporting Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Program Participants Reporting Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Program Participants Reporting Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Unmet Need in Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Unmet Need in Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Unmet Need in Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Unmet Need in Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Unmet Need in Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Unmet Need in Groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Unmet Need in Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Unmet Need in Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Unmet Need for Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Unmet Need in Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Unmet Need in Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Incomplete Staff Time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Unmet Need for Adaptive Equipment or Environmental Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant Experience Survey Performance Indicators: MR-DD Version

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator								
46	Unmet Demand for Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Unmet Demand for Choice in Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Unmet Demand for Eating Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Unmet Demand for Choice in Eating Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Unmet Demand for Seeing Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Unmet Need for Community Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Descriptions of Quality Measures by Quality Instrument

Quality Instrument: Participant Experience Survey Performance Indicators: MR-DD Version Developer: The MEDSTAT Group, Inc.

Sara Galantowicz
777 E. Eisenhower Parkway
Ann Arbor, MI 48108

Website: <http://www.cms.hhs.gov/medicaid/waivers/consexpsurvey.asp>

Ind.# Indicator

1 Does Not Like Where Live

Description: Percent of program participants who do not like where they live.

Numerator: Number of “no” (2) responses to Q2. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q2.

Denominator: Number of “yes” (1) “no” (2), “sometimes” (3), and “unsure” (7) responses to Q2. Do not include “unclear” (8) or “no response” (9) to Q2.

Related Survey 2 Do you like where you live?

Question(s):

2 Did Not Choose Where Live

Description: Percent of program participants who did not help choose the place they live.

Numerator: Q3 Number of “no” (2) responses to Q3. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q3.

Denominator: Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q3. Do not include “unclear” (8) or “no response” (9) to Q3.

Related Survey 3 Did you help pick (this/that) place to live?

Question(s):

3 Did Not Choose to Live Alone

Description: Percent of program participants living alone who would rather live with other people.

Numerator: Number of “no” (2) responses to Q6. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q6.

Denominator: Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q6. Do not include “unclear” (8) or “no response” (9) to Q6.

Related Survey 6 Did you choose to live alone?

Question(s):

4 Wants to Live with Others than Family

Description: Percent of program participants living with their families who would rather live with other people.

Numerator: Number of “yes” (1) responses to Q7. Do not include “unsure” (7) “unclear” (8) or “no response” (9) to Q7.

Denominator: Number of “family” (2) responses to Q5. Do not include respondents who answered “family” (2) to Q5, but answered “unclear” (8) or “no response” (9) to Q7.

Related Survey 7 Would you rather live with other people?

Question(s):

5 Does Not Like Housemates

Description: Percent of program participants with housemates who do not like the people with whom they live.

Numerator: Number of “no” (2) responses to Q8. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q8.

Denominator: Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q8. Do not include “unclear” (8) or “no response” (9) to Q8.

Related Survey 8 Do you like the people you live with?

Question(s):

Ind.# Indicator

6 Did Not Choose Roommate

Description: Percent of program participants in congregate settings who did not help choose their roommate.

Numerator: Number of “no” (2) responses to Q10. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q10.

Denominator: Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q10. Do not include “unclear” (8) or “no response” (9) to Q10.

Related Survey 10 Did you help pick the person who shares your bedroom?

Question(s):

7 Unmet Demand for Choice in Staff

Description: Percent of program participants who do not help choose their support staff, but would like to.

Numerator: Q12 Number of “yes” (1) responses to Q12. Do not include “unsure” (7) “unclear” (8) or “no response” (9) to Q12.

Denominator: Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q12. Do not include “unclear” (8) or “no response” (9) to Q12.

Related Survey 12 Would you like to help pick your support staff?

Question(s):

8 Lack of Knowledge of Right to Change Staff

Description: Percent of program participants who did not know they could change their support staff.

Numerator: Q13 Number of “no” (2) and “unsure” (7) responses to Q13. Do not include “unclear” (8) or “no response” (9) to Q13.

Denominator: Number of “yes,” (1) “no” (2) and “unsure” (7) responses to Q13. Do not include “unclear” (8) or “no response” (9) to Q13.

Related Survey 13 Did you know you can change your support staff if you want?

Question(s):

9 Unmet Demand for Directing Staff

Description: Percent of program participants who do not help direct their staff, but would like to.

Numerator: Q15 Number of “yes” (1) responses to Q15. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q15.

Denominator: Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q15. Do not include “unclear” (8) or “no response” (9) to Q15.

Related Survey 15 Would you like to tell them the things you want help with?

Question(s):

10 Cannot Always Eat When Choose

Description: Percent of program participants who cannot eat when they choose in their homes.

Numerator: Number of “no” (2) and “sometimes” (3) responses to Q16 Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q16.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q16. Do not include “unclear” (8) or “no response” (9) to Q16.

Related Survey 16 When you are at home, can you eat when you want to?

Question(s):

11 Cannot Always Watch TV When Choose

Description: Percent of program participants who cannot always watch TV when they choose in their homes.

Numerator: Number of “no” (2) and “sometimes” (3) responses to Q17 Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q17.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q17. Do not include “unclear” (8) or “no response” (9) to Q17.

Related Survey 17 Can you watch TV when you want to?

Question(s):

Ind.# Indicator

12 Cannot Always Go to Bed When Choose

Description: Percent of program participants who cannot always go to bed when they choose.

Numerator: Number of “no” (2) and “sometimes” (3) responses to Q18. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q18.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q18. Do not include “unclear” (8) or “no response” (9) to Q18.

Related Survey 18 Can you go to bed when you want to?

Question(s):

13 Cannot Always Be Alone When Choose

Description: Percent of program participants who report they cannot be by themselves when they choose, while at home.

Numerator: Number of “no” (2) and “sometimes” (3) responses to Q19. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q19.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q19. Do not include “unclear” (8) or “no response” (9) to Q19.

Related Survey 19 Can you be by yourself when you want to?

Question(s):

14 No Clear Contact for Reporting Staffing Problems

Description: Percent of program participants who would report staffing problems to “no one” or are unsure to whom to report problems.

Numerator: Number of “no one” (1) and/or “unsure” (7) responses to Q20. Do not include “unclear” (8) or “no response” (9) to Q20.

Denominator: Number of “no one” (1), “family/friend” (2), “case manager...” (3), “other” (4), and/or “unsure” (7) to Q20. Do not include “unclear” (8) or “no response” (9) to Q20.

Related Survey 20 If there is something wrong with the help you are getting, who do you talk with to get the problem

Question(s): fixed? (CHECK ALL THAT APPLY)

15 Cannot Name Case Manager

Description: Percent of program participants who are unable to name their case manager when asked.

Numerator: Number of “does not name case manager” (2) responses to Q21. Do not include “unclear” (8) or “no response” (9) to Q21.

Denominator: Number of “names case manager” (1) and “does not name” (2) responses to Q21. Do not include “unclear” (8) or “no response” (9) to Q21.

Related Survey 21 Who is your case manager or support coordinator?

Question(s):

16 Not Always Able to Contact Case Manager

Description: Percent of program participants who report they cannot always talk with their case manager when they need to.

Numerator: Number of “no” (2) and “sometimes” (3) responses to Q22. Do not include “unsure” (7), “unclear” (8), “no response” (9), or “not applicable” (95) to Q22.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q22. Do not include “unclear” (8), “no response” (9), or “not applicable” (95) to Q22.

Related Survey 22 Can you talk to your case manager or support coordinator when you need to?

Question(s):

17 Case Manager Not Always Helpful

Description: Percent of program participants who say their case managers do not always help them when they ask for something.

Numerator: Number of “sometimes” (3) and “no” (2) responses to Q23. Do not include “unsure” (7), “unclear” (8), “no response” (9), or “not applicable” (95) to Q23.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q23. Do not include “unclear” (8), “no response” (9), or “not applicable” (95) to Q23.

Related Survey 23 Does your case manager or support coordinator help you when you ask for something?

Question(s):

Ind.# Indicator

18 Does Not Like Job/Daily Activity

Description: Percent of working program participants who do not like their job or other daily activity.

Numerator: Number of “no” (2) responses to Q25. Do not include “unsure” (7) “unclear” (8) or “no response” (9) to Q25.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q25. Do not include “unclear” (8) or “no response” (9) to Q25.

Related Survey 25 Do you like your (job/day program/volunteer work)?

Question(s):

19 Did Not Choose Job/ Daily Activity

Description: Percent of working program participants who did not help choose their job or other daily activity.

Numerator: Number of “no” (2) responses to Q26. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q26.

Denominator: Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q26. Do not include “unclear” (8) or “no response” (9) to Q26.

Related Survey 26 Did you help pick the (job/day program/volunteer work) you go to now?

Question(s):

20 Unmet Demand for Work

Description: Percent of program participants without a formal daily activity who report wanting to work.

Numerator: Number of “yes” (1) responses to Q27. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q27.

Denominator: Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q27. Do not include “unclear” (8) or “no response” (9) to Q27.

Related Survey 27 Do you want to work?

Question(s):

21 Unmet Demand for Day Program

Description: Percent of program participants without a formal daily activity who report wanting to attend a day program.

Numerator: Number of “yes” (1) responses to Q28. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q28.

Denominator: Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q28. Do not include “unclear” (8) or “no response” (9) to Q28.

Related Survey 28 Would you like to go to day program?

Question(s):

22 Unmet Demand for Volunteer Work

Description: Percent of program participants without a formal daily activity who report wanting to do volunteer work.

Numerator: Number of “yes” (1) responses to Q29. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q29.

Denominator: Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q29. Do not include “unclear” (8) or “no response” (9) to Q29.

Related Survey 29 Would you like to do volunteer work?

Question(s):

23 Staff in Home Not Always Respectful

Description: Percent of program participants who report staff do not treat them respectfully in their homes.

Numerator: Number of “no” (2) responses to Q30. Do not include “unsure” (7), “unclear” (8), “no response” (9), or “not applicable” (95) to Q30.

Denominator: Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q30. Do not include “unclear” (8), “no response” (9), or “not applicable” (95) to Q30.

Related Survey 30 Do the support staff who come to your home respect you?

Question(s):

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24	<p>Staff in Home Do Not Always Listen Carefully</p> <p><i>Description:</i> Percent of program participants who report staff do not listen carefully to their requests for assistance in their homes.</p> <p><i>Numerator:</i> Number of “no” (2) responses to Q32. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q32.</p> <p><i>Denominator:</i> Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q32. Do not include “unclear” (8) or “no response” (9) to Q32.</p> <p><i>Related Survey</i> 32 Do the support staff who come to your home listen carefully to what you ask them to do?</p> <p><i>Question(s):</i></p>
25	<p>Staff Outside the Home Not Always Respectful</p> <p><i>Description:</i> Percent of program participants receiving services outside the home who report staff in places outside the home do not always treat them respectfully.</p> <p><i>Numerator:</i> Number of “no” (2) responses to Q33. Do not include “unsure” (7), “unclear” (8), “no response” (9), or “not applicable” (95) to Q33.</p> <p><i>Denominator:</i> Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q33. Do not include “unclear” (8), “no response” (9), or “not applicable” (95) to Q33.</p> <p><i>Related Survey</i> 33 Do the support staff in other places, such as at work, or at a day program, respect you?</p> <p><i>Question(s):</i></p>
26	<p>Staff Outside the Home Do Not Always Listen Carefully</p> <p><i>Description:</i> Percent of program participants receiving services outside the home who report staff in places outside the home do not listen carefully to their requests for assistance.</p> <p><i>Numerator:</i> Number of “no” (2) responses to Q35. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q35.</p> <p><i>Denominator:</i> Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q35. Do not include “unclear” (8) or “no response” (9) to Q35.</p> <p><i>Related Survey</i> 35 Do the support staff in other places, such as at work, or at a day program, listen carefully to what you ask them to do?</p> <p><i>Question(s):</i></p>
27	<p>Transportation Staff Not Always Respectful</p> <p><i>Description:</i> Percent of program participants using transportation services who report staff do not treat them respectfully while using these services.</p> <p><i>Numerator:</i> Number of “no” (2) responses to Q37. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q37.</p> <p><i>Denominator:</i> Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q37. Do not include “unclear” (8) or “no response” (9) to Q37.</p> <p><i>Related Survey</i> 37 Do the support staff on the van respect you?</p> <p><i>Question(s):</i></p>
28	<p>Transportation Staff Do Not Always Listen Carefully</p> <p><i>Description:</i> Percent of program participants using transportation services who report staff do not listen carefully to their requests for assistance while using these services.</p> <p><i>Numerator:</i> Number of “no” (2) responses to Q39. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q39.</p> <p><i>Denominator:</i> Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q39. Do not include “unclear” (8) or “no response” (9) to Q39.</p> <p><i>Related Survey</i> 39 Do the support staff on the van listen carefully to what you ask them to do?</p> <p><i>Question(s):</i></p>
29	<p>Unwanted Visitors in Room</p> <p><i>Description:</i> Percent of program participants who say people come into their rooms unwanted.</p> <p><i>Numerator:</i> Number of “yes” (1) responses to Q40. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q40.</p> <p><i>Denominator:</i> Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q40. Do not include “unclear” (8) or “no response” (9) to Q40.</p>

Participant Experience Survey Performance Indicators: MR-DD Version

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Related Survey 40	Do people ever come into your room when you don't want them to?
<i>Question(s):</i>	
30	Program Participants Reporting Theft
<i>Description:</i> Percent of program participants who report theft.	
<i>Numerator:</i> Number of “yes” (1) and “sometimes” (3) responses to Q41. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q41.	
<i>Denominator:</i> Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q41. Do not include “unclear” (8) or “no response” (9) to Q41.	
Related Survey 41	Does anyone take your things without asking first?
<i>Question(s):</i>	
31	Program Participants Reporting Verbal Abuse
<i>Description:</i> Percent of program participant who report being verbally abused.	
<i>Numerator:</i> Number of “yes” (1) and “sometimes” (3) responses to Q45. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q45.	
<i>Denominator:</i> Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q45. Do not include “unclear” (8) or “no response” (9) to Q45.	
Related Survey 45	Does anyone ever do mean things to you, such as yell at you?
<i>Question(s):</i>	
32	Program Participants Reporting Injury
<i>Description:</i> Percent of program participant who report being injured.	
<i>Numerator:</i> Number of “yes” (1) and “sometimes” (3) responses to Q49. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q49.	
<i>Denominator:</i> Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q49. Do not include “unclear” (8) or “no response” (9) to Q49.	
Related Survey 49	Does anyone ever hit you or hurt your body?
<i>Question(s):</i>	
33	Unmet Need in Bathing
<i>Description:</i> Percent of program participants requiring personal assistance with bathing who report they are sometimes unable to bathe because there is no-one there to help them.	
<i>Numerator:</i> Number of “yes” (1) responses to Q55. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q55.	
<i>Denominator:</i> Number of “needs help” (1) responses to Q53. Do not include respondents needing help in Q53 who provided an “unsure” (7), “unclear” (8), or “no response” (9) to Q54 or Q55.	
Related Survey 53	Is there any special help that you need to take a bath or shower? (SPECIFY)
<i>Question(s):</i>	
54	Do you ever go without a bath or shower when you need one?
55	Is this because there is no one there to help you?
34	Unmet Need in Dressing
<i>Description:</i> Percent of program participants requiring personal assistance with dressing who report they are sometimes unable to dress because there is no-one there to help them.	
<i>Numerator:</i> Number of “yes” (1) responses to Q58. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q58.	
<i>Denominator:</i> Number of “needs help” (1) responses to Q56. Do not include respondents needing help in Q56 who provided an “unsure” (7), “unclear” (8), or “no response” (9) to Q57 or Q58.	
Related Survey 58	Is this because there is no one there to help you?
<i>Question(s):</i>	
56	Is there any special help that you need to get dressed? (SPECIFY)
57	Do you ever go without getting dressed when you need to?

Ind.# Indicator

35 Unmet Need in Transferring

Description: Percent of program participants requiring personal assistance with transferring who report they are sometimes unable to get out of bed because there is no-one there to help them.

Numerator: Number of “yes” (1) responses to Q61. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q61.

Denominator: Number of “needs help” (1) responses to Q59. Do not include respondents needing help in Q59 who provided an “unsure” (7), “unclear” (8), or “no response” (9) to Q60 or Q61.

Related Survey 59 Is there any special help that you need to get out of bed? (SPECIFY)

Question(s):

60 Do you ever go without getting out of bed when you need to?

61 Is this because there is no one there to help you?

36 Unmet Need in Eating

Description: Percent of program participants requiring personal assistance with eating who report they are sometimes unable to eat because there is no-one there to help them.

Numerator: Number of “yes” (1) responses to Q64. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q64.

Denominator: Number of “needs help” (1) responses to Q62. Do not include respondents needing help in Q62 who provided an “unsure” (7), “unclear” (8), or “no response” (9) to Q63 or Q64.

Related Survey 62 Is there any special help that you need to eat? (SPECIFY)

Question(s):

63 Do you ever go without eating when you need to?

64 Is this because there is no one there to help you?

37 Unmet Need in Meal Preparation

Description: Percent of program participants requiring personal assistance with meal preparation who report they sometimes go without a meal because there is no-one there to help them.

Numerator: Number of “yes” (1) responses to Q67. Do not include “unsure” (7) “unclear” (8) or “no response” (9) to Q67.

Denominator: Number of “needs help” (1) responses to Q65. Do not include respondents needing help in Q65 who provided an “unsure” (7), “unclear” (8), or “no response” (9) to Q66 or Q67.

Related Survey 66 Do you ever go without a meal when you need one?

Question(s):

67 Is this because there is no one there to help you?

65 Is there any special help that you need to make your meals? (SPECIFY)

38 Unmet Need in Groceries

Description: Percent of program participants requiring personal assistance with grocery shopping who report they are sometimes unable to get groceries because there is no-one there to help them.

Numerator: Number of “yes” (1) responses to Q70. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q70.

Denominator: Number of “needs help” (1) responses to Q68. Do not include respondents needing help in Q68 who provided an “unsure” (7), “unclear” (8), or “no response” (9) to Q69 or Q70.

Related Survey 69 Are you sometimes unable to get groceries when you need them?

Question(s):

70 Is this because there is no one there to help you?

68 Is there any special help that you need to get groceries? (SPECIFY)

39 Unmet Need in Housework

Description: Percent of program participants requiring personal assistance with housework who report the housework doesn't get done sometimes because there is no-one there to help them.

Numerator: Number of “yes” (1) responses to Q73. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q73.

Denominator: Number of “needs help” (1) responses to Q71. Do not include respondents needing help in Q71 who provided an “unsure” (7), “unclear” (8), or “no response” (9) to Q72 or Q73.

Participant Experience Survey Performance Indicators: MR-DD Version

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<i>Related Survey</i>	71	Is there any special help that you need to do housework? (SPECIFY)
<i>Question(s):</i>		
	72	Does the housework not get done sometimes?
	73	Is this because there is no one there to help you?

40 Unmet Need in Laundry

Description: Percent of program participants requiring personal assistance with laundry who report the laundry doesn't get done sometimes because there is no-one there to help them.

Numerator: Number of "yes" (1) responses to Q76. Do not include "unsure" (7), "unclear" (8), or "no response" (9) to Q76.

Denominator: Number of "needs help" (1) responses to Q74 Do not include respondents needing help in Q74 who provided an "unsure" (7), "unclear" (8), or "no response" (9) to Q75 or Q76.

<i>Related Survey</i>	76	Is this because there is no one there to help you?
<i>Question(s):</i>		
	74	Is there any special help that you need to do laundry? (SPECIFY)
	75	Does the laundry not get done sometimes?

41 Unmet Need for Transportation

Description: Percent of program participants who report not always having transportation when needed.

Numerator: Number of "no" (2) responses to Q77. Do not include "unsure" (7), "unclear" (8), or "no response" (9) to Q77.

Denominator: Number of "yes" (1), "no" (2), and "unsure" (7) responses to Q77. Do not include "unclear" (8) or "no response" (9) to Q77.

<i>Related Survey</i>	77	Can you always get to the places you need to go, like work, shopping, the doctor's office, or a friend's house?
<i>Question(s):</i>		

42 Unmet Need in Medication

Description: Percent of program participants requiring personal assistance with taking medications who report they are sometimes go without taking medications because there is no-one there to help them.

Numerator: Number of "yes" (1) responses to Q80. Do not include "unsure" (7), "unclear" (8), or "no response" (9) to Q80.

Denominator: Number of "needs help" (1) responses to Q78 Do not include respondents needing help in Q78 who provided an "unsure" (7), "unclear" (8), or "no response" (9) to Q79 or Q80.

<i>Related Survey</i>	78	Is there any special help that you need to take medicine, such as someone to pour it or set up your pills? (SPECIFY)
<i>Question(s):</i>		
	79	Do you ever go without taking your medicine when you need it?
	80	Is this because there is no one there to help you?

43 Unmet Need in Toileting

Description: Percent of program participants requiring personal assistance with toileting who report they are sometimes unable to get to the bathroom because there is no-one there to help them.

Numerator: Number of "yes" (1) responses to Q83. Do not include "unsure" (7), "unclear" (8), or "no response" (9) to Q83.

Denominator: Number of "needs help" (1) responses to Q81 Do not include respondents needing help in Q81 who provided an "unsure" (7), "unclear" (8), or "no response" (9) to Q82 or Q83.

<i>Related Survey</i>	81	Is there any special help that you need to get to and use the bathroom? (SPECIFY)
<i>Question(s):</i>		
	82	Are you ever unable to get to or use the bathroom when you need to?
	83	Is this because there is no one there to help you?

Ind.# Indicator

44 Incomplete Staff Time

Description: Percent of program participants who report care staff do not spend all they are supposed to with the program participant.

Numerator: Number of “no” (2) responses to Q84. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q84.

Denominator: Number of “yes” (1), “no” (2), and “unsure” (7) responses to Q84. Do not include “unclear” (8) or “no response” (9) to Q84.

Related Survey Question(s): 84 Think about the support staff who help you with the everyday activities we have been talking about. Do these support staff spend all the time with you that they are supposed to?

45 Unmet Need for Adaptive Equipment or Environmental Modifications

Description: Percent of program participants who requested special equipment or environmental modifications who report not receiving them.

Numerator: Number of “no” (2) responses to Q87. Do not include “in process” (3), “unsure” (7), “unclear” (8), or “no response” (9) to Q87.

Denominator: Number of “yes” (1), “no” (2), “in process” (3) and “unsure” (7) responses to Q87. Do not include “unclear” (8) or “no response” (9) to Q87.

Related Survey Question(s): 87 Did you get the equipment or make the changes you needed?

46 Unmet Demand for Shopping

Description: Percent of program participants that enjoy shopping who report they do not get to go shopping.

Numerator: Number of “no” (2) responses to Q89. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q89.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q89. Do not include “unclear” (8) or “no response” (9) to Q89.

Related Survey Question(s): 89 Do you go shopping?

47 Unmet Demand for Choice in Shopping

Description: Percent of program participants that enjoy shopping who report they do not get to pick where to go shopping.

Numerator: Number of “no” (2) responses to Q90. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q90.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q90. Do not include “unclear” (8) or “no response” (9) to Q90.

Related Survey Question(s): 90 Do you help pick where to go shopping?

48 Unmet Demand for Eating Out

Description: Percent of program participants that enjoy eating out who report they do not get to eat out.

Numerator: Number of “no” (2) responses to Q92. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q92.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q92. Do not include “unclear” (8) or “no response” (9) to Q92.

Related Survey Question(s): 92 Do you go out to eat?

49 Unmet Demand for Choice in Eating Out

Description: Percent of program participants that enjoy eating out who report they do not get to pick where to go out to eat.

Numerator: Number of “no” (2) responses to Q93. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q93.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q93. Do not include “unclear” (8) or “no response” (9) to Q93.

Ind.# Indicator

Related Survey 93 Do you get to help pick where you eat out?
Question(s):

50 Unmet Demand for Seeing Friends

Description: Percent of program participants with people they enjoy visiting who report they cannot see these people when they want.

Numerator: Number of “no” (2) responses to Q96. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q96.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q96. Do not include “unclear” (8) or “no response” (9) to Q96.

Related Survey 94 Are there people you like to visit with?
Question(s):

95 Who do you like to visit with? (SPECIFY)

96 Can you see this person/these people when you want?

51 Unmet Need for Community Involvement

Description: Percent of program participant who report an unmet need for community activities.

Numerator: Number of “no” (2) responses to Q98. Do not include “unsure” (7), “unclear” (8), or “no response” (9) to Q98.

Denominator: Number of “yes” (1), “no” (2), “sometimes” (3), and “unsure” (7) responses to Q98. Do not include “unclear” (8) or “no response” (9) to Q98.

Related Survey 99 Is there anything else you want to talk to me about?
Question(s):

97 What other kinds of things do you like to do? (SPECIFY)

98 Do you get to do these things when you want?

Quality Measurement Surveys

Survey: Participant Experience Survey: MR/DD Version Developer: The MEDSTAT Group, Inc.

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Section: Choice and Control

The first questions I'd like to ask you have to do with where you live.

Question	Answers	Score	Skip Pattern
1	How long have you lived (in your home/here)? 1 ____ Years ____ Months 7 Unsure 8 Unclear response 9 No response		
2	Do you like where you live? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear 9 No response		
3	Did you help pick (this/that) place to live? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
4	Code living situation as Indicated on face sheet. 1 Housemates 2 Family 3 Alone		
5	According to _____, you live with (housemates/your family/by yourself). Is that right? 1 Housemates 2 Family 3 Alone 7 Unsure 8 Unclear response 9 No response		Skip to Q.8 Skip to Q.7 Skip to Q.11 Skip to Q.11 Skip to Q.11
6	Did you choose to live alone? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
7	Would you rather live with other people? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		

Participant Experience Survey: MR/DD Version

Section: Choice and Control

The first questions I'd like to ask you have to do with where you live.

Question	Answers	Score	Skip Pattern
8	Do you like the people you live with? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
9	Do you share a bedroom in your home? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		Skip to Q.11 Skip to Q.11 Skip to Q.11 Skip to Q.11
10	Did you help pick the person who shares your bedroom? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
11	Now let's talk about the people who help you. Do you help pick your support staff? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response 95 No support staff		Skip to Q.13 Skip to Q.13 Skip to Q.13 Skip to Q.16
12	Would you like to help pick your support staff? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
13	Did you know you can change your support staff if you want? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
14	Do you tell your support staff what to help you with? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		Skip to Q.16 Skip to Q.16 Skip to Q.16 Skip to Q.16
15	Would you like to tell them the things you want help with? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		

Participant Experience Survey: MR/DD Version

Section: Choice and Control

The first questions I'd like to ask you have to do with where you live.

Question	Answers	Score	Skip Pattern
16	When you are at home, can you eat when you want to? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		
17	Can you watch TV when you want to? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		
18	Can you go to bed when you want to? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		
19	Can you be by yourself when you want to? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		
20	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) 1 No one 2 Family/friend 3 Case manager/support coordinator/other staff 4 Other (specify) 7 Unsure 8 Unclear response 9 No response		
21	Who is your case manager or support coordinator? 1 Names case manager/support coordinator 2 Does not name case manager/support coordinator 8 Unclear response 9 No response		
22	Can you talk to your case manager or support coordinator when you need to? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response 95 Not applicable – has not tried		

Participant Experience Survey: MR/DD Version

Section: Choice and Control

The first questions I'd like to ask you have to do with where you live.

Question	Answers	Score	Skip Pattern
23	Does your case manager or support coordinator help you when you ask for something? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		
24	What do you do during the day? (SPECIFY) 1 _____ 2 _____		If respondent has a formal daily activity, ask q.2 Otherwise, skip to q.27.
25	Do you like your (job/day program/volunteer work)? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		
26	Did you help pick the (job/day program/volunteer work) you go to now? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		Skip to q.30 Skip to q.30 Skip to q.30 Skip to q.30 Skip to q.30
27	Do you want to work? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
28	Would you like to go to day program? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
29	Would you like to do volunteer work? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		

Participant Experience Survey: MR/DD Version

Section: Respect/Dignity

Next I would like to ask some questions about how your support staff treat you.

Question	Answers	Score	Skip Pattern
30	Do the support staff who come to your home respect you? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response 95 No staff in home		Skip to Q.33
31	Do the support staff who come to your home say "please" and "thank you" when they ask you for something? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
32	Do the support staff who come to your home listen carefully to what you ask them to do? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
33	Do the support staff in other places, such as at work, or at a day program, respect you? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response 95 No services outside the home		Skip to Q.36
34	Do the support staff in other places, such as at work, or at a day program, say "please" and "thank you" when they ask for something? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
35	Do the support staff in other places, such as at work, or at a day program, listen carefully to what you ask them to do? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
36	Do you use a van to get to the places you need to go, such as work or the doctor's office? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		Skip to Q.40 Skip to Q.40 Skip to Q.40 Skip to Q.40

Participant Experience Survey: MR/DD Version

Section: Respect/Dignity

Next I would like to ask some questions about how your support staff treat you.

Question	Answers	Score	Skip Pattern
37	Do the support staff on the van respect you? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
38	Do the support staff on the van say "please" and "thank you" when they ask for something? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
39	Do the support staff on the van listen carefully to what you ask them to do? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
40	Do people ever come into your room when you don't want them to? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
41	Does anyone take your things without asking first? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		Skip to Q.45 Skip to Q.45 Skip to Q.45 Skip to Q.45
42	What happens? Would you like to tell someone about this? (SPECIFY)		
43	Who takes your things without asking first? (SPECIFY)		
44	How do you know (this person/these people)? (CHECK ALL THAT APPLY) 1 Support staff at home 2 Support staff somewhere else 3 Housemate 4 Family/friend 5 Other (specify) 7 Unsure 8 Unclear response 9 No response		
45	Does anyone ever do mean things to you, such as yell at you? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		Skip to Q.49 Skip to Q.49 Skip to Q.49 Skip to Q.49

Participant Experience Survey: MR/DD Version

Section: Respect/Dignity

Next I would like to ask some questions about how your support staff treat you.

Question	Answers	Score	Skip Pattern
46	What happens? Would you like to tell someone about this? (SPECIFY)		
47	Who is mean to you or yells at you? (SPECIFY)		
48	How do you know (this person/these people)? (CHECK ALL THAT APPLY)		
	1 Support staff at home		
	2 Support staff somewhere else		
	3 Housemate		
	4 Family/friend		
	5 Other (specify)		
	7 Unsure		
	8 Unclear response		
	9 No response		
49	Does anyone ever hit you or hurt your body?		
	1 Yes		
	2 No		Skip to Q.53
	3 Sometimes		
	7 Unsure		Skip to Q.53
	8 Unclear response		Skip to Q.53
	9 No response		Skip to Q.53
50	What happens? Would you like to tell someone about this? (SPECIFY)		
51	Who hits you or hurts your body? (SPECIFY)		
52	How do you know (this person/these people)? (CHECK ALL THAT APPLY)		
	1 Support staff at home		
	2 Support staff somewhere else		
	3 Housemate		
	4 Family/friend		
	5 Other (specify)		
	7 Unsure		
	8 Unclear response		
	9 No response		

Section: Access to Care

This next set of questions I am going to ask you have to do with some everyday activities, such as getting dressed and taking a bath.

Question	Answers	Score	Skip Pattern
53	Is there any special help that you need to take a bath or shower? (SPECIFY)		
	1 Needs help from another person		
	2 Does not need help from another person		Skip to Q.56
	8 Unclear response		Skip to Q.56 9
	9 No response		Skip to Q.56
54	Do you ever go without a bath or shower when you need one?		
	1 Yes		
	2 No		Skip to Q.56
	7 Unsure		Skip to Q.568
	8 Unclear response		Skip to Q.56
	9 No response		Skip to Q.56

Participant Experience Survey: MR/DD Version

Section: Access to Care

This next set of questions I am going to ask you have to do with some everyday activities, such as getting dressed and taking a bath.

Question	Answers	Score	Skip Pattern
55	Is this because there is no one there to help you? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
56	Is there any special help that you need to get dressed? (SPECIFY) 1 Needs help from another person 2 Does not needs help from another person 8 Unclear response 9 No response		Skip to Q.59 Skip to Q.59 Skip to Q.59
57	Do you ever go without getting dressed when you need to? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		Skip to Q.59 7 Skip to Q.59 Skip to Q.59 Skip to Q.59
58	Is this because there is no one there to help you? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
59	Is there any special help that you need to get out of bed? (SPECIFY) 1 Needs help from another person 2 Does not needs help from another person 7 Unclear response 8 No response		Skip to Q.62 Skip to Q.62 9 Skip to Q.6
60	Do you ever go without getting out of bed when you need to? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		Skip to Q.62 Skip to Q.62 Skip to Q.62 Skip to Q.62
61	Is this because there is no one there to help you? 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response		
62	Is there any special help that you need to eat? (SPECIFY) 1 Needs help from another person 2 Does not needs help from another person 8 Unclear response 9 No response		Skip to Q.65 Skip to Q.65 Skip to Q.65

Participant Experience Survey: MR/DD Version

Section: Access to Care

This next set of questions I am going to ask you have to do with some everyday activities, such as getting dressed and taking a bath.

Question	Answers	Score	Skip Pattern
63	Do you ever go without eating when you need to?		
	1	Yes	
	2	No	Skip to Q.65
	7	Unsure	Skip to Q.65
	8	Unclear response	Skip to Q.65
	9	No response	Skip to Q.65
64	Is this because there is no one there to help you?		
	1	Yes	
	2	No	
	7	Unsure	
	8	Unclear response	
	9	No response	
65	Is there any special help that you need to make your meals? (SPECIFY)		
	1	Needs help from another person	
	2	Does not needs help from another person	Skip to Q.68
	8	Unclear response	Skip to Q.68 9
	9	No response	Skip to Q.68
	95	Not applicable, tube feed	Skip to Q.71
66	Do you ever go without a meal when you need one?		
	1	Yes	
	2	No	Skip to Q.68
	7	Unsure	Skip to Q.68
	8	Unclear response	Skip to Q.68
	9	No response	Skip to Q.68
67	Is this because there is no one there to help you?		
	1	Yes	
	2	No	
	7	Unsure	
	8	Unclear response	
	9	No response	
68	Is there any special help that you need to get groceries? (SPECIFY)		
	1	Needs help from another person	
	2	Does not needs help from another person	Skip to Q.71
	7	Unclear response	Skip to Q.71 9
	8	No response	Skip to Q.71
69	Are you sometimes unable to get groceries when you need them?		
	1	Yes	
	2	No	Skip to Q.71
	7	Unsure	Skip to Q.71
	8	Unclear response	Skip to Q.71
	9	No response	Skip to Q.71
70	Is this because there is no one there to help you?		
	1	Yes	
	2	No	
	7	Unsure	
	8	Unclear response	
	9	No response	

Participant Experience Survey: MR/DD Version

Section: Access to Care

This next set of questions I am going to ask you have to do with some everyday activities, such as getting dressed and taking a bath.

Question	Answers	Score	Skip Pattern
71	Is there any special help that you need to do housework? (SPECIFY) <ul style="list-style-type: none"> 1 Needs help from another person 2 Does not needs help from another person 7 Unclear response 8 No response 		Skip to Q.74 Skip to Q.74 9 Skip to Q.74
72	Does the housework not get done sometimes? <ul style="list-style-type: none"> 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response 		Skip to Q.74 Skip to Q.74 Skip to Q.74 Skip to Q.74
73	Is this because there is no one there to help you? <ul style="list-style-type: none"> 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response 		
74	Is there any special help that you need to do laundry? (SPECIFY) <ul style="list-style-type: none"> 1 Needs help from another person 2 Does not needs help from another person 8 Unclear response 9 No response 		Skip to Q.77 Skip to Q.77 Skip to Q.77
75	Does the laundry not get done sometimes? <ul style="list-style-type: none"> 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response 		Skip to Q.77 Skip to Q.77 Skip to Q.77 Skip to Q.77
76	Is this because there is no one there to help you? <ul style="list-style-type: none"> 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response 		
77	Can you always get to the places you need to go, like work, shopping, the doctor's office, or a friend's house? <ul style="list-style-type: none"> 1 Yes 2 No 7 Unsure 8 Unclear response 9 No response 		
78	Is there any special help that you need to take medicine, such as someone to pour it or set up your pills? (SPECIFY) <ul style="list-style-type: none"> 1 Needs help from another person 2 Does not needs help from another person 8 Unclear response 9 No response 		Skip to Q.81 Skip to Q.81 Skip to Q.81

Participant Experience Survey: MR/DD Version

Section: Access to Care

This next set of questions I am going to ask you have to do with some everyday activities, such as getting dressed and taking a bath.

Question	Answers	Score	Skip Pattern
79	Do you ever go without taking your medicine when you need it?		
	1 Yes		
	2 No		Skip to Q.81
	7 Unsure		Skip to Q.81
	8 Unclear response		Skip to Q.81
	9 No response		Skip to Q.81
80	Is this because there is no one there to help you?		
	1 Yes		
	2 No		
	7 Unsure		
	8 Unclear response		
	9 No response		
81	Is there any special help that you need to get to and use the bathroom? (SPECIFY)		
	1 Needs help from another person		
	2 Does not needs help from another person		Skip to Q.84
	7 Unclear response		Skip to Q.84 9
	8 No response		Skip to Q.84
82	Are you ever unable to get to or use the bathroom when you need to?		
	1 Yes		
	2 No		Skip to Q.84
	7 Unsure		Skip to Q.84
	8 Unclear response		Skip to Q.84
	9 No response		Skip to Q.84
83	Is this because there is no one there to help you?		
	1 Yes		
	2 No		
	7 Unsure		
	8 Unclear response		
	9 No response		
84	Think about the support staff who help you with the everyday activities we have been talking about. Do these support staff spend all the time with you that they are supposed to?		
	1 Yes		
	2 No		
	7 Unsure		
	8 Unclear response		
	9 No response		
	95 No home support staff		
85	Have you ever talked with your case manager or support coordinator about any special equipment, or changes to your home, that might make your life easier?		
	1 Yes		
	2 No		Skip to Q.88
	7 Unsure		Skip to Q.88
	8 Unclear response		Skip to Q.88
	9 No response		Skip to Q.88
86	What equipment or changes did you talk about? (SPECIFY)		

Participant Experience Survey: MR/DD Version

Section: Access to Care

This next set of questions I am going to ask you have to do with some everyday activities, such as getting dressed and taking a bath.

Question	Answers	Score	Skip Pattern
87	Did you get the equipment or make the changes you needed?		
	1 Yes		
	2 No		
	3 In process		
	7 Unsure		
	8 Unclear response		
	9 No response		

Section: Community Integration/Inclusion

The last few questions I'd like to ask you are about things you like to do in your community.

Question	Answers	Score	Skip Pattern
88	Do you like to go shopping, for things like clothes, books, or music?		
	1 Yes		
	2 No		Skip to Q.91
	3 Sometimes		
	7 Unsure		Skip to Q.91
	8 Unclear response		Skip to Q.91
	9 No response		Skip to Q.91
89	Do you go shopping?		
	1 Yes		
	2 No		Skip to Q.91
	3 Sometimes		
	7 Unsure		Skip to Q.91
	8 Unclear response		Skip to Q.91
	9 No response		Skip to Q.91
90	Do you help pick where to go shopping?		
	1 Yes		
	2 No		
	3 Sometimes		
	7 Unsure		
	8 Unclear response		
	9 No response		
91	Do you like to go out to eat?		
	1 Yes		
	2 No		Skip to Q.94
	3 Sometimes		
	7 Unsure		Skip to Q.94
	8 Unclear response		Skip to Q.94
	9 No response		Skip to Q.94
92	Do you go out to eat?		
	1 Yes		
	2 No		Skip to Q.94
	3 Sometimes		
	7 Unsure		Skip to Q.94
	8 Unclear response		Skip to Q.94
	9 No response		Skip to Q.94

Participant Experience Survey: MR/DD Version

Section: Community Integration/Inclusion

The last few questions I'd like to ask you are about things you like to do in your community.

Question	Answers	Score	Skip Pattern
93	Do you get to help pick where you eat out? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		
94	Are there people you like to visit with? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		Skip to Q.97 Skip to Q.97 Skip to Q.97 Skip to Q.97
95	Who do you like to visit with? (SPECIFY)		
96	Can you see this person/these people when you want? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		
97	What other kinds of things do you like to do? (SPECIFY)		
98	Do you get to do these things when you want? 1 Yes 2 No 3 Sometimes 7 Unsure 8 Unclear response 9 No response		
99	Is there anything else you want to talk to me about?		

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: Participant Experience Survey Performance Indicators: Elderly/Disability Version

Developer: The MEDSTAT Group, Inc.

Sara Galantowicz
777 E. Eisenhower Parkway
Ann Arbor, MI 48108

Website: <http://www.cms.hhs.gov/medicaid/waivers/consexpsurvey.asp>

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator						
1	Unmet Need in Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Unmet Need in Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Unmet Need in Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Unmet Need in Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Unmet Need in Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Unmet Need in Groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Unmet Need in Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Unmet Need in Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Unmet Need for Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Unmet Need in Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Unmet Need in Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Incomplete Staff Time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Unmet Need for Adaptive Equipment or Environmental Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Unmet Demand for Choice in Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Lack of Knowledge of Right to Change Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Unmet Demand for Directing Care Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	No Clear Contact for Reporting Staffing Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Cannot Name Case Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Not Always Able to Contact Case Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant Experience Survey Performance Indicators: Elderly/Disability Version

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator							
20	Case Manager Not Always Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Home Care Staff Not Always Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Home Care Staff Do Not Always Listen Carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Program Participants Reporting Injury by Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Program Participants Reporting Verbal Abuse by Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Program Participants Reporting Theft by Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Day Program Staff Not Always Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Day Program Staff Do Not Always Listen Carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Transportation Staff Not Always Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Transportation Staff Do Not Always Listen Carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Unmet Need for Community Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31	Unmet Demand for Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32	Did Not Pick Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Does Not Like Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Descriptions of Quality Measures by Quality Instrument

Quality Instrument: Participant Experience Survey Performance Indicators: Elderly/Disability Version

Developer: The MEDSTAT Group, Inc.

Sara Galantowicz

777 E. Eisenhower Parkway

Ann Arbor, MI 48108

Website:

<http://www.cms.hhs.gov/medicaid/waivers/consexpsurvey.asp>

Ind.# Indicator

1 Unmet Need in Bathing

Description: "Percent of program participants requiring personal assistance with bathing who report they are sometimes unable to bathe or shower because there is no one there to help them."

Numerator: Number of program participants who report they are sometimes unable to bathe or shower because there is no one there to help them. ("Number of 'yes' responses to Q3. Do not include 'unsure', 'unclear', or 'no response' to Q3." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants requiring personal assistance with bathing. ("Number of 'needs help' responses to Q1. Do not include respondents needing help in Q1 who provided an 'unsure', 'unclear', or 'no response' to Q2 or Q3." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey Question(s): 02 Do you ever go without a bath or shower when you need one?

03 Is this because there is no one there to help you?

01 Is there any special help that you need to take a bath or shower?

2 Unmet Need in Dressing

Description: "Percent of program participants requiring personal assistance with dressing who report they are sometimes unable to dress because there is no one there to help them."

Numerator: Number of program participants who report they are sometimes unable to dress because there is no one there to help them. ("Number of 'yes' responses to Q6. Do not include 'unsure', 'unclear', or 'no response' to Q6." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants requiring personal assistance with dressing. ("Number of 'needs help' responses to Q4. Do not include respondents needing help in Q4 who provided an 'unsure', 'unclear', or 'no response' to Q5 or Q6." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey Question(s): 04 Is there any special help that you need to get dressed? (specify)

05 Do you ever go without getting dressed when you need to?

06 Is this because there is no one there to help you?

3 Unmet Need in Transferring

Description: "Percent of program participants requiring personal assistance with transferring who report they are sometimes unable to get out of bed because there is no one there to help them."

Numerator: Number of program participants who report they are sometimes unable to get out of bed because there is no one there to help them. ("Number of 'yes' responses to Q9. Do not include 'unsure', 'unclear', or 'no response' to Q9." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants requiring personal assistance with transferring. ("Number of 'needs help' responses to Q7. Do not include respondents needing help in Q7 who provided an 'unsure', 'unclear', or 'no response' to Q8 or Q9." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Participant Experience Survey Performance Indicators: Elderly/Disability Version

Ind.# Indicator

<i>Related Survey Question(s):</i>	08	Do you ever go without getting out of bed when you need to?
	09	Is this because there is no one there to help you?
	07	Is there any special help that you need to get out of bed?

4 Unmet Need in Eating

Description: "Percent of program participants requiring personal assistance with eating who report they are sometimes unable to eat because there is no one there to help them."

Numerator: Number of program participants who report they are sometimes unable to eat because there is no one there to help them. ("Number of 'yes' responses to Q12. Do not include 'unsure', 'unclear', or 'no response' to Q12." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants requiring personal assistance with eating. ("Number of 'needs help' responses to Q10. Do not include respondents needing help in Q10 who provided an 'unsure', 'unclear', or 'no response' to Q11 or Q12." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

<i>Related Survey Question(s):</i>	11	Do you ever go without eating when you need to?
	12	Is this because there is no one there to help you?
	10	Is there any special help that you need to eat?

5 Unmet Need in Meal Preparation

Description: "Percent of program participants requiring personal assistance with meal preparation who report they sometimes go without a meal because there is no one there to help them."

Numerator: Number of program participants who report they sometimes go without a meal because there is no one there to help them. ("Number of 'yes' responses to Q15. Do not include 'unsure', 'unclear', or 'no response' to Q15 ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants requiring personal assistance with meal preparation. ("Number of 'needs help' responses to Q13. Do not include respondents needing help in Q13 who provided an 'unsure', 'unclear', or 'no response' to Q14 or Q15." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

<i>Related Survey Question(s):</i>	15	Is this because there is no one there to help you?
	13	Is there any special help that you need to make your meals?
	14	Do you ever go without a meal when you need one?

6 Unmet Need in Groceries

Description: "Percent of program participants requiring personal assistance with grocery shopping who report they are sometimes unable to get groceries because there is no one there to help them."

Numerator: Number of program participants who report they are sometimes unable to get groceries because there is no one there to help them. ("Number of 'yes' responses to Q18. Do not include 'unsure', 'unclear', or 'no response' to Q18." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants requiring personal assistance with grocery shopping. ("Number of 'needs help' responses to Q16. Do not include respondents needing help in Q16 who provided an 'unsure', 'unclear', or 'no response' to Q17 or Q18." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

<i>Related Survey Question(s):</i>	18	Is this because there is no one there to help you?
	16	Is there any special help that you need to get groceries?
	17	Are you sometimes unable to get groceries when you need them?

Ind.# Indicator

7 Unmet Need in Housework

Description: "Percent of program participants requiring personal assistance with housework who report the housework does not get done sometimes because there is no one there to help them."

Numerator: Number of program participants who report the housework does not get done sometimes because there is no one there to help them. ("Number of 'yes' responses to Q21. Do not include 'unsure', 'unclear', or 'no response' to Q21." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants requiring personal assistance with housework. ("Number of 'needs help' responses to Q19. Do not include respondents needing help in Q19 who provided an 'unsure', 'unclear', or 'no response' to Q20 or Q21." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey Question(s):

19	Is there any special help that you need to do housework – things like straightening up or doing dishes?
20	Does the housework not get done sometimes?
21	Is this because there is no one there to help you?

8 Unmet Need in Laundry

Description: "Percent of program participants requiring personal assistance with laundry who report the laundry does not get done sometimes because there is no one there to help them."

Numerator: Number of program participants who report the laundry does not get done sometimes because there is no one there to help them. ("Number of 'yes' responses to Q24. Do not include 'unsure', 'unclear', or 'no response' to Q24." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants requiring personal assistance with laundry. ("Number of 'needs help' responses to Q22. Do not include respondents needing help in Q22 who provided an 'unsure', 'unclear', or 'no response' to Q23 or Q24." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey Question(s):

22	Is there any special help that you need to do laundry?
23	Does the laundry not get done sometimes?
24	Is this because there is no one there to help you?

9 Unmet Need for Transportation

Description: "Percent of program participants who report not always having transportation when needed."

Numerator: Number of program participants who report not always having transportation when needed. ("Number of 'no' responses to Q25. Do not include 'unsure', 'unclear', or 'no response' to Q25." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants. ("Number of 'yes', 'no', and 'unsure', responses to Q25. Do not include 'unclear' or 'no response' to Q25." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey Question(s):

25	Can you always get to the places you need to go, like work, shopping, the doctor's office, or a friend's house?
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10 Unmet Need in Medication

Description: "Percent of program participants requiring personal assistance with taking medications who report they sometimes go without taking medications because there is no one there to help them."

Numerator: Number of program participants who report they sometimes go without taking medications because there is no one there to help them. ("Number of 'yes' responses to Q28. Do not include 'unsure', 'unclear', or 'no response' to Q28." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants requiring personal assistance with taking medications. ("Number of 'needs help' responses to Q26. Do not include respondents needing help in Q26 who provided an 'unsure', 'unclear', or 'no response' to Q27 or Q28." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Participant Experience Survey Performance Indicators: Elderly/Disability Version

Ind.# Indicator

<i>Related Survey Question(s):</i>	26	Is there any special help that you need to take medicine, such as someone to pour it or set up your pills?
	27	Do you ever go without taking your medicine when you need it?
	28	Is this because there is no one there to help you?
<hr/>		
11	Unmet Need in Toileting	
	<i>Description:</i> "Percent of program participants requiring personal assistance with using the bathroom who report they are sometimes unable to get to the bathroom because there is no one there to help them."	
	<i>Numerator:</i> Number of program participants who report they are sometimes unable to get to the bathroom because there is no one there to help them. ("Number of 'yes' responses to Q31. Do not include 'unsure', 'unclear', or 'no response' to Q31." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])	
	<i>Denominator:</i> Number of program participants requiring personal assistance with using the bathroom. ("Number of 'needs help' responses to Q29. Do not include respondents needing help in Q29 who provided an 'unsure', 'unclear', or 'no response' to Q30 or Q31." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])	
<i>Related Survey Question(s):</i>	30	Are you ever unable to get to and use the bathroom when you need to?
	29	Is there any special help that you need to get to and use the bathroom?
	31	Is this because there is no one there to help you?
<hr/>		
12	Incomplete Staff Time	
	<i>Description:</i> "Percent of program participants who report care staff do not spend all the time they are supposed to with the program participant."	
	<i>Numerator:</i> Number of program participants who report care staff do not spend all the time they are supposed to with the program participant. ("Number of 'no' responses to Q32. Do not include 'unsure', 'unclear', or 'no response' to Q32." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])	
	<i>Denominator:</i> Number of program participants. ("Total number of 'yes', 'no', and 'unsure', responses to Q32. Do not include 'unclear' or 'no response' to Q32." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])	
<i>Related Survey Question(s):</i>	32	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?
<hr/>		
13	Unmet Need for Adaptive Equipment or Environmental Modifications	
	<i>Description:</i> "Percent of program participants who requested special equipment or environmental modifications who report not receiving them."	
	<i>Numerator:</i> Number of program participants who requested special equipment or environmental modifications who report not receiving them. ("Number of 'no' responses to Q35. Do not include 'in process', 'unsure', 'unclear', or 'no response' to Q35." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])	
	<i>Denominator:</i> Number of program participants who requested special equipment or environmental modifications. ("Number of 'yes', 'no', 'in process', and 'unsure' responses to Q35. Do not include 'unclear' or 'no response' to Q35." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])	
<i>Related Survey Question(s):</i>	33	Have you ever talked with your case manager, support coordinator, or anyone else about any special equipment, or changes to your home, which might also make your life easier?
	34	What equipment or changes did you talk about? (specify)
	35	Did you get the equipment or make the changes you needed?

Participant Experience Survey Performance Indicators: Elderly/Disability Version

Ind.# Indicator

14 Unmet Demand for Choice in Staff

Description: "Percent of program participants who do not help choose their care staff, but would like to."

Numerator: Number of program participants who do not help choose their care staff, but would like to. ("Number of 'yes' responses to Q37. Do not include 'unsure', 'unclear', or 'no response' to Q37." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants who would like to help choose their staff. ("Total number of 'yes', 'no', and 'unsure' responses to Q37. Do not include 'unclear' or 'no response' to Q37." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 36 Do you help pick the people who are paid to help you?

Question(s):

37 Would you like to help pick the people who are paid to help you?

15 Lack of Knowledge of Right to Change Staff

Description: "Percent of program participants who did not know they could change their paid staff."

Numerator: Number of program participants who did not know they could change their paid staff. ("Total number of 'no' and 'unsure' responses to Q38. Do not include 'unclear', or 'no response' to Q38." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants. ("Total number of 'yes', 'no' and 'unsure' responses to Q38. Do not include 'unclear', or 'no response' to Q38." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 38 Did you know you can change the people who are paid to help you if you want to?

Question(s):

16 Unmet Demand for Directing Care Staff

Description: "Percent of program participants who do not help direct their staff, but would like to."

Numerator: Number of program participants who do not help direct their staff, but would like to. ("Number of 'yes' responses to Q40. Do not include 'unsure', 'unclear', or 'no response' to Q40." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants who would like to help direct their staff. ("Total number of 'yes', 'no', and 'unsure' responses to Q40. Do not include 'unclear' or 'no response' to Q40." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 39 Thinking again about the people who are paid to help you, do you tell them what to help you with?

Question(s):

40 Would you like to tell them the things you want help with?

17 No Clear Contact for Reporting Staffing Problems

Description: "Percent of program participants who would report staffing problems to "no one" or are unsure to whom to report problems."

Numerator: Number of program participants who would report staffing problems to 'no one' or are unsure to whom to report problems. ("Total number of 'no one' and 'unsure' responses to Q41. Do not include 'unclear' or 'no response' to Q41." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants. ("Total number of 'no one', 'family/friend', 'case manager . . .', and 'other' to Q41. Do not include 'unclear' or 'no response' to Q41." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 41 If there is something wrong with the help you are getting, who do you talk with to get the problem

Question(s): fixed? (check all that apply)

18 Cannot Name Case Manager

Description: "Percent of program participants who are unable to name their case manager when asked."

Numerator: Number of program participants who are unable to name their case manager when asked. ("Number of 'does not name case manager' responses to Q42. Do not include 'unclear' or 'no response' to Q42." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants. ("Total number of 'names case manager' and 'does not name' responses to Q42. Do not include 'unclear' or 'no response' to Q42." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Participant Experience Survey Performance Indicators: Elderly/Disability Version

Ind.# Indicator

Related Survey 42 Who is your case manager or support coordinator?
Question(s):

19 Not Always Able to Contact Case Manager

Description: "Percent of program participants who report they cannot always talk with their case manager when they need to."

Numerator: Number of program participants who report they cannot always talk with their case manager when they need to. ("Number of 'no' and 'sometimes' responses to Q43. Do not include 'unsure', 'unclear', 'no response', or 'not applicable' to Q43." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants. ("Total number of 'yes', 'no', 'unsure', and 'sometimes' responses to Q43. Do not include 'unclear', 'no response', or 'not applicable' to Q43." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 43 Can you talk to your case manager or support coordinator when you need to?
Question(s):

20 Case Manager Not Always Helpful

Description: "Percent of program participants who say their case managers do not always help them when they ask for something."

Numerator: Number of program participants who say their case managers do not always help them when they ask for something. ("Number of 'some- times' and 'no' responses to Q44. Do not include 'unsure', 'unclear', 'no response', or 'not applicable' to Q44." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants. ("Total number of 'yes', 'no', 'unsure', and 'sometimes' responses to Q44. Do not include 'unclear', 'no response', or 'not applicable' to Q44." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 44 Does your case manager or support coordinator help you when you ask for something?
Question(s):

21 Home Care Staff Not Always Respectful

Description: "Percent of program participants who report staff do not treat them respectfully in their homes."

Numerator: Number of program participants who report staff do not treat them respectfully in their homes. ("Number of 'some-times' and 'no' responses to Q45. Do not include 'unsure', 'unclear', or 'no response' to Q45." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants. ("Total number of 'yes', 'no', 'unsure', and 'sometimes' responses to Q45. Do not include 'unclear' or 'no response' to Q45." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 45 Do the people paid to help you treat you respectfully in your home?
Question(s):

22 Home Care Staff Do Not Always Listen Carefully

Description: "Percent of program participants who report home care staff do not always listen carefully to their requests for assistance."

Numerator: Number of program participants who report home care staff do not always listen carefully to their requests for assistance. ("Number of 'sometimes' and 'no' responses to Q46. Do not include 'unsure', 'unclear', or 'no response' to Q46." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants. ("Total number of 'yes', 'no', 'unsure', and 'sometimes' responses to Q46. Do not include 'unclear', or 'no response' to Q46." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 46 Do the people paid to help you listen carefully to what you ask them to do in your home?
Question(s):

Participant Experience Survey Performance Indicators: Elderly/Disability Version

Ind.# Indicator

23 Program Participants Reporting Injury by Staff

Description: "Percent of program participants who report being injured by current staff."

Numerator: Number of program participants who report being injured by current staff. ("Number of 'yes' responses to Q47. Do not include 'unsure', 'unclear', 'no response', or 'not applicable' to Q47." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants. ("Total number of 'yes', 'no', and 'unsure', responses to Q47. Do not include 'unclear', 'no response', or 'not applicable' to Q47." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 48 What happened? When? Would you like any help with this problem?

Question(s):

47 Have you ever been injured by any of the people paid to help you now?

24 Program Participants Reporting Verbal Abuse by Staff

Description: "Percent of program participants who report being verbally abused by current staff."

Numerator: Number of program participants who report being verbally abused by current staff. ("Number of 'yes' responses to Q49. Do not include 'unsure', 'unclear', or 'no response' to Q49." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants. ("Total number of 'yes', 'no', and 'unsure', responses to Q49. Do not include 'unclear' or 'no response' to Q49." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 49 Are any of the people paid to help you now mean to you, or do they yell at you?

Question(s):

50 What happens? Would you like any help with this problem?

25 Program Participants Reporting Theft by Staff

Description: "Percent of program participants who report theft by current staff."

Numerator: Number of program participants who report theft by current staff. ("Number of 'yes' responses to Q51. Do not include 'unsure', 'unclear', or 'no response' to Q51." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants. ("Number of 'yes', 'no', and 'unsure', responses to Q51. Do not include 'unclear' or 'no response' to Q51." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 51 Have any of the people paid to help you now ever taken your things without asking?

Question(s):

52 What happened? When? Would you like any help with this problem?

26 Day Program Staff Not Always Respectful

Description: "Percent of program participants in day programs who report staff do not treat them respectfully in programs outside their homes."

Numerator: Number of program participants who report staff do not treat them respectfully in programs outside their homes. ("Number of 'no' and 'sometimes' responses to Q54. Do not include 'unsure', 'unclear', or 'no response' to Q54." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants in day programs. ("Total number of 'yes', 'no', 'unsure', and 'sometimes' responses to Q54. Do not include 'unclear' or 'no response' to Q54." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 54 Do the people paid to help you at a day program outside your home treat you respectfully?

Question(s):

Ind.# Indicator

27 Day Program Staff Do Not Always Listen Carefully

Description: "Percent of program participants in day programs who report staff do not listen carefully to their requests for assistance in programs outside their homes."

Numerator: Number of program participants who report staff do not listen carefully to their requests for assistance in programs outside their homes. ("Number of 'no' and 'sometimes' responses to Q55. Do not include 'unsure', 'unclear', or 'no response' to Q55." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants in day programs. ("Total number of 'yes', 'no', 'unsure', and 'sometimes' responses to Q55. Do not include 'unclear' or 'no response' to Q55." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey Question(s): 55 Do the people paid to help you at a day program outside your home listen carefully to what you ask them to do?

28 Transportation Staff Not Always Respectful

Description: "Percent of program participants who use transportation services who report staff do not treat them respectfully while using these services."

Numerator: Number of program participants who report staff do not treat them respectfully while using these services. ("Number of 'no' and 'sometimes' responses to Q57. Do not include 'unsure', 'unclear', or 'no response' to Q57." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants who use transportation services. ("Total number of 'yes', 'no', 'unsure', and 'sometimes' responses to Q57. Do not include 'unclear' or 'no response' to Q57." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey Question(s): 57 Do the people paid to help you on the van or with other transportation treat you respectfully?

29 Transportation Staff Do Not Always Listen Carefully

Description: "Percent of program participants who use transportation services who report staff do not listen carefully to their requests for assistance while using transportation services."

Numerator: Number of program participants who report staff do not listen carefully to their requests for assistance while using transportation services. ("Number of 'no' and 'sometimes' responses to Q58. Do not include 'unsure', 'unclear', or 'no response' to Q58." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants who use transportation services. ("Total number of 'yes', 'no', 'unsure', and 'sometimes' responses to Q58. Do not include 'unclear' or 'no response' to Q58." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey Question(s): 58 Do the people paid to help you on the van or with other transportation listen carefully to what you ask them to do?

30 Unmet Need for Community Involvement

Description: "Percent of program participants who report an unmet need for community involvement."

Numerator: Number of program participants who report an unmet need for community involvement. ("Number of 'yes' responses to Q59. Do not include 'unsure', 'unclear', or 'no response' to Q59." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of program participants. ("Total number of 'yes', 'no', and 'unsure' responses to Q59. Do not include 'unclear' or 'no response' to Q59." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey Question(s): 59 Is there anything you want to do outside your home that you don't do now?

60 What would you like to do? What do you need to make this happen? (specify)

Ind.# Indicator

31 Unmet Demand for Employment

Description: "Percent of non-elderly program participants who are not currently working, but would like to work."

Numerator: Number of non-elderly program participants who are not currently working, but would like to work. ("Number of 'yes' responses to Q66. Do not include 'unsure', 'unclear', or 'no response' to Q66." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of non-elderly program participants who are not currently working. " (Number of 'yes', 'no', and 'unsure' responses to Q66. Do not include 'unclear', or 'no response' to Q66." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 62 Are you working right now?

Question(s):

66 Do you want to work?

32 Did Not Pick Job

Description: "Percent of working, non-elderly program participants who did not choose their current job."

Numerator: Number of working, non-elderly program participants who did not choose their current job. ("Number of 'no' responses to Q64. Do not include 'unsure', 'unclear', or 'no response' to Q64." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of working, non-elderly program participants. ("Total number of 'yes', 'no', and 'unsure' responses to Q64. Do not include 'unclear' or 'no response' to Q64." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 64 Did you help pick the job you have now?

Question(s):

33 Does Not Like Job

Description: "Percent of working, non-elderly program participants who do not like their current job."

Numerator: Number of working, non-elderly program participants who do not like their current job. " (Number of 'no' responses to Q65. Do not include 'unsure', 'unclear', or 'no response' to Q65." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Denominator: Number of working, non-elderly program participants. " (Number of 'yes', 'no', and 'unsure' responses to Q65. Do not include 'unclear' or 'no response' to Q65." ["Q" numbers refer to numbered questions in the Consumer Experience Survey - Elderly/Disability Version])

Related Survey 65 Do you like your job?

Question(s):

Quality Measurement Surveys

Survey: Participant Experience Survey: Elderly/Disability Version Developer: The MEDSTAT Group, Inc.

Sara Galantowicz
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Section: Access to Care

"The first set of questions I am going to ask you have to do with some everyday activities, like getting dressed or taking a bath. Some people have no problem doing these things by themselves. Other people need somebody to help them."

Question	Answers	Score	Skip Pattern
01	Is there any special help that you need to take a bath or shower?		
	1 Needs help from another person	1	
	2 Does not need help from another person	2	Skip to Q.4
02	Do you ever go without a bath or shower when you need one?		
	1 Yes	1	
	2 No	2	Skip to Q.4
	3 Unsure	7	Skip to Q.4
	4 Unclear response	8	Skip to Q.4
	5 No response	9	Skip to Q.4
03	Is this because there is no one there to help you?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
	5 No response	9	
04	Is there any special help that you need to get dressed? (specify)		
	1 Needs help from another person	1	
	2 Does not need help from another person	2	Skip to Q.7
05	Do you ever go without getting dressed when you need to?		
	1 Yes	1	
	2 No	2	Skip to Q.7
	3 Unsure	7	Skip to Q.7
	4 Unclear response	8	Skip to Q.7
	5 No response	9	Skip to Q.7
06	Is this because there is no one there to help you?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
	5 No response	9	
07	Is there any special help that you need to get out of bed?		
	1 Needs help from another person	1	
	2 Does not need help from another person	2	Skip to Q.10
08	Do you ever go without getting out of bed when you need to?		
	1 Yes	1	
	2 No	2	Skip to Q.10
	3 Unsure	7	Skip to Q.10
	4 Unclear response	8	Skip to Q.10
	5 No response	9	Skip to Q.10

Participant Experience Survey: Elderly/Disability Version

Section: Access to Care

"The first set of questions I am going to ask you have to do with some everyday activities, like getting dressed or taking a bath. Some people have no problem doing these things by themselves. Other people need somebody to help them."

Question	Answers	Score	Skip Pattern
09	Is this because there is no one there to help you?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
	5 No response	9	
10	Is there any special help that you need to eat?		
	1 Needs help from another person	1	
	2 Does not need help from another person	2	Skip to Q.13
11	Do you ever go without eating when you need to?		
	1 Yes	1	
	2 No	2	Skip to Q.13
	3 Unsure	7	Skip to Q.13
	4 Unclear response	8	Skip to Q.13
	5 No response	9	Skip to Q.13
12	Is this because there is no one there to help you?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
	5 No response	9	
13	Is there any special help that you need to make your meals?		
	1 Needs help from another person	1	
	2 Does not need help from another person	2	Skip to Q.16
	3 Not applicable , tube fed	95	Skip to Q.19
14	Do you ever go without a meal when you need one?		
	1 Yes	1	
	2 No	2	Skip to Q.16
	3 Unsure	7	Skip to Q.16
	4 Unclear response	8	Skip to Q.16
	5 No response	9	Skip to Q.16
15	Is this because there is no one there to help you?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
	5 No response	9	
16	Is there any special help that you need to get groceries?		
	1 Needs help from another person	1	
	2 Does not need help from another person	2	Skip to Q.19
	3 Not applicable, tube fed	95	Skip to Q.19
17	Are you sometimes unable to get groceries when you need them?		
	1 Yes	1	
	2 No	2	Skip to Q.19
	3 Unsure	7	Skip to Q.19
	4 Unclear response	8	Skip to Q.19
	5 No response	9	Skip to Q.19

Participant Experience Survey: Elderly/Disability Version

Section: Access to Care

"The first set of questions I am going to ask you have to do with some everyday activities, like getting dressed or taking a bath. Some people have no problem doing these things by themselves. Other people need somebody to help them."

Question	Answers	Score	Skip Pattern
18	Is this because there is no one there to help you?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
	5 No response	9	
19	Is there any special help that you need to do housework – things like straightening up or doing dishes?		
	1 Needs help from another person	1	
	2 Does not need help from another person	2	Skip to Q.22
20	Does the housework not get done sometimes?		
	1 Yes	1	
	2 No	2	Skip to Q.22
	3 Unsure	7	Skip to Q.22
	4 Unclear response	8	Skip to Q.22
	5 No response	9	Skip to Q.22
21	Is this because there is no one there to help you?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
	5 No response	9	
22	Is there any special help that you need to do laundry?		
	1 Needs help from another person	1	
	2 Does not need help from another person	2	Skip to Q.25
23	Does the laundry not get done sometimes?		
	1 Yes	1	
	2 No	2	Skip to Q.25
	3 Unsure	7	Skip to Q.25
	4 Unclear response	8	Skip to Q.25
	5 No response	9	Skip to Q.25
24	Is this because there is no one there to help you?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
	5 No response	9	
25	Can you always get to the places you need to go, like work, shopping, the doctor's office, or a friend's house?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
	5 No response	9	
26	Is there any special help that you need to take medicine, such as someone to pour it or set up your pills?		
	1 Needs help from another person	1	
	2 Does not need help from another person	2	Skip to Q.29

Participant Experience Survey: Elderly/Disability Version

Section: Access to Care

"The first set of questions I am going to ask you have to do with some everyday activities, like getting dressed or taking a bath. Some people have no problem doing these things by themselves. Other people need somebody to help them."

Question	Answers	Score	Skip Pattern
27	Do you ever go without taking your medicine when you need it?		
	1 Yes	1	
	2 No	2	Skip to Q.29
	3 Unsure	7	Skip to Q.29
	4 Unclear response	8	Skip to Q.29
5 No response	9	Skip to Q.29	
28	Is this because there is no one there to help you?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
5 No response	9		
29	Is there any special help that you need to get to and use the bathroom?		
	1 Needs help from another person	1	
2 Does not need help from another person	2	Skip to Q.32	
30	Are you ever unable to get to and use the bathroom when you need to?		
	1 Yes	1	
	2 No	2	Skip to Q.32
	3 Unsure	7	Skip to Q.32
	4 Unclear response	8	Skip to Q.32
5 No response	9	Skip to Q.32	
31	Is this because there is no one there to help you?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
5 No response	9		
32	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?		
	1 Yes	1	
33	Have you ever talked with your case manager, support coordinator, or anyone else about any special equipment, or changes to your home, which might also make your life easier?		
	1 Yes	1	
	2 No	2	Skip to Q.36
	3 Unsure	7	Skip to Q.36
	4 Unclear response	8	Skip to Q.36
5 No response	9	Skip to Q.36	
34	What equipment or changes did you talk about? (specify)		
	3 Unsure	7	
35	Did you get the equipment or make the changes you needed?		
	1 Yes	1	
	2 No	2	
	3 In process	3	
	4 Unclear response	8	
	5 Unsure	7	
	6 Unclear response	8	
7 No response	9		

Participant Experience Survey: Elderly/Disability Version

Section: Choice and control

"These next few questions are about how much choice you have in the help you get, and the assistance you receive from your case manager or support coordinator.

Question	Answers	Score	Skip Pattern
36	Do you help pick the people who are paid to help you?		
	1 Yes	1	Skip to Q.38
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	Skip to Q.38
	5 No response	9	Skip to Q.38
37	Would you like to help pick the people who are paid to help you?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
	5 No response	9	
38	Did you know you can change the people who are paid to help you if you want to?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
39	Thinking again about the people who are paid to help you, do you tell them what to help you with?		
	1 Yes	1	Skip to Q.41
	2 No	2	
	3 Sometimes	3	Skip to Q.41
	4 Unsure	7	
	5 Unclear response	8	Skip to Q.41
40	Would you like to tell them the things you want help with?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
41	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)		
	1 No one	1	
	2 Family/friend	2	
	3 Case manager/other staff	3	
	4 Other (specify)	4	
	5 Unsure	7	
	6 Unclear response	8	
7 No response	9		
42	Who is your case manager or support coordinator?		
	1 Names case manager	1	
	2 Does not name case manager	2	
	3 Unclear response	8	
42	Who is your case manager or support coordinator?		
	4 No response	9	

Participant Experience Survey: Elderly/Disability Version

Section: Choice and control

"These next few questions are about how much choice you have in the help you get, and the assistance you receive from your case manager or support coordinator.

Question	Answers	Score	Skip Pattern
43	Can you talk to your case manager or support coordinator when you need to?		
	1 Yes	1	
	2 No	2	
	3 Sometimes	3	
	4 Unsure	7	
	5 Unclear response	8	
	6 No response	9	
7 Not applicable – have not tried	95		
44	Does your case manager or support coordinator help you when you ask for something?		
	1 Yes	1	
	2 No	2	
	3 Sometimes	3	
	4 Unsure	7	
	5 Unclear response	8	
	6 No response	9	
7 Not applicable – have not asked	95		

Section: Respect and dignity

Now I would like to ask you about how you are treated by the people who are paid to help you.

Question	Answers	Score	Skip Pattern
45	Do the people paid to help you treat you respectfully in your home?		
	1 Yes	1	
	2 No	2	
	3 Sometimes	3	
	4 Unsure	7	
	5 Unclear response	8	
	6 No response	9	
7 No staff in home	95	Skip to Q.53	
46	Do the people paid to help you listen carefully to what you ask them to do in your home?		
	1 Yes	1	
	2 No	2	
	3 Sometimes	3	
	4 Unsure	7	
	5 Unclear response	8	
47	Have you ever been injured by any of the people paid to help you now?		
	1 Yes	1	
	2 No	2	Skip to Q.49
	3 Unsure	7	Skip to Q.49
	4 Unclear response	8	Skip to Q.49
	5 No response	9	Skip to Q.49
6 Not applicable (does not interact with paid staff)	95	Skip to Q.57	
48	What happened? When? Would you like any help with this problem?		
49	Are any of the people paid to help you now mean to you, or do they yell at you?		
	1 Yes	1	
	2 No	2	Skip to Q.51
	3 Sometimes	3	Skip to Q.51
	4 Unsure	7	Skip to Q.51
	5 Unclear response	8	Skip to Q.51
6 No response	9	Skip to Q.51	

Participant Experience Survey: Elderly/Disability Version

Section: Respect and dignity

Now I would like to ask you about how you are treated by the people who are paid to help you.

Question	Answers	Score	Skip Pattern
50	What happens? Would you like any help with this problem?		
51	Have any of the people paid to help you now ever taken your things without asking?		
	1 Yes	1	
	2 No	2	Skip to Q.53
	3 Unsure	7	Skip to Q.53
	4 Unclear response	8	Skip to Q.53
	5 No response	9	Skip to Q.53
52	What happened? When? Would you like any help with this problem?		
53	Do you go to a day program outside your home?		
	1 Yes	1	
	2 No	2	Skip to Q. 56
	3 Unsure	7	Skip to Q. 56
	4 Unclear response	8	Skip to Q. 56
	5 No response	9	Skip to Q. 56
54	Do the people paid to help you at a day program outside your home treat you respectfully?		
	1 Yes	1	
	2 No	2	
	3 Sometimes	3	
	4 Unsure	7	
	5 Unclear response	8	
	6 No response	9	
55	Do the people paid to help you at a day program outside your home listen carefully to what you ask them to do?		
	1 Yes	1	
	2 No	2	
	3 Sometimes	3	
	4 Unsure	7	
	5 Unclear response	8	
	6 No response	9	
56	Do you ride a van or use other transportation services?		
	1 Yes	1	
	2 No	2	Skip to Q. 59
	3 Unsure	7	Skip to Q. 59
	4 Unclear response	8	Skip to Q. 59
	5 No response	9	Skip to Q. 59
57	Do the people paid to help you on the van or with other transportation treat you respectfully?		
	1 Yes	1	
	2 No	2	
	3 Sometimes	3	
	4 Unsure	7	
	5 Unclear response	8	
	6 No response	9	
58	Do the people paid to help you on the van or with other transportation listen carefully to what you ask them to do?		
	1 Yes	1	
	2 No	2	
	3 Sometimes	3	
	4 Unsure	7	
	5 Unclear response	8	
	6 No response	9	

Participant Experience Survey: Elderly/Disability Version

Section: Community integration

The last few questions I'd like to ask you are about things you do in your community and the help you get to do these things.

Question	Answers	Score	Skip Pattern
59	Is there anything you want to do outside your home that you don't do now?		
	1 Yes	1	
	2 No	2	Skip to Q.61
	3 Unsure	7	Skip to Q.61
	4 Unclear response	8	Skip to Q.61
	5 No response	9	Skip to Q.61
60	What would you like to do? What do you need to make this happen? (specify)		
61	Is there anything else you want to talk to me about?		
62	Are you working right now?		
	1 Yes	1	
	2 No	2	Skip to Q.66
	3 Unsure	7	end of interview
	4 Unclear response	8	end of interview
	5 No response	9	end of interview
63	What kind of work do you do? (specify)		
64	Did you help pick the job you have now?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
	5 No response	9	
65	Do you like your job?		
	1 Yes	1	End of interview
	2 No	2	End of interview
	3 Unsure	7	End of interview
	4 Unclear response	8	End of interview
	5 No response	9	End of interview
66	Do you want to work?		
	1 Yes	1	
	2 No	2	
	3 Unsure	7	
	4 Unclear response	8	
	5 No response	9	

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: Maine Experience Survey - Elderly/Disability

Developer: The MEDSTAT Group, Inc. / Muskie School at USM / Maine Dept. of Health & Human Services

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HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator								
1	Assessment nurse asked about service preferences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Assessment nurse explained available services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Assessment nurse understood participant's situation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Participant received information on how to appeal assessment decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Participation in care plan development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Would recommend assessment to others needing services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Needs met in personal care tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Needs met in household tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Able to take medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Workers have good attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Feels safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Workers put in all their hours	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Paid workers do always listen carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Paid workers follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Program participants happy with paid worker's work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Program participants reporting inaccurate paid worker timesheets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Program participants know they can chage paid workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Program participants not reporting having asked to change a paid worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Participant knows care manager's name	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Participant can talk to care manager when needed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maine Experience Survey - Elderly/Disability

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator						
21	Care manager helps resolve problems with workers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Care manager always respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Care manager always helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Adequate participation in developing care plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Needs met for special equipment or home modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Paid workers are respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Paid workers do respect privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Paid workers do respect confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Program participants not reporting injury by paid worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Program participants not reporting verbal abuse by paid worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Program participants reporting no theft by paid worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Day program staff are respectfull	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Transportation staff are respectfull	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Participants knows where to complain about services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	Transportation needs are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	Socially active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37	Good health status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Descriptions of Quality Measures by Quality Instrument

Quality Instrument: Maine Experience Survey - Elderly/Disability

Developer: The MEDSTAT Group, Inc. / Muskie School at USM / Maine Dept. of Health & Human Services

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Ind.# Indicator

1 Assessment nurse asked about service preferences

Description: Percent of participants reporting the nurse performing the most recent assessment asked the participant what they wanted for services.

Numerator: Number of participants reporting the nurse performing the most recent assessment asked the participant what they wanted for services. (Number of participants answering 'yes' to question 3.)

Denominator: Number of program participants. (Total number of responses to question 3 of the Maine Experience Survey: Elderly/Disability.)

2 Assessment nurse explained available services

Description: Percent of participants reporting the nurse performing the most recent assessment explained what services were available.

Numerator: Number of participants reporting the nurse performing the most recent assessment explained what services were available. (Number of participants answering 'yes' to question 4.)

Denominator: Number of program participants. (Total number of responses to question 4 of the Maine Experience Survey: Elderly/Disability.)

3 Assessment nurse understood participant's situation

Description: Percent of participants reporting the nurse performing the most recent assessment understood the participant's situation.

Numerator: Number of participants reporting the nurse performing the most recent assessment understood the participant's situation. (Number of participants answering 'no' to question 5.)

Denominator: Number of program participants. (Total number of responses to question 5 of the Maine Experience Survey: Elderly/Disability.)

4 Participant received information on how to appeal assessment decisions

Description: Percent of participants reporting they had received information on how to file an appeal if they disagreed with the assessment nurse's decisions.

Numerator: Number of participants reporting they had received information on how to file an appeal if they disagreed with the assessment nurse's decisions. (Number of participants answering 'yes' to question 6.)

Denominator: Number of program participants. (Total number of responses to question 6 of the Maine Experience Survey: Elderly/Disability.)

5 Participation in care plan development

Description: Percent of participants reporting they participated as much as they wanted to in developing their plan of care

Numerator: Number of participants reporting that they participated as much as they wanted to in developing their plan of care. (Number of participants answering 'yes' to question 7.)

Denominator: Number of program participants. (Total number of responses to question 7 of the Maine Experience Survey: Elderly/Disability.)

6 Would recommend assessment to others needing services

Description: Percent of participants reporting that they would recommend having an assessment to a friend who needed services.

Numerator: Number of participants reporting that they would recommend having an assessment to a friend who needed services. (Number of participants answering 'yes' to question 9.)

Denominator: Number of program participants. (Total number of responses to question 9 of the Maine Experience Survey: Elderly/Disability.)

Ind.# Indicator

7	<p>Needs met in personal care tasks</p> <p><i>Description:</i> Percent of program participants who report they have not encountered a situation in the last 60 days where the absence of someone to assist them had prevented them from completing a personal care task (ADL).</p> <p><i>Numerator:</i> Number of program participants who report they have not encountered a situation in the last 60 days where the absence someone to assist them had prevented them from completing a personal care task (ADL). (Total number of 'no' responses to question 14.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 14 of the Maine Experience Survey: Elderly/Disability.)</p>
8	<p>Needs met in household tasks</p> <p><i>Description:</i> Percent of program participants who report they have not encountered a situation in the last 60 days where the absence of someone to assist them had prevented them from completing a household task (IADL) in the last 60 days.</p> <p><i>Numerator:</i> Number of program participants who report they have not encountered a situation in the last 60 days where the absence someone to assist them had prevented them from completing a household task (IADL) in the last 60 days. (Total number of 'no' responses to question 17.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 17 of the Maine Experience Survey: Elderly/Disability.)</p>
9	<p>Able to take medicine</p> <p><i>Description:</i> Percent of program participants who report they have not encountered a situation where the absence of someone to assist them had prevented them from taking their medicine when they needed to take it.</p> <p><i>Numerator:</i> Number of program participants who report they have not encountered a situation where the absence of someone to assist them had prevented them from taking their medicine when they needed to take it. (Total number of 'no' responses to question 22.)</p> <p><i>Denominator:</i> Number of program participants who need assistance to take their medicine. (Total number of 'yes' responses to question 20.)</p>
10	<p>Workers have good attendance</p> <p><i>Description:</i> Percent of program participants who report their paid workers did not have any absences during the past month.</p> <p><i>Numerator:</i> Number of program participants who report their paid workers did not have any absences during the past month. (Total number of "none, a worker always showed up" responses to question 26.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 26 of the Maine Experience Survey: Elderly/Disability.)</p>
11	<p>Feels safe</p> <p><i>Description:</i> Percent of program participants who report they have never had the occasion to feel unsafe because they did not have a paid worker present.</p> <p><i>Numerator:</i> Number of program participants who report they have never had the occasion to feel unsafe because they did not have a paid worker present. (Total number of 'no' responses to question 34.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 34 of the Maine Experience Survey: Elderly/Disability.)</p>
12	<p>Workers put in all their hours</p> <p><i>Description:</i> Percent of program participants who report their paid workers spend all the time with them that they are supposed to.</p> <p><i>Numerator:</i> Number of program participants who report their paid workers spend all the time with them that they are supposed to. (Total number of 'yes' responses to question 38.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 38 of the Maine Experience Survey: Elderly/Disability.)</p>

Ind.# Indicator

13 Paid workers do always listen carefully

Description: Percent of program participants who report their paid workers listen carefully to their requests for assistance in their home.

Numerator: Number of program participants who report their paid workers listen carefully to their requests for assistance in their home. (Total number of 'yes' responses to question 39.)

Denominator: Number of program participants. (Total number of responses to question 39 of the Maine Experience Survey: Elderly/Disability.)

14 Paid workers follow directions

Description: Percent of program participants who report their paid workers do things the way they want to have them done.

Numerator: Number of program participants who report their paid workers do things the way they want to have them done. (Total number of 'yes' responses to question 40.)

Denominator: Number of program participants. (Total number of responses to question 40 of the Maine Experience Survey: Elderly/Disability.)

15 Program participants happy with paid worker's work

Description: Percent of program participants who report they had always been happy with the way their paid workers perform their work during the past year.

Numerator: Number of program participants who report they had always been happy with the way their paid workers perform their work during the past year. (Total number of 'no' responses to question 41.)

Denominator: Number of program participants. (Total number of responses to question 41 of the Maine Experience Survey: Elderly/Disability.)

16 Program participants reporting inaccurate paid worker timesheets

Description: Percent of program participants who report that a paid worker has never asked them to sign a timesheet that was not accurate.

Numerator: Number of program participants who report that a paid worker has never asked them to sign a timesheet that was not accurate. (Total number of 'no' responses to question 45.)

Denominator: Number of program participants. (Total number of responses to question 45 of the Maine Experience Survey: Elderly/Disability.)

17 Program participants know they can change paid workers

Description: Percent of program participants who report they know they can change their pair worker if they want to.

Numerator: Number of program participants who report they know they can change their pair worker if they want to. (Total number of 'yes' responses to question 47.)

Denominator: Number of program participants. (Total number of responses to question 47 of the Maine Experience Survey: Elderly/Disability.)

18 Program participants not reporting having asked to change a paid worker

Description: Percent of program participants who report that they have never asked for a change in their paid workers.

Numerator: Number of program participants who report that they have never asked for a change in their paid workers. (Total number of 'no' responses to question 48.)

Denominator: Number of program participants. (Total number of responses to question 48 of the Maine Experience Survey: Elderly/Disability.)

19 Participant knows care manager's name

Description: Percent of program participants who report they know the name of their care manager or care coordinator at the Home Care Coordinating Agency.

Numerator: Number of program participants who report they know the name of their care manager or care coordinator at the Home Care Coordinating Agency. (Total number of 'yes' responses to question 50.)

Denominator: Number of program participants. (Total number of responses to question 50 of the Maine Experience Survey: Elderly/Disability.)

Ind.# Indicator

20 Participant can talk to care manager when needed

Description: Percent of program participants who report that they can talk to their care manager when they need to.

Numerator: Number of program program participants who report that they can talk to their care manager when they need to. (Total number of 'yes' responses to question 51.)

Denominator: Number of program participants. (Total number of responses to question 51 of the Maine Experience Survey: Elderly/Disability.)

21 Care manager helps resolve problems with workers

Description: Percent of program participant who report that their care manager at the Home Care Coordinating Agency helps them resolve problems with their paid workers.

Numerator: Number of program participant who report that their care manager at the Home Care Coordinating Agency helps them resolve problems with their paid workers. (Total number of 'yes' responses to question 52.)

Denominator: Number of program participants. (Total number of responses to question 52 of the Maine Experience Survey: Elderly/Disability.)

22 Care manager always respectful

Description: Percent of program participants who report their care manager at the Home Care Coordinating Agency treats them respectfully.

Numerator: Number of program participants who report their care manager at the Home Care Coordinating Agency treats them respectfully. (Total number of 'no' responses to question 53.)

Denominator: Number of program participants. (Total number of responses to question 53 of the Maine Experience Survey: Elderly/Disability.)

23 Care manager always helpful

Description: Percent of program participants who say their care manager at the Home Care Coordinating Agency does help them when they ask for something.

Numerator: Number of program participants who say their care manager at the Home Care Coordinating Agency does help them when they ask for something. (Total number of 'yes' responses to question 54.)

Denominator: Number of program participants. (Total number responses to question 54 of the Maine Experience Survey: Elderly/Disability.)

24 Adequate participation in developing care plan

Description: Percent of program participants who report they did participate as much as they wanted in developing their care plan.

Numerator: Number of program participants who report they did participate as much as they wanted in developing their care plan. (Total number of 'yes' responses to question 58.)

Denominator: Number of program participants. (Total number of responses to question 58 of the Maine Experience Survey: Elderly/Disability.)

25 Needs met for special equipment or home modifications

Description: Percent of program participants who report they had talked with Home Care Coordinating Agency about their need for special equipment or home modifications and received what they needed.

Numerator: Number of program participants who report that they did receive the special equipment or home modifications they needed. (Number of program participants who answered 'yes' to question 61.)

Denominator: Number of program participants who requested special equipment or home modifications. (Number of program participants who answered 'yes' to question 59.)

26 Paid workers are respectful

Description: Percent of program participants who report that their paid workers treat them respectfully in their homes.

Numerator: Number of program participants who report that their paid workers treat them respectfully in their homes. (Total number of 'yes' responses to question 63.)

Denominator: Number of program participants. (Total number of responses to question 63 of the Maine Experience Survey: Elderly/Disability.)

Ind.# Indicator

27	<p>Paid workers do respect privacy</p> <p><i>Description:</i> Percent of program participants who report that their paid workers respect the participant's privacy in their home.</p> <p><i>Numerator:</i> Number of program participants who report that their paid workers respect the participant's privacy in their home. (Total number of 'yes' responses to question 64.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 64 of the Maine Experience Survey: Elderly/Disability.)</p>
28	<p>Paid workers do respect confidentiality</p> <p><i>Description:</i> Percent of program participants who report that their paid workers respect the confidentiality of the participant's personal information.</p> <p><i>Numerator:</i> Number of program participants who report that their paid workers respect the confidentiality of the participant's personal information. (Total number of 'yes' responses to question 65.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 65 of the Maine Experience Survey: Elderly/Disability.)</p>
29	<p>Program participants not reporting injury by paid worker</p> <p><i>Description:</i> Percent of program participants who report they have never been injured by their paid worker.</p> <p><i>Numerator:</i> Number of program participants who report they have never been injured by their paid worker. (Total number of 'no' responses to question 66.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 66 of the Maine Experience Survey: Elderly/Disability.)</p>
30	<p>Program participants not reporting verbal abuse by paid worker</p> <p><i>Description:</i> Percent of program participants who report their paid worker is neither mean to them nor yells at them.</p> <p><i>Numerator:</i> Number of program participants who report their paid worker is neither mean to them nor yells at them. (Total number of 'no' responses to question 70.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of 'yes', 'no', 'sometimes', and 'unsure' responses to question 70 of the Maine Experience Survey: Elderly/Disability.)</p>
31	<p>Program participants reporting no theft by paid worker</p> <p><i>Description:</i> Percent of program participants who report their paid worker has never taken any of their possessions without permission.</p> <p><i>Numerator:</i> Number of program participants who report their paid worker has never taken any of their possessions without permission. (Total number of 'no' responses to question 73.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 73 of the Maine Experience Survey: Elderly/Disability.)</p>
32	<p>Day program staff are respectful</p> <p><i>Description:</i> Percent of program participants who report that the staff at their day program outside their home treats them respectfully.</p> <p><i>Numerator:</i> Number of program participants who report that the staff at their day program outside their home treats them respectfully. (Total number of 'yes' responses to question 78.)</p> <p><i>Denominator:</i> Number of program participants who report that they attend a day program outside their home. (Total number of 'yes' responses to question 77.)</p>
33	<p>Transportation staff are respectful</p> <p><i>Description:</i> Percent of program participants who report that the staff paid to help them on the van or other transportation treats them respectfully.</p> <p><i>Numerator:</i> Number of program participants who report that the staff paid to help them on the van or other transportation treats them respectfully. (Total number of 'yes' responses to question 81.)</p> <p><i>Denominator:</i> Number of program participants who report that they ride a van or use other transportation services. (Total number of 'yes' responses to question 79.)</p>

Ind.# Indicator

34 Participants knows where to complain about services

Description: Percent of program participants who report they know who to call if they have a complaint about their services.

Numerator: Number of program participants who report they know who to call if they have a complaint about their services. (Total number of 'yes' responses to question 82.)

Denominator: Number of program participants. (Total number of responses to question 82 of the Maine Experience Survey: Elderly/Disability.)

35 Transportation needs are met.

Description: Percent of program participants who report they could get to their doctor's office or grocery store when they needed to.

Numerator: Number of program participants who report they could get to their doctor's office or grocery store when they needed to. (Total number of 'yes' responses to question 89.)

Denominator: Number of program participants. (Total number of responses to question 89 of the Maine Experience Survey: Elderly/Disability.)

36 Socially active

Description: Percent of program participants who report that they participated in some type of social activity outside their home in the past month..

Numerator: Number of program participants who report that they participated in some type of social activity outside their home in the past month.. (Total number of 'yes' responses to question 90.)

Denominator: Number of program participants who report that they ride a van or use other transportation services. (Total number of 'yes' responses to question 90.)

37 Good health status

Description: Percent of program participants who report their overall current health is good or better.

Numerator: Number of program participants who report their overall current health is good or better. (Total number of 'excellent', 'very good' or 'good' responses to question 92.)

Denominator: Number of program participants. (Total number of responses to question 92 of the Maine Experience Survey: Elderly/Disability.)

Quality Measurement Surveys

Survey: Maine Experience Survey: Elderly / Disability Developer: The MEDSTAT Group, Inc. / Muskie School at USM / Maine Dept. of Health & Human Services

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Section: Program Awareness

Question	Answers	Score	Skip Pattern
Q 1	How did you first learn about the waiver the Home Care services you receive through the Home Care Coordinating Agency? Again, I am talking specifically about the program where you receive personal care or nursing services in your home. (CHECK ONE)		
	1 Home Care Assessment Agency		Go to Q3
	2 Independent Living Center staff		Go to Q3
	3 The Home Care Coordinating Agency		Go to Q3
	4 Friend/Family		Go to Q3
	5 State Agency for Eligibility Determination		Go to Q3
	6 Program literature		Go to Q3
	7 Hospital staff		Go to Q3
	8 Nursing home/residential care staff		Go to Q3
	9 Other home health provider		Go to Q3
	10 Disability organization		Go to Q3
	11 Advocacy group		Go to Q3
	12 Voc rehab		Go to Q3
	13 I DON'T REMEMBER		Go to Q3
	96 UNSURE		Go to Q3
	97 UNCLEAR RESPONSE		Go to Q3
	98 NO RESPONSE		Go to Q3
	99 OTHER		NEXT
Q 2	What was that other source?		
	0 OTHER		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		

Section: Assessment

These next few questions are about the assessment that a nurse from the Home Care Assessment Agency did for you (on the laptop).

Question	Answers	Score	Skip Pattern
Q 3	Did the nurse who assessed you ask you what you wanted for services?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q 4	Did the nurse who assessed you explain what services you could get?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT

Maine Experience Survey: Elderly / Disability

Section: Assessment

These next few questions are about the assessment that a nurse from the Home Care Assessment Agency did for you (on the laptop).

Question	Answers	Score	Skip Pattern
Q 5	Did the nurse who assessed you have trouble understanding your situation?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO REPOSE		NEXT
Q 6	Did you receive information on how to file an appeal if you disagreed with the decision made by the nurse who assessed you?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q 7	Did you participate as much as you wanted to in developing your plan of care?		
	1 YES		Go to Q9
	2 NO		NEXT
	96 UNSURE		Go to Q9
	97 UNCLEAR RESPONSE		Go to Q9
	98 NO RESPONSE		Go to Q9
Q 8	Why not?		
	0 REASON		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		
Q 9	Would you recommend having an assessment to a friend who needed services?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT

Section: Daily Activities

The next set of questions I am going to ask you have to do with some everyday activities, like getting dressed and taking a bath. Some people have no problem doing these things by themselves. Other people need somebody to help them.

Question	Answers	Score	Skip Pattern
Q10	Do you have family or friends who do not live with you who help you with personal care, household tasks, or transportation?		
	1 YES		NEXT
	2 NO		Go to Q12
	96 UNSURE		Go to Q12
	97 UNCLEAR RESPONSE		Go to Q12
	98 NO RESPONSE		Go to Q12
Q11	On average, how many hours per week do they help you?		
	1 LESS THAN WEEKLY/ONCE IN A WHILE		NEXT
	2 1 TO LESS THAN 2 HOURS/WEEK		NEXT
	3 2 TO LESS THAN 5 HOURS/WEEK		NEXT
	4 5-10 HOURS/WEEK		NEXT
	5 MORE THAN 10 HOURS/WEEK		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT

Maine Experience Survey: Elderly / Disability

Section: Daily Activities

The next set of questions I am going to ask you have to do with some everyday activities, like getting dressed and taking a bath. Some people have no problem doing these things by themselves. Other people need somebody to help them.

Question	Answers	Score	Skip Pattern
Q12	Do you have other people in your community, besides those people I just mentioned, who help you with personal care, household tasks, or transportation?		
	1 YES		NEXT
	2 NO		Go to Q14
	96 UNSURE		Go to Q14
	97 UNCLEAR		Go to Q14
	98 NO RESPONSE		Go to Q14
Q13	On average, how many hours per week do they help you?		
	1 LESS THAN WEEKLY/ONCE IN A WHILE		NEXT
	2 1 TO LESS THAN 2 HOURS/WEEK		NEXT
	3 2 TO LESS THAN 5 HOURS/WEEK		NEXT
	4 5-10 HOURS/WEEK		NEXT
	5 MORE THAN 10 HOURS/WEEK		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q14	In the last 60 days, have you ever been unable to complete a personal care task, such as bathing or dressing, because you didn't have someone to assist you?		
	1 YES		NEXT
	2 NO		Go to Q17
	96 UNSURE		Go to Q17
	97 UNCLEAR		Go to Q17
	98 NO RESPONSE		Go to Q17
Q15	What task(s) were you unable to do because no one was there to assist you? Multiple Check (IF NECESSARY, READ EACH TASK TO RESPONDENT)		
	1 personal hygiene		NEXT
	2 bathing		NEXT
	3 dressing		NEXT
	4 using the toilet		NEXT
	5 transferring from a bed or chair to wheelchair or standing		NEXT
	6 eating		NEXT
	7 taking medicine		NEXT
	8 catheter care		NEXT
	9 bowel program		NEXT
	10 tube feeding		NEXT
	11 ventilator		NEXT
	12 suctioning		NEXT
	13 therapy program		NEXT
	14 OTHER (SPECIFY)		NEXT
	15 Other		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE/NO RESPONSE		NEXT
Q16	Why was there no one to assist you?		
	0 REASON		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		

Maine Experience Survey: Elderly / Disability

Section: Daily Activities

The next set of questions I am going to ask you have to do with some everyday activities, like getting dressed and taking a bath. Some people have no problem doing these things by themselves. Other people need somebody to help them.

Question	Answers	Score	Skip Pattern
Q17	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 assist you?		
	1 YES		NEXT
	2 NO		Go to Q20
	96 UNSURE		Go to Q20
	97 UNCLEAR RESPONSE		Go to Q20
	98 NO RESPONSE		Go to Q20
Q18	What task(s) were you unable to do because there wasn't someone to assist you? (IF NECESSARY, READ EACH TASK TO RESPONDENT) Multiple Check		
	1 laundry		NEXT
	2 housework		NEXT
	3 groceries		NEXT
	4 meal preparation		NEXT
	5 OTHER (SPECIFY)		NEXT
	6 Other		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q19	Why was there no one to assist you?		
	0 REASON		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		
Q20	Is there any special help that you need to take medicine, such as someone to pour it or set up your pills?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q21	Do you ever go without taking your medicine when you need it?		
	1 YES		NEXT
	2 NO		Go to Q26
	96 UNSURE		Go to Q26
	97 UNCLEAR RESPONSE		Go to Q26
	98 NO RESPONSE		Go to Q26
Q22	Is this ever because there is no one there to help you?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q23	Is this ever because of the cost of your medicine?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT

Maine Experience Survey: Elderly / Disability

Section: Daily Activities

The next set of questions I am going to ask you have to do with some everyday activities, like getting dressed and taking a bath. Some people have no problem doing these things by themselves. Other people need somebody to help them.

Question	Answers	Score	Skip Pattern
Q24	Is this ever because you sometimes forget to take your medicine?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q25	Is this ever because of some OTHER reason? IF YES ASK: "What is that other reason?" AND ENTER RESPONSE IF "NO" : ENTER "NO"		
	0 OTHER		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		
Q26	During this past month, how many times did a worker paid to help you not show up? (CHECK ONLY ONE)		
	1 ONCE THIS PAST MONTH		NEXT
	2 2-3 TIMES THIS PAST MONTH		NEXT
	3 MORE THAN 3 TIMES THIS PAST MONTH		NEXT
	4 NONE, A WORKER ALWAYS SHOWED UP THIS PAST MONTH		Go to Q28
	96 UNSURE		Go to Q28
	97 UNCLEAR RESPONSE		Go to Q28
	98 NO RESPONSE		Go to Q28
Q27	What did you do, when the worker didn't show up? (CHECK ALL THAT APPLY) Multiple Check		
	1 CALLED MY FAMILY		NEXT
	2 CALLED THE AGENCY		NEXT
	3 CALLED the Home Care Coordinating Agency		NEXT
	4 WENT WITHOUT HELP		NEXT
	5 A WORKER ALWAYS SHOWS UP		NEXT
	6 OTHER (SPECIFY)		NEXT
	7 Other		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT

Section: Back-up Plan

The next several questions are about your back-up plan- the supports you have in place in case your worker does not show up.

Question	Answers	Score	Skip Pattern
Q28	Please describe your back-up plan: INTERVIEWER NOTE: IF RESPONDENT DOESN'T HAVE A BACK- UP PLAN, ENTER "NONE" AND SKIP TO Q34		
	0 BACKUP		Go to Q31
	96 UNSURE		
	97 UNCLEAR RESPONSE		
	98 NO RESPONSE		
Q31	Have you ever had to use your back-up plan?		
	1 YES		NEXT
	2 NO		Go to Q34
	96 UNSURE		Go to Q34
	97 UNCLEAR RESPONSE		Go to Q34
	98 NO RESPONSE		Go to Q34

Maine Experience Survey: Elderly / Disability

Section: Back-up Plan

The next several questions are about your back-up plan- the supports you have in place in case your worker does not show up.

Question	Answers	Score	Skip Pattern
Q32	Why did you have to use it? Multiple Check		
	1 PA DIDN'T SHOW UP/DIDN'T CALL		NEXT
	2 PA SICK, NO REPLACEMENT		NEXT
	3 HAPPENED BEFORE SERVICES BEGAN		NEXT
	4 OTHER (SPECIFY)		NEXT
	5 Other		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q33	How did it work? Multiple Check		
	1 GOOD/FINE		NEXT
	2 OK, NOT BAD		NEXT
	3 NOT GOOD, DIDN'T WORK		NEXT
	4 OTHER (SPECIFY)		NEXT
	5 Other		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q34	Have you ever felt unsafe because you did not have a worker present?		
	1 YES		NEXT
	2 NO		Go to Q36
	96 UNSURE		Go to Q36
	97 UNCLEAR RESPONSE		Go to Q36
	98 NO RESPONSE		Go to Q36
Q35	Please tell me more about this.		
	0 EXPLANATION		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		
Q36	Do you have any medical or special needs, such as use of a hooyer lift, prosthesis or braces, catheter care, or oxygen use?		
	1 YES		NEXT
	2 NO		Go to Q38
	96 UNSURE		Go to Q38
	97 UNCLEAR RESPONSE		Go to Q38
	98 NO RESPONSE		Go to Q38
Q37	What are these specific needs you have that require special training of your worker? (CHECK EACH CONDITION MENTIONED BY THE RESPONDENT)		
	1 CATHETER CARE		NEXT
	2 VENTILATOR CARE		NEXT
	3 HOYER LIFT		NEXT
	4 SUPPLEMENTAL OXYGEN		NEXT
	5 BOWEL REGIME		NEXT
	6 RANGE OF MOTION		NEXT
	7 NEBULIZER		NEXT
	8 TUBE FEEDING		NEXT
	9 WOUND DRESSING		NEXT
	10 PROSTHESIS OR BRACES		NEXT
	11 OTHER (SPECIFY)		NEXT
	12 other		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT

Maine Experience Survey: Elderly / Disability

Section: Home Care Coordinating Agency

These next few questions are about how much choice you have in the help you get, and the assistance you receive from your care manager at Home Care Coordinating Agency.

Question	Answers	Score	Skip Pattern
Q38	Think about the people who are paid to help you with the everyday activities we have been discussing. Do the people paid to help you spend all the time with you that they are supposed to?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q39	Do the people paid to help you listen carefully to what you ask them to do in your home?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q40	Do they do things the way you want them to be done?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q41	In the past year, have you ever been unhappy with the way your workers perform their work?		
	1 YES		NEXT
	2 NO		Go to Q43
	96 UNSURE		Go to Q43
	97 UNCLEAR RESPONSE		Go to Q43
	98 NO RESPONSE		Go to Q43
Q42	With which aspects of your worker's performance have you been unhappy? Multiple Check		
	1 WORKER TIMELINESS		NEXT
	2 WORKER RELIABILITY		NEXT
	3 HOW WORK GETS DONE		NEXT
	4 WORKER ATTITUDE/PERSONALITY		NEXT
	5 WORKER ABILITY TO DO THE TASKS		NEXT
	6 THEFT BY WORKER		NEXT
	7 OTHER (SPECIFY)		NEXT
	8 Other		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q43	What actions do you take if a worker repeatedly does not do what you ask him/her to do? Multiple Check INTERVIEWER		
	NOTE: IF "NOTHING" IS CHECKED, NO ADDITIONAL RESPONSES SHOULD BE CHECKED		
	1 NOTHING		NEXT
	2 TALK TO HIM/HER ABOUT IT		Go to Q45
	3 VERBAL WARNING TO WORKER		Go to Q45
	4 CALL AGENCY		Go to Q45
	5 CALL the Home Care Coordinating Agency		Go to Q45
	6 OTHER (SPECIFY)		Go to Q45
	7 Other		Go to Q45
	95 NOT APPLICABLE, WORKER GENERALLY DOES WHAT TOLD TO DO		Go to Q45
	96 UNSURE		Go to Q45
	97 UNCLEAR RESPONSE		Go to Q45
	98 NO RESPONSE		Go to Q45

Maine Experience Survey: Elderly / Disability

Section: Home Care Coordinating Agency

These next few questions are about how much choice you have in the help you get, and the assistance you receive from your care manager at Home Care Coordinating Agency.

Question	Answers	Score	Skip Pattern
Q44	Why do you do nothing?		
	0 EXPLANATION		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		
Q45	Has a worker ever asked you to sign a timesheet that was not accurate?		
	1 YES		NEXT
	2 NO		NEXT
	3 NOT APPLICABLE/DOESN'T USE TIMESHEET		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
Q46	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 Multiple Check		
	1 AGENCY (HOME HEALTH/PCA)		NEXT
	2 The Home Care Coordinating Agency		NEXT
	3 Home Care Assessment Agency		NEXT
	4 FRIEND/FAMILY		NEXT
	5 State Agency for Eligibility Determination		NEXT
	6 DISABILITY ORGANIZATION		NEXT
	7 ADVOCACY GROUP (LTCOP)		NEXT
	8 DK		NEXT
	9 NA		NEXT
	10 OTHER (SPECIFY)		NEXT
	11 Other		NEXT
	12 HAVEN'T HAD ANY PROBLEMS		NEXT
	96 UNSURE		NEXT
97 UNCLEAR RESPONSE		NEXT	
98 NO RESPONSE		NEXT	
Q47	Did you know you can change the people who are paid to help you if you want to?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
Q48	Have you ever asked for a change in your worker?		
	1 YES		NEXT
	2 NO		Go to Q50
	96 UNSURE		Go to Q50
	97 UNCLEAR RESPONSE		Go to Q50
Q49	Why?		
	0 EXPLANATION		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		

Maine Experience Survey: Elderly / Disability

Section: Home Care Coordinating Agency

These next few questions are about how much choice you have in the help you get, and the assistance you receive from your care manager at Home Care Coordinating Agency.

Question	Answers	Score	Skip Pattern
Q50	Do you know the name of your care manager or care coordinator at the Home Care Coordinating Agency?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
98 NO RESPONSE		NEXT	
Q51	Can you talk to your care manager when you need to?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
98 NO RESPONSE		NEXT	
Q52	Does your care manager at the Home Care Coordinating Agency help you to fix any problems you have with your workers?		
	1 YES		NEXT
	2 NO		NEXT
	3 HAVEN'T HAD ANY PROBLEMS (VOL)		NEXT
	96 UNSURE		NEXT
97 UNCLEAR RESPONSE		NEXT	
98 NO RESPONSE		NEXT	
Q53	Does your care manager at the Home Care Coordinating Agency treat you with respect?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
98 NO RESPONSE		NEXT	
Q54	Does your care manager at the Home Care Coordinating Agency help you when you ask for something?		
	1 YES		NEXT
	2 NO		NEXT
	3 HAVEN'T HAD TO ASK FOR ANYTHING (VOL)		NEXT
	96 UNSURE		NEXT
97 UNCLEAR RESPONSE		NEXT	
98 NO RESPONSE		NEXT	
Q55	In the past 6 months, have your needs changed?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
98 NO RESPONSE		NEXT	
Q56	Did your plan of care change?		
	1 YES		NEXT
	2 NO		Go to Q59
	96 UNSURE		Go to Q59
	97 UNCLEAR RESPONSE		Go to Q59
98 NO RESPONSE		Go to Q59	
Q57	Why did it change?		
	0 EXPLANATION		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT

Maine Experience Survey: Elderly / Disability

Section: Home Care Coordinating Agency

These next few questions are about how much choice you have in the help you get, and the assistance you receive from your care manager at Home Care Coordinating Agency.

Question	Answers	Score	Skip Pattern
Q58	Did you participate as much as you wanted in deciding what your care plan would be?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q59	Have you ever talked with your care manager at the Home Care Coordinating Agency about any special equipment, or changes to your home that might make your life easier?		
	1 YES		NEXT
	2 NO		Go to Q63
	96 UNSURE		Go to Q63
	97 UNCLEAR RESPONSE		Go to Q63
	98 NO RESPONSE		Go to Q63
Q60	What equipment or changes did you talk about? (CHECK EACH MENTIONED BY RESPONDENT) Multiple Check		
	1 RAMP		NEXT
	2 WHEELCHAIR		NEXT
	3 GRAB BARS		NEXT
	4 HOYER LIFT		NEXT
	5 WALKER		NEXT
	6 OTHER (SPECIFY)		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q61	Did you get the equipment or make the changes you needed?		
	1 YES		NEXT
	2 NO		Go to Q63
	3 IN PROCESS		Go to Q63
	4 SOME		NEXT
	96 UNSURE		Go to Q63
	97 UNCLEAR RESPONSE		Go to Q63
Q62	Did the Home Care Coordinating Agency assist you in getting the equipment or making the change you needed?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT

Section: Privacy and Respect

Now I would like to ask you about how you are treated by the people who are paid to help you. The next few questions are about people who come to help you in your home.

Question	Answers	Score	Skip Pattern
Q63	Do the people paid to help you treat you respectfully in your home?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT

Maine Experience Survey: Elderly / Disability

Section: Privacy and Respect

Now I would like to ask you about how you are treated by the people who are paid to help you. The next few questions are about people who come to help you in your home.

Question	Answers	Score	Skip Pattern
Q64	Do the people paid to help you respect your privacy in your home?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q65	Do the people paid to help you respect confidentiality about your personal information?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q66	Have you ever been injured by any of the people who are paid to help you now?		
	1 YES		NEXT
	2 NO		Go to Q70
	96 UNSURE		Go to Q70
	97 UNCLEAR RESPONSE		Go to Q70
	98 NO RESPONSE		Go to Q70
Q67	What happened?		
	0 WHAT		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		
Q68	When?		
	0 WHEN		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		
Q69	Would you like any help with this problem?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q70	Are any of the people paid to help you now mean to you, or do they yell at you?		
	1 YES		NEXT
	2 NO		Go to Q73
	96 UNSURE		Go to Q73
	97 UNCLEAR RESPONSE		Go to Q73
	98 NO RESPONSE		Go to Q73
Q71	What happens?		
	0 WHAT		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		

Maine Experience Survey: Elderly / Disability

Section: Privacy and Respect

Now I would like to ask you about how you are treated by the people who are paid to help you. The next few questions are about people who come to help you in your home.

Question	Answers	Score	Skip Pattern
Q72	Would you like any help with this problem?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q73	Have any of the people paid to help you now ever taken your things without asking?		
	1 YES		NEXT
	2 NO		Go to Q77
	96 UNSURE		Go to Q77
	97 UNCLEAR RESPONSE		Go to Q77
	98 NO RESPONSE		Go to Q77
Q74	What happened?		
	0 WHAT		
	96 UNSURE		
	97 UNCLEAR		
	98 NO REPOSE		NEXT
Q75	When?		
	0 WHEN		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		
Q76	Would you like help with this problem?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q77	Do you go to a day program outside your home?		
	1 YES		NEXT
	2 NO		Go to Q79
	96 UNSURE		Go to Q79
	97 UNCLEAR RESPONSE		Go to Q79
	98 NO RESPONSE		Go to Q79
Q78	Do the people paid to help you at a day program outside your home treat you respectfully?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q79	Do you ride a van or use other transportation services?		
	1 YES		NEXT
	2 NO		Go to Q82
	96 UNSURE		Go to Q82
	97 UNCLEAR RESPONSE		Go to Q82
	98 NO RESPONSE		Go to Q82

Maine Experience Survey: Elderly / Disability

Section: Privacy and Respect

Now I would like to ask you about how you are treated by the people who are paid to help you. The next few questions are about people who come to help you in your home.

Question	Answers	Score	Skip Pattern
Q80	For what activities? Multiple Check (CHECK ALL ACTIVITIES THAT RESPONDENT MENTIONS)		
	1 DOCTORS/MEDICAL APPOINTMENTS		NEXT
	2 SHOPPING		NEXT
	3 SOCIAL ACTIVITIES		NEXT
	4 WORK		NEXT
	5 CHURCH/RELIGIOUS SERVICES		NEXT
	6 OTHER (SPECIFY)		NEXT
	7 Other		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q81	Do the people paid to help you on the van or with other transportation treat you respectfully?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q82	Do you know who to call if you have a complaint about any of your services? (INTERVIEWER NOTE: GIVE RESPONDENT CONTACT SHEET)		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q83	There are programs in our state that allow people like you 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?		
	1 YES		NEXT
	2 NO		Go to Q85
	96 UNSURE		Go to Q85
	97 UNCLEAR RESPONSE		Go to Q85
	98 NO RESPONSE		Go to Q85
Q84	Would you say you'd be very interested or somewhat interested?		
	1 VERY INTERESTED		Go to Q87
	2 SOMEWHAT INTERESTED		Go to Q87
	96 UNSURE		Go to Q87
	97 UNCLEAR RESPONSE		Go to Q87
	98 NO RESPONSE		Go to Q87
Q85	Would you be interested in managing your own worker if someone, maybe a friend or family member, helped you with it?		
	1 YES		NEXT
	2 NO		Go to Q87
	96 UNSURE		Go to Q87
	97 UNCLEAR RESPONSE		Go to Q87
	98 NO REPOSE		Go to Q87
Q86	Would you say you'd be very interested or somewhat interested?		
	1 VERY INTERESTED		NEXT
	2 SOMEWHAT INTERESTED		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT

Maine Experience Survey: Elderly / Disability

Section: Outside activities

The last few questions have to do with activities outside your home.

Question	Answers	Score	Skip Pattern
Q87	(INTERVIEWER NOTE: ONLY ASK THIS Q WHEN APPROPRIATE) Are you currently employed?		
	1 YES		NEXT
	2 NO		Go to Q89
	96 UNSURE		Go to Q89
	97 UNCLEAR RESPONSE		Go to Q89
	98 NO RESPONSE		Go to Q89
Q88	What kind of work do you do?		
	0 WORK		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		
Q89	Can you always get to the doctor's office or grocery store when you need to?		
	1 YES		NEXT
	2 NO		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q90	Did you participate in some type of social activity outside your home in the last month?		
	1 YES		NEXT
	2 NO		Go to Q92
	96 UNSURE		Go to Q92
	97 UNCLEAR RESPONSE		Go to Q92
	98 NO RESPONSE		Go to Q92
Q91	What was that activity?		
	0 ACTIVITY		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		
Q92	In general, would you say your health is . . .		
	1 excellent		NEXT
	2 very good		NEXT
	3 good		NEXT
	4 fair, or		NEXT
	5 poor		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		NEXT
Q93	Is there anything else about the home care you are receiving that you want to talk to me about? INTERVIEWER NOTE: IF "NO", "CAN'T THINK OF ANYTHING", ETC., ENTER "NO" Thank you for talking with me today. I really appreciate all your help. If you have other questions, you can call (Contact Name) at (Phone Number). Good-bye.		
	0 RESPONSE		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		

Maine Experience Survey: Elderly / Disability

Section: Interviewer Comments and Observations

Question	Answers	Score	Skip Pattern
Q94	What percent of the questions did the program participant answer by him/herself?		
	1 ALL		Go to Q97
	2 MOST		NEXT
	3 ABOUT HALF		NEXT
	4 NOT MANY		NEXT
	5 NONE		NEXT
	96 UNSURE		Go to Q97
	98 NO RESPONSE		Go to Q97
Q95	Who else provided responses? (IF APPLICABLE)		
	1 SPOUSE		Go to Q97
	2 PARENT		Go to Q97
	3 CHILD		Go to Q97
	4 PCA/HOME HEALTH CARE WORKER		Go to Q97
	5 OTHER		NEXT
	6 NOBODY		Go to Q97
	96 UNSURE		Go to Q97
	98 NO RESPONSE		Go to Q97
Q96	Who was that other person?		
	0 PERSON		NEXT
	96 UNSURE		NEXT
	97 UNCLEAR RESPONSE		NEXT
	98 NO RESPONSE		
Q97	INTERVIEWER COMMENTS AND OBSERVATIONS:		
	0 COMMENTS		END
	99 NA		

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: Maine Experience Survey - Consumer Directed

Developer: The MEDSTAT Group, Inc. / Muskie School at USM / Maine Dept. of Health & Human Services

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HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator								
1	Timely assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Free to ask questions during assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Assessment nurse asked about service preferences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Assessment nurse explained available services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Assessment nurse understood participant's situation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Assessment nurse did not ignore participant's care preferences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Participant received information on how to appeal assessment decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Assessment met or exceeded participant's expectations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Satisfaction with assessment outcome	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Satisfaction with overall assessment process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Would recommend assessment to others needing services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Would recommend own PA to a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Not difficult to retain PAs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Sufficient training to hire PAs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Sufficient training to train PAs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Sufficient training to manage PAs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Sufficient training to resolve problems with PAs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Sufficient training to develop a back-up plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Sufficient training to train PAs in special needs skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Program participants happy with PA's work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maine Experience Survey - Consumer Directed

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator							
21	Program participants reporting inaccurate PA timesheets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Program participants not reporting having fired a PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	Always able to contact independent living center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Independent living center does return calls promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Independent living center always helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Independent living center staff always respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Participant knows where to complain about independent living center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Participant informed about appeals process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Consumer direction is not harder than expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30	Would recommend consumer direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31	Adequate participation in developing service plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Needs met in personal care tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Needs met in household tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Needs met for transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Feels Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Needs met for special equipment or home modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	PAs are respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	PAs do respect privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	PAs do respect confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	PAs do always listen carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Program participants not reporting injury by PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Program participants not reporting verbal abuse by PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Program participants reporting no theft by PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Good health status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Descriptions of Quality Measures by Quality Instrument

Quality Instrument: Maine Experience Survey - Consumer Directed

Developer: The MEDSTAT Group, Inc. / Muskie School at USM / Maine Dept. of Health & Human Services

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Ind.# Indicator

1 Timely assessments

Description: Percent of program participants who report their most recent assessment was done on time.

Numerator: Number of program participants who report their most recent assessment was done on time. (Number of "yes" responses to question 1.)

Denominator: Number of program participants. (Total number of responses to question 1 of the Maine Experience Survey: Consumer Directed.)

Related Survey Question(s): 1 Thinking about your most recent assessment, was the assessment done on time, before the reassessment due date?

2 Free to ask questions during assessment

Description: Percent of participants reporting they were able to ask questions during the assessment if they wanted.

Numerator: Number of participants reporting they were able to ask questions during the assessment if they wanted. (Number of participants answering 'yes' to question 3.)

Denominator: Number of program participants. (Total number of responses to question 3 of the Maine Experience Survey: Consumer Directed.)

Related Survey Question(s): 3 During the assessment, could you ask questions if you wanted?

3 Assessment nurse asked about service preferences

Description: Percent of participants reporting the nurse performing the most recent assessment asked the participant what they wanted for services.

Numerator: Number of participants reporting the nurse performing the most recent assessment asked the participant what they wanted for services. (Number of participants answering 'yes' to question 6.)

Denominator: Number of program participants. (Total number of responses to question 6 of the Maine Experience Survey: Consumer Directed.)

Related Survey Question(s): 6 Did the nurse who assessed you ask you what you wanted for services?

4 Assessment nurse explained available services

Description: Percent of participants reporting the nurse performing the most recent assessment explained what services were available.

Numerator: Number of participants reporting the nurse performing the most recent assessment explained what services were available. (Number of participants answering 'yes' to question 7.)

Denominator: Number of program participants. (Total number of responses to question 7 of the Maine Experience Survey: Consumer Directed.)

Related Survey Question(s): 7 Did the nurse who assessed you explain what services you could get?

5 Assessment nurse understood participant's situation

Description: Percent of participants reporting the nurse performing the most recent assessment understood the participant's situation.

Numerator: Number of participants reporting the nurse performing the most recent assessment understood the participant's situation. (Number of participants answering 'no' to question 8.)

Denominator: Number of program participants. (Total number of responses to question 8 of the Maine Experience Survey: Consumer Directed.)

Ind.# Indicator

<p><i>Related Survey</i> 8</p> <p><i>Question(s):</i></p>	<p>Did the nurse who assessed you have trouble understanding your situation?</p>
<p>6</p> <p>Assessment nurse did not ignore participant's care preferences</p> <p><i>Description:</i> Percent of participants reporting the nurse performing the most recent assessment did not ignore the participant's opinion about the care he or she needed.</p> <p><i>Numerator:</i> Number of participants reporting the nurse performing the most recent assessment did not ignore the participant's opinion about the care he or she needed. (Number of participants answering 'no' to question 9.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 9 of the Maine Experience Survey: Consumer Directed.)</p> <p><i>Related Survey</i> 9</p> <p><i>Question(s):</i></p>	<p>Did the nurse ignore your opinion about the care you needed?</p>
<p>7</p> <p>Participant received information on how to appeal assessment decisions</p> <p><i>Description:</i> Percent of participants reporting they had received information on how to file an appeal if they disagreed with the assessment nurse's decisions.</p> <p><i>Numerator:</i> Number of participants reporting they had received information on how to file an appeal if they disagreed with the assessment nurse's decisions. (Number of participants answering 'yes' to question 10.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 10 of the Maine Experience Survey: Consumer Directed.)</p> <p><i>Related Survey</i> 10</p> <p><i>Question(s):</i></p>	<p>Did you receive information on how to file an appeal if you disagreed with the decision made by the nurse who assessed you?</p>
<p>8</p> <p>Assessment met or exceeded participant's expectations</p> <p><i>Description:</i> Percent of participants reporting their most recent assessment met or surpassed their expectations.</p> <p><i>Numerator:</i> Number of participants reporting their most recent assessment met or surpassed their expectations. (Number of participants answering 'better than you expected' or 'same as you expected' to question 11.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 11 of the Maine Experience Survey: Consumer Directed.)</p> <p><i>Related Survey</i> 11</p> <p><i>Question(s):</i></p>	<p>How did your assessment done by the assessment agency compare to what you expected?</p>
<p>9</p> <p>Satisfaction with assessment outcome</p> <p><i>Description:</i> Percent of participants reporting that they were satisfied with the outcome of their most recent assessment.</p> <p><i>Numerator:</i> Number of participants reporting that they were satisfied with the outcome of their most recent assessment. (Number of participants answering 'very satisfied' or 'satisfied' to question 12.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 12 of the Maine Experience Survey: Consumer Directed.)</p> <p><i>Related Survey</i> 12</p> <p><i>Question(s):</i></p>	<p>How satisfied were you with the outcome of the assessment?</p>
<p>10</p> <p>Satisfaction with overall assessment process</p> <p><i>Description:</i> Percent of participants reporting that they were satisfied with the overall assessment process.</p> <p><i>Numerator:</i> Number of participants reporting that they were satisfied with the overall assessment process. (Number of participants answering 'very satisfied' or 'satisfied' to question 13.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 13 of the Maine Experience Survey: Consumer Directed.)</p> <p><i>Related Survey</i> 13</p> <p><i>Question(s):</i></p>	<p>How satisfied are you with the overall process of assessment done by the assessment agency?</p>

Ind.# Indicator

11 Would recommend assessment to others needing services
Description: Percent of participants reporting that they would recommend having an assessment to a friend who needed services.
Numerator: Number of participants reporting that they would recommend having an assessment to a friend who needed services. (Number of participants answering 'yes' to question 14.)
Denominator: Number of program participants. (Total number of responses to question 14 of the Maine Experience Survey: Consumer Directed.)
Related Survey 14 Would you recommend having an assessment to a friend who needed services?
Question(s):

12 Would recommend own PA to a friend
Description: Percent of program participants who would recommend their own main Personal Assistant to a friend who needed the same kind of assistance.
Numerator: Number of program participants who would recommend their own main Personal Assistant to a friend who needed the same kind of assistance. (Total number of 'yes' responses to question 26.)
Denominator: Number of program participants. (Total number of responses to question 26 of the Maine Experience Survey: Consumer Directed.)
Related Survey 26 Would you recommend your main P.A. to a friend who needed the same kind of assistance?
Question(s):

13 Not difficult to retain PAs
Description: Percent of program participants who report not finding it difficult to retain Personal Assistants.
Numerator: Number of program participants who report not finding it difficult to retain Personal Assistants. (Total number of 'no' responses to question 27.)
Denominator: Number of program participants. (Total number of responses to question 27 of the Maine Experience Survey: Consumer Directed.)
Related Survey 27 In the past year did you find it difficult to keep P.A.s?
Question(s):

14 Sufficient training to hire PAs
Description: Percent of program participants who report they do not receive enough training to hire Personal Assistants.
Numerator: Number of program participants who report they have received enough training to hire Personal Assistants. (Total number of 'yes' responses to question 29.)
Denominator: Number of program participants. (Total number of responses to question 29 of the Maine Experience Survey: Consumer Directed.)
Related Survey 29 Do you receive enough training from the independent living center on how to hire your P.A.s?
Question(s):

15 Sufficient training to train PAs
Description: Percent of program participants who report they do not receive enough training to train their Personal Assistants.
Numerator: Number of program participants who report have received enough training to train their Personal Assistants. (Total number of 'yes' responses to question 30.)
Denominator: Number of program participants. (Total number of responses to question 30 of the Maine Experience Survey: Consumer Directed.)
Related Survey 30 Do you receive enough training from the independent living center on how to train your P.A.s?
Question(s):

16 Sufficient training to manage PAs
Description: Percent of program participants who report they do not receive enough training to manage their Personal Assistants.
Numerator: Number of program participants who report they have received enough training to manage their Personal Assistants. (Total number of 'yes' responses to question 31.)
Denominator: Number of program participants. (Total number of responses to question 31 of the Maine Experience Survey: Consumer Directed.)

Maine Experience Survey - Consumer Directed

Ind.# Indicator

17	<p>Sufficient training to resolve problems with PAs</p> <p><i>Description:</i> Percent of program participants who report they do not receive enough training to resolve problems with their Personal Assistants.</p> <p><i>Numerator:</i> Number of program participants who report they have received enough training to resolve problems with their Personal Assistants. (Total number of 'yes' responses to question 32.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 32 of the Maine Experience Survey: Consumer Directed.)</p> <p>Related Survey Question(s): 32 Do you receive enough training from the independent living center on how to manage your P.A.s?</p>
18	<p>Sufficient training to develop a back-up plan</p> <p><i>Description:</i> Percent of program participants who report they do not receive enough training to develop a back-up plan.</p> <p><i>Numerator:</i> Number of program participants who report they have received enough training to develop a back-up plan. (Total number of 'yes' responses to question 33.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 33 of the Maine Experience Survey: Consumer Directed.)</p> <p>Related Survey Question(s): 33 Do you receive enough training from the independent living center on how to develop a back-up plan?</p>
19	<p>Sufficient training to train PAs in special needs skills</p> <p><i>Description:</i> Percent of program participants who report they do not receive enough training to train their Personal Assistants in the skills required for special needs.</p> <p><i>Numerator:</i> Number of program participants who report they have received enough training to train their Personal Assistants in the skills required for special needs. (Total number of 'yes' responses to question 37.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 37 of the Maine Experience Survey: Consumer Directed.)</p> <p>Related Survey Question(s): 37 Do you have enough support available for training your P.A. in these skills?</p>
20	<p>Program participants happy with PA's work</p> <p><i>Description:</i> Percent of program participants who report they had always been happy with the way their Personal Assistants perform their work during the past year.</p> <p><i>Numerator:</i> Number of program participants who report they had always been happy with the way their Personal Assistants perform their work during the past year. (Total number of 'no' responses to question 38.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 38 of the Maine Experience Survey: Consumer Directed.)</p> <p>Related Survey Question(s): 38 In the past year, have you ever been unhappy with the way your P.A.s perform their work?</p>
21	<p>Program participants reporting inaccurate PA timesheets</p> <p><i>Description:</i> Percent of program participants who report that a Personal Assistant has never asked them to sign a timesheet that was not accurate.</p> <p><i>Numerator:</i> Number of program participants who report that a Personal Assistant has never asked them to sign a timesheet that was not accurate. (Total number of 'no' responses to question 42.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 42 of the Maine Experience Survey: Consumer Directed.)</p> <p>Related Survey Question(s): 42 Has a P.A. ever asked you to sign a timesheet that was not accurate?</p>

Ind.# Indicator

22 Program participants not reporting having fired a PA

Description: Percent of program participants who report that they have never fired one of their Personal Assistants.

Numerator: Number of program participants who report that they have never fired one of their Personal Assistants. (Total number of 'no' responses to question 45.)

Denominator: Number of program participants. (Total number of responses to question 45 of the Maine Experience Survey: Consumer Directed.)

Related Survey 45 Have you ever fired one of your P.A.s?

Question(s):

23 Always able to contact independent living center

Description: Percent of program participants who report they can talk with someone at the independent living center when they need to.

Numerator: Number of program participants who report they can talk with someone at the independent living center when they need to. (Total number of 'yes' responses to question 60.)

Denominator: Number of program participants. (Total number of responses to question 60 of the Maine Experience Survey: Consumer Directed. Do not include 'unclear', 'not applicable' or no 'response'.)

Related Survey 60 Can you talk to an the independent living services staff person when you need to?

Question(s):

24 Independent living center does return calls promptly

Description: Percent of program participants who report that the independent living center staff do respond to their calls within 24 hours.

Numerator: Number of program participants who report that the independent living center staff do respond to their calls within 24 hours. (Total number of 'yes' responses to question 61.)

Denominator: Number of program participants. (Total number of responses to question 61 of the Maine Experience Survey: Consumer Directed.)

Related Survey 61 Do the independent living center staff respond to your call within 24 hours?

Question(s):

25 Independent living center always helpful

Description: Percent of program participants who say the independent living center staff does help them when they ask for something.

Numerator: Number of program participants who say the independent living center staff does help them when they ask for something. (Total number of 'yes' responses to question 62.)

Denominator: Number of program participants. (Total number responses to question 62 of the Maine Experience Survey: Consumer Directed.)

Related Survey 62 Do the independent living center staff help you when you ask for something?

Question(s):

26 Independent living center staff always respectful

Description: Percent of program participants who report the independent living center staff treats them respectfully.

Numerator: Number of program participants who report the independent living center staff treats them respectfully. (Total number of 'no' responses to question 63.)

Denominator: Number of program participants. (Total number of responses to question 63 of the Maine Experience Survey: Consumer Directed.)

Related Survey 63 Do the independent living center staff treat you with respect?

Question(s):

27 Participant knows where to complain about independent living center

Description: Percent of program participants who report they know who to contact if they have a complaint about the independent living center.

Numerator: Number of program participants who report they know who to contact if they have a complaint about the independent living center. (Total number of 'yes' responses to question 64.)

Denominator: Number of program participants. (Total number of responses to question 64 of the Maine Experience Survey: Consumer Directed.)

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<p>Related Survey 64</p> <p>Question(s):</p>	<p>Do you know who to contact if you have a complaint about the independent living center?</p>
<p>28</p>	<p>Participant informed about appeals process</p> <p><i>Description:</i> Percent of program participants who report they have received information on how to file an appeal.</p> <p><i>Numerator:</i> Number of program participants who report they have received information on how to file an appeal. (Total number of 'yes' responses to question 65.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 65 of the Maine Experience Survey: Consumer Directed.)</p> <p>Related Survey 65</p> <p>Question(s):</p>
<p>29</p>	<p>Consumer direction is not harder than expected</p> <p><i>Description:</i> Percent of program participants who report that their experience with consumer direction is not harder than they expected.</p> <p><i>Numerator:</i> Number of program participants who report that their experience with consumer direction is not harder than they expected. (Total number of 'easier' and 'the same' responses to question 72.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 72 of the Maine Experience Survey: Consumer Directed.)</p> <p>Related Survey 72</p> <p>Question(s):</p>
<p>30</p>	<p>Would recommend consumer direction</p> <p><i>Description:</i> Percent of program participants who report they would recommend the services and supports they get from consumer direction to a friend who needed the same kind of assistance.</p> <p><i>Numerator:</i> Number of program participants who report they would recommend the services and supports they get from consumer direction to a friend who needed the same kind of assistance. (Total number of 'yes' responses to question 73.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 73 of the Maine Experience Survey: Consumer Directed.)</p> <p>Related Survey 73</p> <p>Question(s):</p>
<p>31</p>	<p>Adequate participation in developing service plan</p> <p><i>Description:</i> Percent of program participants who report they did participate as much as they wanted in developing their service plan.</p> <p><i>Numerator:</i> Number of program participants who report they did participate as much as they wanted in developing their service plan. (Total number of 'yes' responses to question 4.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 4 of the Maine Experience Survey: Consumer Directed.)</p> <p>Related Survey 4</p> <p>Question(s):</p>
<p>32</p>	<p>Needs met in personal care tasks</p> <p><i>Description:</i> Percent of program participants who report they have not encountered a situation in the last 60 days where the absence of someone to assist them had prevented them from completing a personal care task (ADL).</p> <p><i>Numerator:</i> Number of program participants who report they have not encountered a situation in the last 60 days where the absence someone to assist them had prevented them from completing a personal care task (ADL). (Total number of 'no' responses to question 47.)</p> <p><i>Denominator:</i> Number of program participants. (Total number of responses to question 47 of the Maine Experience Survey: Consumer Directed.)</p> <p>Related Survey 47</p> <p>Question(s):</p>

Ind.# Indicator

33 Needs met in household tasks

Description: Percent of program participants who report they have not encountered a situation in the last 60 days where the absence of someone to assist them had prevented them from completing a household task (IADL) in the last 60 days.

Numerator: Number of program participants who report they have not encountered a situation in the last 60 days where the absence someone to assist them had prevented them from completing a household task (IADL) in the last 60 days. (Total number of 'no' responses to question 50.)

Denominator: Number of program participants. (Total number of responses to question 50 of the Maine Experience Survey: Consumer Directed.)

Related Survey Question(s): 50 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 assist you?

34 Needs met for transportation

Description: Percent of program participants who report they could get to their doctor's office or grocery store when they needed to.

Numerator: Number of program participants who report they could get to their doctor's office or grocery store when they needed to. (Total number of 'yes' responses to question 54.)

Denominator: Number of program participants. (Total number of responses to question 54 of the Maine Experience Survey: Consumer Directed.)

Related Survey Question(s): 54 Can you always get to the doctor's office or grocery store when you need to?

36 Feels Safe

Description: Percent of program participants who report they have never had the occasion to feel unsafe because they did not have a Personal Assistant present.

Numerator: Number of program participants who report they have never had the occasion to feel unsafe because they did not have a Personal Assistant present. (Total number of 'no' responses to question 78.)

Denominator: Number of program participants. (Total number of responses to question 78 of the Maine Experience Survey: Consumer Directed.)

Related Survey Question(s): 78 Have you ever felt unsafe because you did not have a P.A. present?

37 Needs met for special equipment or home modifications

Description: Percent of program participants who report they had talked with the independent living center about their need for special equipment or home modifications and received what they needed.

Numerator: Number of program participants who report that they did receive the special equipment or home modifications they needed. (Number of program participants who answered 'yes' to question 68.)

Denominator: Number of program participants who requested special equipment or home modifications. (Number of program participants who answered 'yes' to question 66.)

Related Survey Question(s): 66 Since you've been on the Consumer Directed waiver program, have you ever talked with anyone at the independent living center about any special equipment or changes to your home that might make your life easier?
68 Did you get the equipment or make the changes you needed?

38 PAs are respectful

Description: Percent of program participants who report that their personal assistants treat them respectfully in their homes.

Numerator: Number of program participants who report that their personal assistants treat them respectfully in their homes. (Total number of 'yes' responses to question 80.)

Denominator: Number of program participants. (Total number of responses to question 80 of the Maine Experience Survey: Consumer Directed.)

Related Survey Question(s): 80 Do your P.A.s treat you respectfully in your home?

Ind.# Indicator

39 PAs do respect privacy

Description: Percent of program participants who report that their personal assistants respect the participant's privacy in their home.

Numerator: Number of program participants who report that their personal assistants respect the participant's privacy in their home. (Total number of 'yes' responses to question 81.)

Denominator: Number of program participants. (Total number of responses to question 81 of the Maine Experience Survey: Consumer Directed.)

Related Survey 81 Do your P.A.s respect your privacy in your home?

Question(s):

40 PAs do respect confidentiality

Description: Percent of program participants who report that their personal assistants respect the confidentiality of the participant's personal information.

Numerator: Number of program participants who report that their personal assistants respect the confidentiality of the participant's personal information. (Total number of 'yes' responses to question 28.)

Denominator: Number of program participants. (Total number of responses to question 28 of the Maine Experience Survey: Consumer Directed.)

Related Survey 82 Do your P.A.s respect confidentiality about your personal information?

Question(s):

41 PAs do always listen carefully

Description: Percent of program participants who report home care staff listen carefully to their requests for assistance in their home.

Numerator: Number of program participants who report home care staff listen carefully to their requests for assistance in their home. (Total number of 'yes' responses to question 83.)

Denominator: Number of program participants. (Total number of responses to question 83 of the Maine Experience Survey: Consumer Directed.)

Related Survey 83 Do your P.A.s listen carefully to what you ask them to do in your house?

Question(s):

42 Program participants not reporting injury by PA

Description: Percent of program participants who report they have never been injured by their personal assistant.

Numerator: Number of program participants who report they have never been injured by their personal assistant. (Total number of 'no' responses to question 84.)

Denominator: Number of program participants. (Total number of responses to question 84 of the Maine Experience Survey: Consumer Directed.)

Related Survey 84 Have you ever been injured by any of your P.A.s?

Question(s):

43 Program participants not reporting verbal abuse by PA

Description: Percent of program participants who report their personal assistant is neither mean to them nor yells at them.

Numerator: Number of program participants who report their personal assistant is neither mean to them nor yells at them. (Total number of 'no' responses to question 88.)

Denominator: Number of program participants. (Total number of 'yes', 'no', 'sometimes', and 'unsure' responses to question 88 of the Maine Experience Survey: Consumer Directed.)

Related Survey 88 Are any of your P.A.s mean to you, or do they yell at you?

Question(s):

44 Program participants reporting no theft by PA

Description: Percent of program participants who report their personal assistant has never taken any of their possessions without permission.

Numerator: Number of program participants who report their personal assistant has never taken any of their possessions without permission. (Total number of 'no' responses to question 91.)

Denominator: Number of program participants. (Total number of responses to question 91 of the Maine Experience Survey: Consumer Directed.)

Ind.# Indicator

Related Survey 91 Have any of your P.A.s ever taken your things without asking?
Question(s):

45 Good health status

Description: Percent of program participants who report their overall current health is good or better.

Numerator: Number of program participants who report their overall current health is good or better. (Total number of 'excellent', 'very good' or 'good' responses to question 99.)

Denominator: Number of program participants. (Total number of responses to question 99 of the Maine Experience Survey: Consumer Directed.)

Related Survey 99 How would you rate your current health overall? Would you say excellent, very good, good, fair or poor?
Question(s):

Quality Measurement Surveys

Survey: Maine Experience Survey: Consumer-Directed Developer: The MEDSTAT Group, Inc. / Muskie School at USM / Maine Dept. of Health & Human Services

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Section: Need Assessments

The first set of questions is about the assessment done by Goold Health Systems to determine your need for services. We understand that an assessment is required at least once a year for the services you are receiving.

Question	Answers	Score	Skip Pattern
1	Thinking about your most recent assessment, was the assessment done on time, before the reassessment due date? 1 Yes 2 No 3 Unsure 4 No response		Go to Q. 2 Go to Q. 2 Go to Q. 2
2	If not, why not?		
3	During the assessment, could you ask questions if you wanted? 1 Yes 2 No 3 Unsure 4 No response		
4	Did you participate as much as you wanted to in developing your plan of care? 1 Yes 2 No 3 Unsure 4 No response		Go to Q.6 Go to Q.6 Go to Q.6
5	If not, why not?		
6	Did the nurse who assessed you ask you what you wanted for services? 1 Yes 2 No 3 Unsure 4 No response		
7	Did the nurse who assessed you explain what services you could get? 1 Yes 2 No 3 Unsure 4 No response		
8	Did the nurse who assessed you have trouble understanding your situation? 1 Yes 2 No 3 Unsure 4 No response		
9	Did the nurse ignore your opinion about the care you needed? 1 Yes 2 No 3 Unsure 4 No response		

Maine Experience Survey: Consumer-Directed

Section: Need Assessments

The first set of questions is about the assessment done by Goold Health Systems to determine your need for services. We understand that an assessment is required at least once a year for the services you are receiving.

Question	Answers	Score	Skip Pattern
10	Did you receive information on how to file an appeal if you disagreed with the decision made by the nurse who assessed you? 1 Yes 2 No 3 Unsure 4 No response		
11	How did your assessment done by the assessment agency compare to what you expected? 1 Better than you expected (Explain) 2 Same as you expected 3 Worse than you expected (Explain) 4 You didn't know what to expect 5 Unsure 6 No response		
12	How satisfied were you with the outcome of the assessment? 1 Very satisfied 2 Satisfied 3 Not satisfied 4 Very dissatisfied 5 Unsure 6 No response		
13	How satisfied are you with the overall process of assessment done by the assessment agency? 1 Very satisfied 2 Satisfied 3 Not satisfied 4 Very dissatisfied 5 Unsure 6 No response		
14	Would you recommend having an assessment to a friend who needed services?		

Section: Personal Assistants

The next several questions are about the personal assistants (P.A.s) you hire through the consumer-directed waiver.

Question	Answers	Score	Skip Pattern
15	How many P.A.s do you currently have, not including any back-up or standby P.A.s? 0 NONE 1 If the answer is not NONE, then		Go to Q.17
16	If none, why?		
17	Of your current P.A.s that are not back-up or standby, are one or more a family member, relative, or a significant other?		
18	Now I want to ask you about your back-up or standby P.A.s. How many back-up or standby P.A.s do you have? 0 If the answer is NONE, then		Go to Q.20
19	Of your current back-up or standby P.A.s, are one or more a family member, relative, or significant other?		
20	How have you located the P.A.s you did not already know?		
21	What is the longest time it has taken you to find and hire a P.A.? 1 One week or less 2 Two weeks or less 3 One month or less 4 More than one month 5 Unsure 6 No Response		Go to Q.24 Go to Q.24 Go to Q.24 Go to Q.24 Go to Q.24 Go to Q.24

Maine Experience Survey: Consumer-Directed

Section: Personal Assistants

The next several questions are about the personal assistants (P.A.s) you hire through the consumer-directed waiver.

Question	Answers	Score	Skip Pattern
22	What caused the delay?		
23	What did you do in the meantime?		
24	Who do you consider to be your main P.A.?		
25	Did you choose your main P.A. from among more than one applicant? 1 Yes 2 No 3 Not applicable (only wanted one) 4 Unsure		
26	Would you recommend your main P.A. to a friend who needed the same kind of assistance? 1 Yes 2 No 3 Unsure 4 No response		
27	In the past year did you find it difficult to keep P.A.s? 1 Yes 2 No 3 Unsure 4 No response		Go to Q.29 Go to Q.29 Go to Q.29
28	Why did you find it difficult to retain P.A.s?		
29	Do you receive enough training from the independent living center on how to hire your P.A.s? 1 Yes 2 No 3 Unsure 4 No response		
30	Do you receive enough training from the independent living center on how to train your P.A.s? 1 Yes 2 No 3 Unsure 4 No response		
31	Do you receive enough training from the independent living center on how to manage your P.A.s? 1 Yes 2 No 3 Unsure 4 No response		
32	Do you receive enough training from the independent living center on how to resolve problems with your P.A.s? 1 Yes 2 No 3 Unsure 4 No response		
33	Do you receive enough training from the independent living center on how to develop a back-up plan? 1 Yes 2 No 3 Unsure 4 No response		
34	What additional training or assistance would you like?		

Maine Experience Survey: Consumer-Directed

Section: Personal Assistants

The next several questions are about the personal assistants (P.A.s) you hire through the consumer-directed waiver.

Question	Answers	Score	Skip Pattern
35	Do you have any medical or other needs, such as catheter care, ventilator care, or use of a Hoyer lift, that require special training? 1 Yes 2 No 3 Unsure 4 No response		 Go to Q.38 Go to Q.38 Go to Q.38
36	What specific needs do you have that require special training?		
37	Do you have enough support available for training your P.A. in these skills? 1 Yes 2 No 3 Unsure 4 No response		
38	In the past year, have you ever been unhappy with the way your P.A.s perform their work? 1 Yes 2 No 3 Unsure 4 No response		 Go to Q.40 Go to Q.40 Go to Q.40
39	With which aspects of your P.A.s performance have you been unhappy?		
40	What actions do you take if a P.A. repeatedly does not do what you ask him/her to do? 1 Nothing 2 Other - record response 3 No response		 Go to Q.42 Go to Q.42
41	Why do you do nothing?		
42	Has a P.A. ever asked you to sign a timesheet that was not accurate? 1 Yes 2 No 3 Unclear response 4 No response		 Go to Q.45 Go to Q.45 Go to Q.45
43	What happened?		
44	What actions did you take?		
45	Have you ever fired one of your P.A.s? 1 Yes 2 No 3 Unsure 4 No response		 Go to Q.47 Go to Q.47 Go to Q.47
46	Why did you fire this person?		
47	In the last 60 days, have you ever been unable to complete a personal care task because you didn't have someone to assist you? 1 Yes 2 No 3 Unsure 4 No response		 Go to Q.50 Go to Q.50 Go to Q.50
48	What task(s) were you unable to do because no one was there to assist you?		

Maine Experience Survey: Consumer-Directed

Section: Personal Assistants

The next several questions are about the personal assistants (P.A.s) you hire through the consumer-directed waiver.

Question	Answers	Score	Skip Pattern
49	Why was there no one to assist you? 1 Not enough hours 2 PA didn't show up 3 Other 4 Unsure 5 No response		
50	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 assist you? 1 Yes 2 No 3 Unsure 4 No response		Go to Q.54 Go to Q.54 Go to Q.54
51	What task(s) were you unable to do because there wasn't someone to assist you?		
52	Why was there no one to assist you? 1 Not enough hours 2 PA didn't show up 3 Other 4 Unsure 5 No response		
53	Specify if 'Other'		
54	Can you always get to the doctor's office or grocery store when you need to? 1 Yes 2 No 3 Unsure 4 No response		

Section: Independent Living Center

These next several questions are about the independent living specialists and other staff at the independent living center.

Question	Answers	Score	Skip Pattern
55	Thinking about the Independent Living Center's most recent visit, was it difficult to schedule that visit? 1 Yes 2 No 3 Unsure 4 No response		Go to Q.57 Go to Q.57 Go to Q.57
56	If yes, why was the visit difficult to schedule?		
57	At the Independent Living Center's most recent visit did you discuss: (check all that apply) 1 P.A.'s job description 2 P.A.'s job performance 3 Backup plans 4 Training needs 5 Adaptive equipment 6 Home modifications 7 Appeals 8 Other resources 9 Other		

Maine Experience Survey: Consumer-Directed

Section: Independent Living Center

These next several questions are about the independent living specialists and other staff at the independent living center.

Question	Answers	Score	Skip Pattern
58	When your P.A.'s job description was developed, did you participate as much as you wanted in developing that job description? 1 No 2 Happened with a former PA/situation was resolved 3 Unsure 4 No response		
59	How satisfied are you with the visits you've had from the Independent Living Center? 1 Very satisfied 2 Satisfied 3 Not satisfied 4 Very dissatisfied 5 Unsure 6 No response		
60	Can you talk to an the independent living services staff person when you need to? 1 Yes 2 No 3 Sometimes 4 No applicable - have not tried 5 Unsure 6 No response		Go to Q.62
61	Do the independent living center staff respond to your call within 24 hours? 1 Yes 2 No 3 Sometimes 4 Unsure 5 No response		
62	Do the independent living center staff help you when you ask for something? 1 Yes 2 No 3 Sometimes 4 Not applicable (have not called) 5 Unsure 6 No response		
63	Do the independent living center staff treat you with respect? 1 Yes 2 No 3 Sometimes 4 Unsure 5 No response		
64	Do you know who to contact if you have a complaint about the independent living center? 1 Yes 2 No 3 Unsure 4 No response		
65	Have you ever received information on how to file an appeal? 1 Yes 2 No 3 Unsure 4 No response		

Maine Experience Survey: Consumer-Directed

Section: Independent Living Center

These next several questions are about the independent living specialists and other staff at the independent living center.

Question	Answers	Score	Skip Pattern
66	Since you've been on the Consumer Directed waiver program, have you ever talked with anyone at the independent living center about any special equipment or changes to your home that might make your life easier? 1 Yes 2 No 3 Unsure 4 No response		Go to Q.70 Go to Q.70 Go to Q.70
67	What equipment or changes did you talk about?		
68	Did you get the equipment or make the changes you needed? 1 Yes 2 No 3 In process 4 Unsure 5 No response		Go to Q.70 Go to Q.70 Go to Q.70
69	Why not?		
70	Would additional adaptive equipment allow you to be more independent? 1 Yes 2 No 3 Unsure 4 No response		Go to Q.72 Go to Q.72 Go to Q.72
71	What kinds of equipment?		
72	How does your experience with directing your own P.A.s compare to what you expected? Would you say harder than you expected, the same, or easier than you expected? 1 Harder than I expected 2 Same as I expected 3 Easier than I expected 4 I didn't know what to expect 5 Unsure 6 No response		
73	Would you recommend the services and supports you get from the consumer-directed waiver to a friend who needed the same kind of assistance? 1 Yes 2 No 3 Unsure 4 No response		

Section: Back-up system

The next several questions are about your back-up system and supports you have in place in case your P.A. does not show up.

Question	Answers	Score	Skip Pattern
74	During the past month, how many times did your main P.A. not show up?		
75	Please describe your backup system.		
76	Have you ever had to use your back-up system? 1 Yes 2 No 3 Not applicable (My backup system is not adequate) 4 Unsure 5 No Response		Go to Q.78 Go to Q.78 Go to Q.78 Go to Q.78
77	How did it work?		

Maine Experience Survey: Consumer-Directed

Section: Back-up system

The next several questions are about your back-up system and supports you have in place in case your P.A. does not show up.

Question	Answers	Score	Skip Pattern
78	Have you ever felt unsafe because you did not have a P.A. present?		
	1 Yes		
	2 No		Go to Q.80
	3 Unsure		Go to Q.80
	4 No response		Go to Q.80
79	Please tell more about this.		

Section: Privacy and Respect

Now I would like to ask you about how you are treated by your P.A.s. The next several questions are about people who come to your home.

Question	Answers	Score	Skip Pattern
80	Do your P.A.s treat you respectfully in your home?		
	1 Yes		
	2 No		
	3 Sometimes		
	4 Unsure		
	5 No response		
81	Do your P.A.s respect your privacy in your home?		
	1 Yes		
	2 No		
	3 Unsure		
	4 No response		
82	Do your P.A.s respect confidentiality about your personal information?		
	1 Yes		
	2 No		
	3 Unsure		
	4 No response		
83	Do your P.A.s listen carefully to what you ask them to do in your house?		
	1 Yes		
	2 No		
	3 Sometimes		
	4 Unsure		
	5 No response		

Section: Problems with P.A.s

These next several questions ask if you have been mistreated by your P.A.s. They are asked of everyone, regardless of who they have as their P.A. If you need help with a problem you are having, you can call any of the numbers on the card that I gave you.

Question	Answers	Score	Skip Pattern
84	Have you ever been injured by any of your P.A.s?		
	1 Yes		
	2 No		Go to Q.88
	3 Unsure		Go to Q.88
	4 No response		Go to Q.88
85	What happened?		
86	When did this happen?		
87	Would you like any help with this problem?		
	1 No		
	2 Happened with a former PA/situation was resolved		
	3 Unsure		
	4 No response		

Maine Experience Survey: Consumer-Directed

Section: Problems with P.A.s

These next several questions ask if you have been mistreated by your P.A.s. They are asked of everyone, regardless of who they have as their P.A. If you need help with a problem you are having, you can call any of the numbers on the card that I gave you.

Question	Answers	Score	Skip Pattern
88	Are any of your P.A.s mean to you, or do they yell at you?		
	1 Yes		
	2 No		Go to Q.91
	3 Sometimes		
	4 Unsure		Go to Q.91
	5 No response		Go to Q.91
89	What happens?:		
90	Would you like any help with this problem?		
	1 No		
	2 Happened with a former PA/situation was resolved		
	3 Unsure		
	4 No response		
91	Have any of your P.A.s ever taken your things without asking?		
	1 Yes		
	2 No		Go to Q.95
	3 Unsure		Go to Q.95
	4 No response		Go to Q.95
92	What happened?		
93	When did this happen?		
94	Would you like any help with this problem?		
	1 No		
	2 Happened with a former PA/situation was resolved		
	3 Unsure		
	4 No response		

Section: Access to Computers

This set of questions has to do with your access to computers.

Question	Answers	Score	Skip Pattern
95	Is there a computer with Internet access that you use in your home?		
	1 Yes		Go to Q.97
	2 No		
	3 Unsure		
	4 No response		
96	Is there a computer with Internet access that you use somewhere else?		
	1 Yes		
	2 No		Go to Q.99
	3 Unsure		Go to Q.99
	4 No response		Go to Q.99
97	Would you complete a survey like this one if it were available on the Internet?		
	1 Yes		Go to Q.99
	2 No		
	3 Unsure		
	4 No response		Go to Q.99
98	If not, why not?		

Maine Experience Survey: Consumer-Directed

Section: Closing Section

And finally:

Question	Answers	Score	Skip Pattern
99	How would you rate your current health overall? Would you say excellent, very good, good, fair or poor? 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 6 Unsure 7 No response		
100	Is there anything else you want to add to the survey about the services you receive?		
101A	Were there other people present during the interview? 1 Yes 2 No		Go to Q.102
101B	Who was present? 1 Spouse 2 Parent 3 Family 4 P.A. 5 Other		
102	Did the respondent want (this person/these people) present? 1 Yes 2 No 3 Unsure		
103	Were there any other factors affecting the interview (e.g. outside noise, respondent hearing loss, disruption by staff or others, etc.)? 1 Yes 2 No		Go to Q.97
104	Please describe. (Question asked of interviewer)		
105	Please describe the respondent's overall state during the interview process. (Question asked of interviewer)		
106A	Did someone other than the consumer answer the survey questions? 1 Yes 2 No 3 Some questions/shared responses 4 Don't know 5 NA		END END END
106B	Who answered for the consumer? 1 Staff 2 Other Family 3 Spouse 4 Parent 5 Other 6 NA		

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: National Core Indicators

Developer: Human Services Research Institute & the National Assoc. of State Directors of Developmental Disabilities Services

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HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator	1	2	3	4	5	6	7
1	The average monthly earnings of people who have jobs in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The average number of hours worked per month for people with jobs in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	The percent of people earning at or above the state minimum wage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Of people who have a job in the community, the percent who were continuously employed during the previous year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Of people who have a job in the community, the percent who receive job benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Of people who have a job in the community, the average length of time people have been working at their current job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	The proportion of people who participate in everyday integrated activities in their communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	The proportion of people who make choices about their everyday lives, including: housing, roommates, daily routines, jobs, support staff or providers, and social activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	The proportion of people who report having been provided options about where to live and work.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	The proportion of people who control their own budgets.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	The proportion of people who have friends and caring relationships with people other than support staff and family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	The proportion of people who have a close friend, someone they can talk to about personal things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	The proportion of people who are able to see their families and friends when they want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	The proportion of people who feel lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	The proportion of people who are satisfied with where they live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	The proportion of people who are satisfied with their job or day program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	The proportion of people who are satisfied with [life in general, personal life].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	The proportion of people reporting that service coordinators help them get what they need.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

National Core Indicators

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator								
20	The proportion of people who know their service coordinators.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	The proportion of people who report that their service coordinators asked about their preferences.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	The proportion of voting members on provider agency boards of directors who are primary consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	The proportion of voting members on provider agency boards of directors who are family members of primary consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24	The proportion of individuals age 18 and over who are supported to live in a home of their own compared to the total number of persons who receive residential services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25	The proportion of individuals age 18 and over who receive residential services in living arrangements that serve three or fewer persons with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26	The proportion of individuals age 18 and over who are supported in community integrated employment compared to the total number of adults who receive day services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27	The proportion of individuals supported through the HCBS waiver program compared to the total number of persons who receive Medicaid long-term services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28	The proportion of HCBS waiver participants who receive supports in a home of their own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29	The proportion of individuals who direct their own services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Proportion of expenditures devoted to community services compared to total expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31	Proportion of Medicaid expenditures devoted to Medicaid HCBS compared to total Medicaid long-term services expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32	Total state expenditures for developmental disabilities adjusted for state population size and economic variables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33	Total Medicaid long term services expenditures adjusted for state population size and economic variables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34	Expenditures per person for Medicaid long-term services, adjusted for economic and other variables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	The proportion of people served, by race and ethnicity, relative to their proportions in the general population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	The number of persons age 18 and over who receive services per 100,000 adults in the population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37	The proportion of persons age 18 and over who receive services compared to the estimated number of adults with a developmental disability in a state's population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38	The number of persons age 18 and over who receive residential services per 100,000 adults in the population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39	The number of persons age 18 and over who live with their families and receive in-home supports per 100,000 adults in the population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	The proportion of persons age 18 and over who receive residential services compared to the number who need such services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	The number of individuals age 18 and over who receive day services per 100,000 adults in the population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42	The number of children and youth who receive residential services or are in households who benefit from family support per 100,000 children and youth in the population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	The number of children in households who benefit from family support per 100,000 children and youth in the population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44	The number of individuals overall and by program who receive Medicaid long-term services per 100,000 persons in the population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

National Core Indicators

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator							
45	The proportion of people reporting that they received support to learn or do something new in the past year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	The proportion of people who report having adequate transportation when they want to go somewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	The rate at which people report that “needed” services were not available.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	The mortality rate of the served MR/DD population compared to the general area population, by age, by cause of death (natural or medico-legal), and by MR or DD diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	The incidence of serious injuries reported among people with MR/DD in the course of service provision, during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	The proportion of people who were victims of selected crimes reported to a law enforcement agency during the past year, by type of crime (rape, aggravated assault, and theft).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	The proportion of people who report that they feel safe in their home and neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	The proportion of people who have had a physical exam in the past year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	The proportion of women who have had an OB/GYN exam in the past year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	The proportion of people who have had a routine dental exam in the past six months.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	The proportion of people taking psychotropic medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	The proportion of people who maintain healthy habits in such areas as smoking, weight, and exercise.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	The incidence of restraints reported in the past year, by type of restraint and by living arrangement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	The incidence of serious injuries resulting from the use of restraints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	The proportion of people who have an “advocate” or someone who speaks on their behalf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	The proportion of people whose basic rights are respected by others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	The proportion of people who have participated in activities of self-advocacy groups or other groups that address rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	The proportion of people who report satisfaction with the amount of privacy they have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	The proportion of people indicating that most support staff treat them with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	The crude separation rate, defined as the proportion of direct contact staff separated in the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	Average length of service for all direct contact staff who separated in the past year, and for all currently employed direct contact staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	The vacancy rate, defined as the proportion of direct contact positions that were vacant as of a specified date.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	The proportion of individuals who report that staff are competent to provide services and supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	The proportion of families/consumers who report they are informed about the array of existing and potential resources (including information about their family member's disability, services and supports, and public benefits), in a way that is easy to understand.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

National Core Indicators

HCBS Quality Framework Domains

7. System performance

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3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator								
69	The proportion of families who report they have the information needed to skillfully plan for their services and supports.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	The proportion of families reporting that their support plan includes or reflects things that are important to them.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	The proportion of families who report that staff who assist with planning are knowledgeable and respectful.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	The proportion of families reporting that they control their own budgets/supports (i.e. they choose what supports/goods to purchase).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	The proportion of families who report they choose, hire and manage their service/support providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	The proportion of families who report that staff are respectful of their choices and decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	The proportion of eligible families who report having access to an adequate array of services and supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	The proportion of families who report that services/supports are available when needed, even in a crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	The proportion of families reporting that staff or translators are available to provide information, services and supports in the family/family member's primary language/method of communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78	The proportion of families who report that service and support staff/providers are available and capable of meeting family needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	The proportion of families who report that services/supports are flexible to meet their changing needs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	The proportion of families who indicate that services/supports provided outside of the home (e.g., day/employment, residential services) are done so in a safe and healthy environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	The proportion of families/family members who participate in integrated activities in their communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
82	The proportion of families who report they are supported in utilizing natural supports in their communities (e.g., family, friends, neighbors, churches, colleges, recreational services).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	The proportion of families/guardians of individuals not living at home who report the extent to which the system supports continuing family involvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84	The proportion of families who report satisfaction with the information and supports received, and with the planning, decision-making, and grievance processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
85	The proportion of families who feel that services and supports have helped them to better care for their family member living at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: Maine Core Indicators

Developer: Maine Department of Health & Human Services: Behavioral and Developmental Services

40 State House Station
Augusta, ME 04333-0040

Usage Restrictions: © 2003 HSRI, Inc. Permission to use the survey instruments is granted for the purposes of the National Core Indicators only. For other purposes, permission must be requested in writing from HSRI.

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator	1. Participant Access	2. Participant-centered service planning & delivery	3. Provider capacity & capabilities	4. Participant safeguards	5. Participant rights & responsibilities	6. Participant outcomes and satisfaction	7. System performance
1	The number of days in the past month people report that their normal routines were interrupted due to illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	The proportion of people receiving psychotropic medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	The proportion of people who have had a physical exam in the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The proportion of women who have had an OB/GYN exam in the past year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The proportion of people who have had a routine dental exam in the past six months.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The proportion of people who have changed residences more than once in the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	The proportion of people who are exercising self-determination with regard to the services they receive.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	The proportion of people who are satisfied with their job or day program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	The proportion of people indicating that most support staff treat them with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	The proportion of people who report having friends and caring relationships with people other than support staff and family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	The proportion of people who report having a close friend, someone they can talk to about private matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	The proportion of people who are able to see their families and friends when they want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	The proportion of people who feel lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	The proportion of people who are satisfied with where they live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	The proportion of people who report satisfaction with the amount of privacy they have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	The proportion of people who report that they feel safe in their home and neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	The proportion of people who report that they know their service coordinators.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	The proportion of people reporting that service coordinators help them get what they need.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	The proportion of people reporting that their service coordinators asked them what they want.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maine Core Indicators

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator							
20	The proportion of people who know their “advocate” or guardian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	The proportion of people reporting that they received support to learn or do new things they want to do.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	The proportion of people who participate in integrated activities in their communities, including: shopping, using public services, attending arts/entertainment events, dining out, attending religious/events, or attending clubs/community meetings .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	The proportion of people who exercise or play sports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	The proportion of people who make choices about important life decisions, including: housing, roommates, support staff or providers, daily routines, social activities, jobs, and service coordinators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	The proportion of people reporting that they choose what to buy with their own spending money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	The proportion of people whose basic rights are respected by others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	The proportion of people who have participated in activities of self-advocacy groups or other groups that address rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	The rate at which people report that “needed” services were not available.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	The proportion of people who report having adequate transportation when they want to go somewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: MHSIP Consumer Survey (Version 1.1 - February 2000)

Developer: Mental Health Statistics Improvement Program

Ray Bottger
 Oklahoma Dept. of MH/SA
 P.O. Box 53277
 Oklahoma City, OK 73152

Website: <http://www.mhsip.org>

Usage Restrictions: This instrument is in the public domain and may be used without having to obtain prior permission.

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator							
1	I like the services that I received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	If I had other choices, I would still get services from this agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	The location of services was convenient (parking, public transportation, distance, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Staff were willing to see me as often as I felt it was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Staff returned my call in 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Services were available at times that were good for me.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I was able to get all the services I thought I needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I was able to see a psychiatrist when I wanted to.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Staff here believe that I can grow, change and recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I felt comfortable asking questions about my treatment and medication.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I felt free to complain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I was given information about my rights.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Staff encouraged me to take responsibility for how I live my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Staff told me what side effects to watch out for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Staff respected my wishes about who is and who is not to be given information about my treatment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I, not staff, decided my treatment goals.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Staff were sensitive to my cultural background (race, religion, language, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator							
19	Staff helped me obtain the information I needed so that I could take charge of my managing my illness.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	As a direct result of services I received: I deal more effectively with daily problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	As a direct result of services I received: I am better able to control my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	As a direct result of services I received: I am better able to deal with crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	As a direct result of services I received: I am getting along better with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	As a direct result of services I received: I do better in social situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26	As a direct result of services I received: I do better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27	As a direct result of services I received: My housing situation has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	As a direct result of services I received: My symptoms are not bothering me as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Quality Measurement Surveys

Survey: MHSIP Consumer Survey (Version 1.1 - February 2000)

Developer: Mental Health Statistics Improvement Program

Ray Bottger
Oklahoma Dept. of MH/SA
P.O. Box 53277
Oklahoma City, OK 73152

Usage Restrictions: This instrument is in the public domain and may be used without having to obtain prior permission.

Description: The MHSIP was designed to measure the quality of mental health services delivered in community-based settings. It is a written survey used by most state mental health agencies.
"In order to provide the best possible mental health services, we need to know what you think about the services you received during the last (specify time period), the people who provided it, and the results. There is space at the end of the survey to comment on any of your answers."
Please indicate your agreement/disagreement with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle the number 9, to indicate that this item is 'not applicable' to you"

Section:

"In order to provide the best possible mental health services, we need to know what you think about the services you received during the last (specify time period), the people who provided it, and the results. There is space at the end of the survey to comment on any of your answers."

Question	Answers	Score	Skip Pattern
01	I like the services that I received here.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
02	If I had other choices, I would still get services from this agency.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
03	I would recommend this agency to a friend or family member.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
04	The location of services was convenient (parking, public transportation, distance, etc.).		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	

MHSIP Consumer Survey (Version 1.1 - February 2000)

Section:

"In order to provide the best possible mental health services, we need to know what you think about the services you received during the last (specify time period), the people who provided it, and the results. There is space at the end of the survey to comment on any of your answers."

Question	Answers	Score	Skip Pattern
05	Staff were willing to see me as often as I felt it was necessary.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
06	Staff returned my call in 24 hours.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
07	Services were available at times that were good for me.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
08	I was able to get all the services I thought I needed.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
09	I was able to see a psychiatrist when I wanted to.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
10	Staff here believe that I can grow, change and recover.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
11	I felt comfortable asking questions about my treatment and medication.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	

MHSIP Consumer Survey (Version 1.1 - February 2000)

Section:

"In order to provide the best possible mental health services, we need to know what you think about the services you received during the last (specify time period), the people who provided it, and the results. There is space at the end of the survey to comment on any of your answers."

Question	Answers	Score	Skip Pattern
12	I felt free to complain.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
13	I was given information about my rights.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
14	Staff encouraged me to take responsibility for how I live my life.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
15	Staff told me what side effects to watch out for.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
16	Staff respected my wishes about who is and who is not to be given information about my treatment.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
17	I, not staff, decided my treatment goals.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
18	Staff were sensitive to my cultural background (race, religion, language, etc.)		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	

MHSIP Consumer Survey (Version 1.1 - February 2000)

Section:

"In order to provide the best possible mental health services, we need to know what you think about the services you received during the last (specify time period), the people who provided it, and the results. There is space at the end of the survey to comment on any of your answers."

Question	Answers	Score	Skip Pattern
19	Staff helped me obtain the information I needed so that I could take charge of my managing my illness.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
21	As a direct result of services I received: I deal more effectively with daily problems.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
22	As a direct result of services I received: I am better able to control my life.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
23	As a direct result of services I received: I am better able to deal with crisis.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
24	As a direct result of services I received: I am getting along better with my family.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
25	As a direct result of services I received: I do better in social situation.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	

MHSIP Consumer Survey (Version 1.1 - February 2000)

Section:

"In order to provide the best possible mental health services, we need to know what you think about the services you received during the last (specify time period), the people who provided it, and the results. There is space at the end of the survey to comment on any of your answers."

Question	Answers	Score	Skip Pattern
26	As a direct result of services I received: I do better in school and/or work.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
27	As a direct result of services I received: My housing situation has improved.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	
28	As a direct result of services I received: My symptoms are not bothering me as much.		
	1 Strongly Agree	1	
	2 Agree	2	
	3 I am Neutral	3	
	4 Disagree	4	
	5 Strongly Disagree	5	
	9 Not Applicable	9	

Quality Measurement Surveys

Survey: Behavioral Risk Factor Surveillance System (BRFSS) - 2002 Developer: Centers for Disease Control and Prevention: National Center for Chronic Disease Prevention and Health Promotion

Mail Stop K-47
4770 Buford Highway, NE
Atlanta, GA 30341-3717

Description: The CDC describes the BRFSS as, "the world's largest telephone survey." It is used to track health risks in the U.S. population.

Section: Health Status

Question	Answers	Score	Skip Pattern
CS01.1	Would you say that in general your health is: (72)		
	1 Excellent	1	
	2 Very good	2	
	3 Good	3	
	4 Fair	4	
	5 Poor	5	
	6 [Do not read] Don't know/Not sure	7	
	7 [Do not read] Refused	9	

Section: Health Care Access

Question	Answers	Score	Skip Pattern
CS02.1	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
CS02.2	Do you have one person you think of as your personal doctor or health care provider? If "no," ask "Is there more than one or is there no person who you think of?" (74)		
	1 Yes, only one	1	
	2 More than one	2	
	3 No	3	
	4 Don't know/Not sure	7	
	5 Refused	9	
CS02.3	When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say: (75)		
	1 A doctor's office	1	
	2 A public health clinic or community health center	2	
	3 A hospital outpatient department	3	
	4 A hospital emergency room	4	
	5 Urgent care center	5	
	6 Some other kind of place	6	
	7 No usual place	8	
	8 [Do not read] Don't know	7	
	9 [Do not read] Refused	9	
	10 Health Care Access	7	
CS02.4	Was there a time in the past 12 months when you needed medical care, but could not get it? (76)		
	1 Yes	1	Go to 2.5
	2 No	2	Go to next section
	3 Don't know	7	Go to next section
	4 Refused	9	Go to next section

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Health Care Access

Question	Answers	Score	Skip Pattern
CS02.5	What is the main reason you did not get medical care? [Note: if more than one instance ask about the most recent.] Would you say: (77-78)		
	1 Cost [Include no insurance]	1	
	2 Distance	2	
	3 Office wasn't open when I could get there.	3	
	4 Too long a wait for an appointment	4	
	5 Too long a wait in waiting room	5	
	6 No child care	6	
	7 No transportation	7	
	8 No access for people with disabilities	8	
	9 The medical provider didn't speak my language.	9	
	10 Other	10	
	11 [Do not read] Don't know/ Not sure	77	
	12 [Do not read] Refused	99	

Section: Exercise

Question	Answers	Score	Skip Pattern
CS03.1	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (79)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Section: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

Question	Answers	Score	Skip Pattern
CS04.1	How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)		
	1 __ Per day	1	
	2 __ Per week	2	
	3 __ Per month	3	
	4 __ Per year	4	
	5 Never	5 5 5	
	6 Don't know/Not sure	7 7 7	
	7 Refused	9 9 9	
CS04.2	Not counting juice, how often do you eat fruit? (83-85)		
	1 __ Per day	1	
	2 __ Per week	2	
	3 __ Per month	3	
	4 __ Per year	4	
	5 Never	5 5 5	
	6 Don't know/Not sure	7 7 7	
	7 Refused	9 9 9	
CS04.3	How often do you eat green salad? (86-88)		
	1 __ Per day	1	
	2 __ Per week	2	
	3 __ Per month	3	
	4 __ Per year	4	
	5 Never	5 5 5	
	6 Don't know/Not sure	7 7 7	
	7 Refused	9 9 9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

Question	Answers	Score	Skip Pattern
CS04.4	How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (89-91)		
	1 Per day	1	
	2 Per week	2	
	3 Per month	3	
	4 Per year	4	
	5 Never	5 5 5	
	6 Don't know/Not sure	7 7 7	
	7 Refused	9 9 9	
CS04.5	How often do you eat carrots? (92-94)		
	1 __ Per day	1	
	2 __ Per week	2	
	3 __ Per month	3	
	4 __ Per year	4	
	5 Never	5 5 5	
	6 Don't know/Not sure	7 7 7	
	7 Refused	9 9 9	
CS04.6	Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? Example: A serving of vegetables at both lunch and dinner would be two servings (95-97)		
	1 __ Per day	1	
	2 __ Per week	2	
	3 __ Per month	3	
	4 __ Per year	4	
	5 Never	5 5 5	
	6 Don't know/Not sure	7 7 7	
	7 Refused	9 9 9	

Section: Asthma

Question	Answers	Score	Skip Pattern
CS05.1	Have you ever been told by a doctor, nurse or other health professional that you had asthma ? (98)		
	1 Yes	1	
	2 No	2	Go to Q6.1
	3 Don't know/Not sure	7	Go to Q6.1
	4 Refused	9	Go to Q6.1
CS05.2	Do you still have asthma? (99)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Section: Diabetes

Question	Answers	Score	Skip Pattern
CS06.1	Have you ever been told by a doctor that you have diabetes? (100) If "Yes" and female, ask "Was this only when you were pregnant"		
	1 Yes	1	
	2 Yes, but female told only during pregnancy	2	
	3 No	3	
	4 Don't know/Not sure	7	
	5 Refused	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Oral Health

Question	Answers	Score	Skip Pattern
CS07.1	How long has it been since you last visited a dentist or a dental clinic for any reason? (101) [Read Only if Necessary]		Include visits to dental specialists, such as orthodontists.
	1 Within the past year (anytime less than 12 months ago)	1	
	2 Within the past 2 years (1 year but less than 2 years ago)	2	
	3 Within the past 5 years (2 years but less than 5 years ago)	3	
	4 5 or more years ago	4	
	5 Don't know/Not sure	7	
	6 Never	8	
	7 Refused	9	
CS07.2	How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (102)		Include teeth lost due to "infection"
	1 1 to 5	1	
	2 6 or more but not all	2	
	3 All	3	
	4 None	8	
	5 Don't know/Not sure	7	
	6 Refused	9	
CS07.3	[IF Q7.1 = 8/NEVER OR Q7.2 = 3/ALL, SKIP TO NEXT SECTION] How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (103) [Read Only if Necessary]		
	1 Within the past year (anytime less than 12 months ago)	1	
	2 Within the past 2 years (1 year but less than 2 years ago)	2	
	3 Within the past 5 years (2 years but less than 5 years ago)	3	
	4 5 or more years ago	4	
	5 Don't know/Not sure	7	
	6 Never	8	
	7 Refused	9	

Section: Immunization

Question	Answers	Score	Skip Pattern
CS08.1	During the past 12 months, have you had a flu shot? (104)		
	1 Yes	1	
	2 No	2	Go to Q8.3
	3 Don't know/Not sure	7	Go to Q8.3
	4 Refused	9	Go to Q8.3
CS08.2	At what kind of place did you get your last flu shot? (105-106) [READ ONLY IF NECESSARY]		
	1 A doctor's office or health maintenance organization	1	
	2 A health department	2	
	3 Another type of clinic or health center [Example: a community health center]	3	
	4 A senior, recreation, or community center	4	
	5 A store [Examples: supermarket, drug store]	5	
	6 A hospital or emergency room	6	
	7 Workplace	7	
	8 Some other kind of place	8	
	9 Don't know	77	
	10 Refused	99	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Immunization

Question	Answers	Score	Skip Pattern
CS08.3	Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (107)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Section: Tobacco Use

Question	Answers	Score	Skip Pattern
CS09.1	Have you smoked at least 100 cigarettes in your entire life? (108) 5 packs= 100 cigarettes		
	1 Yes	1	
	2 No	2	Go to Q10.1
	3 Don't know/Not sure	7	Go to Q10.1
	4 Refused	9	Go to Q10.1
CS09.2	Do you now smoke cigarettes every day, some days, or not at all? (109)		
	1 Every day	1	
	2 Some days	2	
	3 Not at all	3	Go to Q10.1
	4 Refused	9	Go to Q10.1
CS09.3	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (110)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Section: Alcohol Consumption

Question	Answers	Score	Skip Pattern
CS10.1	A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least 1 drink of any alcoholic beverage? (111-113)		
	1 ___ Days per week	1	
	2 ___ Days in past 30	2	
	3 No drinks in past 30 days	8 8 8	Go to Q11.1
	4 Don't know/Not sure	7 7 7	
	5 Refused	9 9 9	Go to 11.1
CS10.2	On the days when you drank, about how many drinks did you drink on the average? (114-115)		
	1 Number of drinks:	—	
	2 Don't know/Not sure	7 7	
	3 Refused	9 9	
CS10.3	Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (116-117)		
	1 Number of times	—	
	2 None	8 8	
	3 Don't know/Not sure	7 7	
	4 Refused	9 9	
CS10.4	During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (118-119)		
	1 Number of times	—	
	2 None	88	
	3 Don't know/Not sure	77	
	4 Refused	99	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Use of Seatbelts

Question	Answers	Score	Skip Pattern
CS11.1	How often do you use seatbelts when you drive or ride in a car? (120)		
	1 Always	1	
	2 Nearly always	2	
	3 Sometimes	3	
	4 Seldom	4	
	5 Never	5	
	6 [Do not read] Don't know/Not sure	7	
	7 [Do not read] Never drive or ride in a car	8	
	8 [Do not read] Refused	9	

Section: Demographics

Question	Answers	Score	Skip Pattern
CS12.0	What is your age? (121-122)		
	1 Code age in years	—	
	2 Don't know/Not sure	0 7	
	3 Refused	0 9	
CS12.0	Are you Hispanic or Latino? (123)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
CS12.0	Which one or more of the following would you say is your race? (124-129) [Please Read] : Mark all that apply		
	1 White	1	
	2 Black or African American	2	
	3 Asian	3	
	4 Native Hawaiian or Other Pacific Islander	4	
	5 American Indian, Alaska Native	5	
	6 Other [specify]	6	
	7 No additional choices	8	
	8 [Do not read] Don't know/Not sure	7	
	9 [Do not read] Refused	9	
CS12.0	If more than one response to Q12.3, continue. Otherwise, go to Q12.5 Which one of these groups would you say best represents your race? (130)		
	1 White	1	
	2 Black or African American	2	
	3 Asian	3	
	4 Native Hawaiian or Other Pacific Islander	4	
	5 American Indian, Alaska Native	5	
	6 Other [specify]	6	
	7 Don't know/Not sure	7	
	8 Refused	9	
CS12.0	Are you: (131) [Please Read] :		
	1 Married	1	
	2 Divorced	2	
	3 Widowed	3	
	4 Separated	4	
	5 Never married	5	
	6 A member of an unmarried couple	6	
	7 [Do not read] Refused	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Demographics

Question	Answers	Score	Skip Pattern
CS12.0	How many children less than 18 years of age live in your household ? (132-133)		
	1 Number of children	—	
	2 None	8 8	
	3 Refused	9 9	
CS12.0	What is the highest grade or year of school you completed? (134) [Read Only if Necessary]:		
	1 Never attended school or only attended kindergarten	1	
	2 Grades 1 through 8 (Elementary)	2	
	3 Grades 9 through 11 (Some high school)	3	
	4 Grade 12 or GED (High school graduate)	4	
	5 College 1 year to 3 years (Some college or technical school)	5	
	6 College 4 years or more (College graduate)	6	
	7 Refused	9	
CS12.0	Are you currently: (135) [Please Read] :		
	1 Employed for wages	1	
	2 Self-employed	2	
	3 Out of work for more than 1 year	3	
	4 Out of work for less than 1 year	4	
	5 A Homemaker	5	
	6 A Student	6	
	7 Retired	7	
	8 Unable to work	8	
	9 [Do not read] Refused	9	
CS12.0	Is your annual household income from all sources: (136-137) [If respondent refuses at any income level, code refused Read as Appropriate:]		
	1 Less than \$25,000 (\$20,000 to less than \$25,000)	4	If "no," ask 05; if "yes," ask 03
	2 Less than \$20,000 (\$15,000 to less than \$20,000)	3	If "no," code 04; if "yes," ask 02
	3 Less than \$15,000 (\$10,000 to less than \$15,000)	2	If "no," code 03; if "yes," ask 01
	4 Less than \$10,000	1	If "no," code 02
	5 Less than \$35,000 (\$25,000 to less than \$35,000)	5	If "no," ask 06
	6 Less than \$50,000 (\$35,000 to less than \$50,000)	6	If "no," ask 07
	7 Less than \$75,000 (\$50,000 to less than \$75,000)	7	If "no," code 08
	8 \$75,000 or more	8	
	9 [Do not read] Don't know/Not sure	77	
	10 Refused	99	
CS12.1	About how much do you weigh without shoes? (138-140) [Round fractions up]		
	1 Weight (in pounds)	—	
	2 Don't know/Not sure	7 7 7	
	3 Refused	9 9 9	
CS12.1	About how tall are you without shoes? (141-143) [Round fractions down]		
	1 Height (in feet and inches)	—/—	
	2 Don't know/Not sure	7 7 7	
	3 Refused	9 9 9	
CS12.1	What county do you live in? (144-146)		
	1 FIPS county code	—	
	2 Don't know/Not sure	7 7 7	
	3 Refused	9 9 9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Demographics

Question	Answers	Score	Skip Pattern
CS12.1	Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (147)		
	1 Yes	1	
	2 No	2	Go to Q12.15
	3 Don't know/Not sure	7	Go to Q12.15
	4 Refused	9	Go to Q12.15
CS12.1	How many of these are residential numbers? (148)		
	1 Residential telephone numbers [6=6 or more]	—	
	2 Don't know/Not sure	7	
	3 Refused	9	
CS12.1	Indicate sex of respondent. Ask only if necessary (149)		
	1 Male	1	Go to Q13.1
	2 Female	2	
CS12.1	[If respondent 45 years old or older, go to Q13.1.] To your knowledge, are you now pregnant? (150)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Section: Family Planning

[If respondent is female and 45 years of age or older, or pregnant, or male 60 years or older, go to next section.] Questions are asked of females 18-44 years of age and males 18-59 years of age. The next few questions ask about pregnancy and ways to prevent pregnancy.

Question	Answers	Score	Skip Pattern
CS13.0	Are you or your [if female, insert husband/partner; if male, insert wife/partner] doing anything now to keep [if female, insert "you"; insert "her" if male] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo Provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. (If multiple partners, consider usual method.) (151)		
	1 Yes	1	
	2 No	2	Go to Q13.4
	3 No partner/not sexually active	3	Go to 14.1
	4 Same sex partner	4	Go to 14.1
	5 Don't know/Not sure	7	Go to 14.1
	6 Refused	9	Go to 14.1
CS13.0	What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing now to keep [if female, insert "you"; insert "her" if male] from getting pregnant? (152-153) (INTERVIEWER: Record respondent's condition if both have had sterilization procedures) [Read Only if Necessary]		
	1 Tubes tied (sterilization)	1	Go to 14.1
	2 Vasectomy (sterilization)	2	Go to 14.1
	3 Pill	3	
	4 Condoms	4	
	5 Foam, jelly, cream	5	
	6 Diaphragm	6	
	7 Norplant	7	
	8 IUD	8	
	9 Shots (Depo-Provera)	9	
	10 Withdrawal	10	
	11 Not having sex at certain times (rhythm)	11	
	12 No partner/Not sexually active	12	Go to 14.1
	13 Other method(s)	13	
	14 Don't know/not sure	77	Go to 14.1
	15 Refused	99	Go to 14.1

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Family Planning

[If respondent is female and 45 years of age or older, or pregnant, or male 60 years or older, go to next section.] Questions are asked of females 18-44 years of age and males 18-59 years of age. The next few questions ask about pregnancy and ways to prevent pregnancy.

Question	Answers	Score	Skip Pattern
CS13.0	What other method are you also using to prevent pregnancy? (154-155) [Read Only if Necessary]		
	1 Tubes tied (sterilization)	1	Go to 14.1
	2 Vasectomy (sterilization)	2	Go to 14.1
	3 Pill	3	Go to 14.1
	4 Condoms	4	Go to 14.1
	5 Foam, jelly, cream	5	Go to 14.1
	6 Diaphragm	6	Go to 14.1
	7 Norplant	7	Go to 14.1
	8 IUD	8	Go to 14.1
	9 Shots (Depo-Provera)	9	Go to 14.1
	10 Withdrawal	10	Go to 14.1
	11 Not having sex at certain times (rhythm)	11	Go to 14.1
	12 No partner/Not sexually active	12	Go to 14.1
	13 Other methods(s)	13	Go to 14.1
	14 NO other method(s)	87	Go to 14.1
	15 Don't know/not sure	77	Go to 14.1
	16 Go to 14.1	99	Refused
CS13.0	[FEMALES] What is your main reason for not doing anything to keep you from getting pregnant? [MALES] What is your main reason for not doing anything to keep your partner from getting pregnant? (156-157) [Read Only if Necessary]		
	1 Not sexually active/no partner	1	
	2 Didn't think was going to have sex/no regular partner	2	
	3 You want a pregnancy	3	
	4 You or your partner don't want to use birth control	4	
	5 You or your partner don't like birth control/fear side effects	5	
	6 You can't pay for birth control	6	
	7 Lapse in use of a method	7	
	8 Don't think you or your partner can get pregnant	8	
	9 You or your partner had tubes tied (sterilization)	9	
	10 You or your partner had a vasectomy (sterilization)	10	
	11 You or your partner had a hysterectomy	11	
	12 You or your partner are too old	12	
	13 You or your partner are currently breast-feeding	13	
	14 You or your partner just had a baby/postpartum	14	
	15 Other reason	15	
	16 Don't care if get pregnant	16	
	17 Same Sex Partner	17	
	18 Partner is pregnant now	18	
	19 Don't know/not sure	77	
	20 Refused	99	

Section: Women's Health

Question	Answers	Score	Skip Pattern
CS14.0	[If respondent is male, go to next section.] A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (158)		
	1 Yes	1	
	2 No	2	Go to Q14.3
	3 Don't know/Not sure	7	Go to Q14.3
	4 Refused	9	Go to Q14.3

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Women's Health

Question	Answers	Score	Skip Pattern
CS14.0	How long has it been since you had your last mammogram? (159) [Read Only if Necessary]		
	1 Within the past year (anytime less than 12 months ago)	1	
	2 Within the past 2 years (1 year but less than 2 years ago)	2	
	3 Within the past 3 years (2 years but less than 3 years ago)	3	
	4 Within the past 5 years (3 years but less 5 years ago)	4	
	5 5 or more years ago	5	
	6 Don't know/Not sure	7	
	7 Refused	9	
CS14.0	A clinical breast exam is when a doctor, nurse or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (160)		
	1 Yes	1	
	2 No	2	Go to Q14.5
	3 Don't know/Not sure	7	Go to Q14.5
	4 Refused	9	Go to Q14.5
CS14.0	How long has it been since your last breast exam? (161) [Read Only if Necessary]		
	1 Within the past year (anytime less than 12 months ago)	1	
	2 Within the past 2 years (1 year but less than 2 years ago)	2	
	3 Within the past 3 years (2 years but less than 3 years ago)	3	
	4 Within the past 5 years (3 years but less than 5 years ago)	4	
	5 5 or more years ago	5	
	6 Don't know/Not sure	7	
	7 Refused	9	
CS14.0	A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (162)		
	1 Yes	1	
	2 No	2	Go to Q14.7
	3 Don't know/Not sure	7	Go to Q14.7
	4 Refused	9	Go to Q14.7
CS14.0	How long has it been since you had your last Pap smear? (163) [Read Only if Necessary]		
	1 Within the past year (anytime less than 12 months ago)	1	
	2 Within the past 2 years (1 year but less than 2 years ago)	2	
	3 Within the past 3 years (2 years but less than 3 years ago)	3	
	4 Within the past 5 years (3 years but less than 5 years ago)	4	
	5 5 or more years ago	5	
	6 Don't know/Not sure	7	
	7 Refused	9	
CS14.0	[If response to Q 13.4 is 11 (had hysterectomy) or Q 12.16 is 1 (is pregnant) then go to next section] Have you had a hysterectomy? A hysterectomy is an operation to remove the uterus (womb) . (164)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Prostate Cancer Screening

Question	Answers	Score	Skip Pattern
CS15.1	[If respondent is 39 years old or younger, or is female, go to Q16.1] A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (165)		
	1 Yes	1	
	2 No	2	Go to Q15.3
	3 Don't Know/not Sure	7	Go to Q15.3
	4 Refused	9	Go to Q15.3
CS15.2	How long has it been since you had your last PSA test? (166) [Read Only if Necessary]		
	1 Within the past year (anytime less than 12 months ago)	1	
	2 Within the past 2 years (1 year but less than 2 years)	2	
	3 Within the past 3 years (2 years but less than 3 years)	3	
	4 Within the past 5 years (3 years but less than 5 years)	4	
	5 5 or more years ago	5	
	6 Don't know	7	
	7 Refused	9	
CS15.3	A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (167)		
	1 Yes	1	
	2 No	2	Go to Q15.5
	3 Don't know/Not sure	7	Go to Q15.5
	4 Refused	9	Go to Q15.5
CS15.4	How long has it been since your last digital rectal exam? (168)		
	1 Within the past year (anytime less than 12 months ago)	1	
	2 Within the past 2 years (1 year but less than 2 years)	2	
	3 Within the past 3 years (2 years but less than 3 years)	3	
	4 Within the past 5 years (3 years but less than 5 years)	4	
	5 5 or more years ago	5	
	6 Don't know/Not sure	7	
	7 Refused	9	
CS15.5	Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer? (169)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Section: Colorectal Cancer Screening

Question	Answers	Score	Skip Pattern
CS16.1	[If respondent 49 years old or younger, go to Q17.1] A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (170)		
	1 Yes	1	
	2 No	2	Go to Q16.3
	3 Don't know/Not sure	7	Go to Q16.3
	4 Refused	9	Go to Q16.3
CS16.2	How long has it been since you had your last blood stool test using a home kit? (171) [Read Only if Necessary]		
	1 Within the past year (anytime less than 12 months ago)	1	
	2 Within the past 2 years (1 year but less than 2 years ago)	2	
	3 Within the past 5 years (2 years but less than 5 years ago)	3	
	4 5 or more years ago	4	
	5 Don't know/Not sure	7	
	6 Refused	9	

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Section: Colorectal Cancer Screening

Question	Answers	Score	Skip Pattern
CS16.3	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (172)		
	1 Yes	1	
	2 No	2	Go to 17.1
	3 Don't know/Not sure	7	Go to 17.1
	4 Refused	9	Go to 17.1
CS16.4	How long has it been since you had your last sigmoidoscopy or colonoscopy? (173) [Read Only if Necessary]		
	1 Within the past year (anytime less than 12 months ago)	1	
	2 Within the past 2 years (1 year but less than 2 years ago)	2	
	3 Within the past 5 years (2 years but less than 5 years ago)	3	
	4 Within the past 10 years (5 years but less than 10 years ago)	4	
	5 10 or more years ago	5	
	6 Don't know/Not sure	7	
	7 Refused	9	

Section: HIV/AIDS

[If respondent is 65 years old or older, go to next section] The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

Question	Answers	Score	Skip Pattern
CS17.1	A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (174)		
	1 TRUE	1	
	2 FALSE	2	
	3 Don't know/Not Sure	7	
	4 Refused	9	
CS17.2	There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (175)		
	1 TRUE	1	
	2 FALSE	2	
	3 Don't know/Not Sure	7	
	4 Refused	9	
CS17.3	How important do you think it is for people to know their HIV status by getting tested? (176) Would you say: [Please Read]		
	1 Very important	1	
	2 Somewhat important	2	
	3 Not at all important	3	
	4 [Do not read] Depends on risk	8	
	5 Don't know/Not sure	7	
	6 Refused	9	
CS17.4	Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (177) [Include saliva tests]		
	1 Yes	1	
	2 No	2	Go to Q17.8
	3 Don't know/Not sure	7	Go to Q17.8
	4 Refused	9	Go to Q17.8

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Section: HIV/AIDS

[If respondent is 65 years old or older, go to next section] The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

Question	Answers	Score	Skip Pattern
CS17.5	Not including blood donations, in what month and year was your last HIV test? (178-183) Note: If response is before January 1985 code "don't know".	Include saliva tests. [Interviewer	
	1 Code month and year	___/___	
	2 Don't know/Not sure	7 7 7 7	
		7 7	
	3 Refused	9 9 9 9	
		9 9	
CS17.6	I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (184-185) [Please Read]		
	1 It was required	1	
	2 Someone suggested you should be tested	2	
	3 You thought you may have gotten HIV through sex or drug use	3	
	4 You just wanted to find out whether you had HIV	4	
	5 You were worried that you could give HIV to someone	5	
	6 IF FEMALE: You were pregnant	6	
	7 It was done as part of a routine medical check-up	7	
	8 Or you were tested for some other reason	8	
	9 [Do not read] Don't Know/Not Sure	7 7	
	10 Refused	9 9	
CS17.7	Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (186-187)		
	1 Private doctor or HMO	1	
	2 Counseling and testing site	2	
	3 Hospital	3	
	4 Clinic	4	
	5 In a jail or prison (or other correctional facility)	5	
	6 Home	6	
	7 Somewhere else	7	
	8 [Do not read] Don't Know/Not Sure	7 7	
	9 Refused	9 9	
CS17.8	I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one. (188) You have used intravenous drugs in the past year You have been treated for a sexually transmitted or venereal disease in the past year You have given or received money or drugs in exchange for sex in the past year You had anal sex without a condom in the past year Do any of these situations apply to you?		
	1 Yes	1	
	2 No	2	
	3 Don't Know/Not Sure	7	
	4 Refused	9	
CS17.9	The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (189)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

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Section: Firearms

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

Question	Answers	Score	Skip Pattern
CS18.1 Are any firearms kept in or around your home? (190)	1 Yes	1	
	2 No Go closing statement	2	
	3 Don't know/Not sure	7	Go to closing statement
	4 Refused	9	Go to closing statement
CS18.2 Are any of these firearms now loaded? (191)	1 Yes	1	
	2 No	2	Go to closing statement
	3 Don't know/Not sure	7	Go to closing statement
	4 Refused	9	Go to closing statement
CS18.3 Are any of these loaded firearms also unlocked? By "unlocked" we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (192)	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Section: Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation. OR Transition to Modules and/or State-added Questions

Question	Answers	Score	Skip Pattern
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Section: Diabetes

(optional questions)

Question	Answers	Score	Skip Pattern
OM01. [To be asked following core Q6.1 if response is "yes"] How old were you when you were told you have diabetes? (193-194)	1 Code age in years [97 = 97 and older]	—	
	2 Don't know/Not sure	9 8	
	3 Refused	9 9	
OM01. Are you now taking insulin? (195)	1 Yes	1	
	2 No	2	
	3 Refused	9	
OM01. Are you now taking diabetes pills? (196)	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM01. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (197-199)	1 Times per day	1	
	2 Times per week	2	
	3 Times per month	3	
	4 Times per year	4	
	5 Never	8 8 8	
	6 Don't know/Not sure	7 7 7	
	7 Refused	9 9 9	

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Section: Diabetes

(optional questions)

Question	Answers	Score	Skip Pattern
OM01.	About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (200-202)		
	1 Times per day	1	
	2 Times per week	2	
	3 Times per month	3	
	4 Times per year	4	
	5 Never	8 8 8	
	6 No feet	5 5 5	
	7 Don't know/Not sure	7 7 7	
	8 Refused	9 9 9	
OM01.	Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (203)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM01.	About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (204-205)		
	1 Number of times [76 = 76 or more]	—	
	2 None	8 8	
	3 Don't know/Not sure	7 7	
	4 Refused	9 9	
OM01.	A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (206-207)		
	1 Number of times [76 = 76 or more]	—	
	2 None	8 8	
	3 Never heard of hemoglobin "A one C" test	9 8	
	4 Don't know/Not sure	7 7	
	5 Refused	9 9	
OM01.	[If "no feet" to Q5, go to Q10] About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (208-209)		
	1 Number of times [76 = 76 or more]	—	
	2 None	8 8	
	3 Don't know/Not sure	7 7	
	4 Refused	9 9	
OM01.	When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (210) [Read Only if Necessary]		
	1 Within the past month (anytime less than 1 month ago)	1	
	2 Within the past year (1 month but less than 12 months ago)	2	
	3 Within the past 2 years (1 year but less than 2 years ago)	3	
	4 2 or more years ago	4	
	5 Never	8	
	6 Don't know/Not sure	7	
	7 Refused	9	
OM01.	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (211)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Diabetes

(optional questions)

Question	Answers	Score	Skip Pattern
OM01.	Have you ever taken a course or class in how to manage your diabetes yourself? (212)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Section: Hypertension Awareness

(optional questions)

Question	Answers	Score	Skip Pattern
OM02.	Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? (213) [If "Yes" and female, ask "Was this only when you were pregnant?"]		
	1 Yes	1	
	2 Yes, but female told only during pregnancy	2	Go to next module
	3 No	3	Go to next module
	4 Don't know/Not sure	7	Go to next module
	5 Refused	9	Go to next module
OM02.	Are you currently taking medicine for your high blood pressure? (214)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Section: Cholesterol Awareness

(optional questions)

Question	Answers	Score	Skip Pattern
OM03.	Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (215)		
	1 Yes	1	
	2 No	2	Go to next module
	3 Don't know/Not sure	7	Go to next module
	4 Refused	9	Go to next module
OM03.	About how long has it been since you last had your blood cholesterol checked? (216) [Read Only if Necessary]		
	1 Within the past year (anytime less than 12 months ago)	1	
	2 Within the past 2 years (1 year but less than 2 years ago)	2	
	3 Within the past 5 years (2 years but less than 5 years ago)	3	
	4 5 or more years ago	4	
	5 Don't know/Not sure	7	
	6 Refused	9	
OM03.	Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high? (217)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Physical Activity

(optional questions) [If "employed" or "self-employed" to core Q12.8, continue. Otherwise go to Q2.]

Question	Answers	Score	Skip Pattern
OM04.	When you are at work, which of the following best describes what you do? (218) [If respondent has multiple jobs, include all jobs.]	Would you say: [Please Read]	[If
	1 Mostly sitting or standing	1	
	2 Mostly walking	2	
	3 Mostly heavy labor or physically demanding work	3	
	4 [Do not read] Don't know/Not sure	7	
	5 Refused	9	
OM04.	We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate. Now, thinking about the moderate physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to core Q12.8] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (219)		
	1 Yes	1	
	2 No	2	Go to Q5
	3 Don't know/Not sure	7	Go to Q5
	4 Refused	9	Go to Q5
OM04.	How many days per week do you do these moderate activities for at least 10 minutes at a time? (220-221)		
	1 Days per week	—	
	2 Do not do any moderate physical activity for at least 10 minutes at a time	8 8	Go to Q5
	3 Don't know/Not sure	7 7	
	4 Refused	9 9	
OM04.	On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (222-224)		
	1 Hours and minutes per day	—	
	2 Don't know/Not sure	7 7 7	
	3 Refused	9 9 9	
OM04.	Now thinking about the vigorous physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to core Q12.8] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (225)		
	1 Yes	1	
	2 No	2	Go to next module
	3 Don't know/Not sure	7	Go to next module
	4 Refused	9	Go to next module
OM04.	How many days per week do you do these vigorous activities for at least 10 minutes at a time? (226-227)		
	1 Days per week	—	
	2 Do not do any vigorous physical activity for at least 10 minutes at a time	8 8	Go to next module
	3 Don't know/Not sure	7 7	Go to next module
	4 Refused	9 9	Go to next module
OM04.	On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (228-230)		
	1 Hours and minutes per day	—	
	2 Don't know/Not sure	7 7 7	
	3 Refused	9 9 9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Healthy Days - Health-Related Quality of Life

(optional questions) Earlier, I asked you to rate your general health as excellent, very good, good, fair, or poor.

Question	Answers	Score	Skip Pattern
OM05. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (231-232)	1 Number of days	—	
	2 None	8 8	
	3 Don't know/Not sure	7 7	
	4 Refused	9 9	
OM05. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (233-234)	1 Number of days	—	
	2 None	8 8	If Q1 also "None", skip to next module
	3 Don't know/Not sure	7 7	
	4 Refused	9 9	
OM05. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (235-236)	1 Number of days	—	
	2 None	8 8	
	3 Don't know/Not sure	7 7	
	4 Refused	9 9	

Section: Quality of Life

(optional questions)

Question	Answers	Score	Skip Pattern
OM06. Are you limited in any way in any activities because of physical, mental, or emotional problems? (237)	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM06. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? (238) Include occasional use or use in certain circumstances	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM06. [If "yes" to Q1 or "yes" to Q2, continue. Otherwise go to Q7.] What is your major impairment or health problem? (239-240) [Read Only if Necessary]	1 Arthritis/rheumatism	0 1	
	2 Back or neck problem	0 2	
	3 Fractures, bone/joint injury	0 3	
	4 Walking problem	0 4	
	5 Lung/breathing problem	0 5	
	6 Hearing problem	0 6	
	7 Eye/vision problem	0 7	
	8 Heart problem	0 8	
	9 Stroke problem	0 9	
	10 Hypertension/high blood pressure	1 0	
	11 Diabetes	1 1	
	12 Cancer	1 2	
	13 Depression/anxiety/emotional problem	1 3	
	14 Other impairment/problem	1 4	
	15 Don't know/Not sure	7 7	
	16 Refused	9 9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Quality of Life

(optional questions)

Question	Answers	Score	Skip Pattern
OM06.	For how long have your activities been limited because of your major impairment or health problem? (241-243)		
	1 Days	1	
	2 Weeks	2	
	3 Months	3	
	4 Years	4	
	5 Don't know/Not Sure	7 7 7	
	6 Refused	9 9 9	
OM06.	Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (244)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM06.	Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (245)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM06.	During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (246-247)		
	1 Number of days	—	
	2 None	8 8	
	3 Don't know/Not sure	7 7	
	4 Refused	9 9	
OM06.	During the past 30 days, for about how many days have you felt sad, blue, or depressed? (248-249)		
	1 Number of days	—	
	2 8 8		None
	3 7 7		Don't know/Not sure
	4 Refused	9 9	
OM06.	During the past 30 days, for about how many days have you felt worried, tense, or anxious? (250-251)		
	1 Number of days	—	
	2 None	8 8	
	3 Don't know/Not sure	7 7	
	4 Refused	9 9	
OM06.	During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (252-253)		
	1 Number of days	—	
	2 None	8 8	
	3 Don't know/Not sure	7 7	
	4 Refused	9 9	
OM06.	During the past 30 days, for about how many days have you felt very healthy and full of energy? (254-255)		
	1 Number of days	—	
	2 None	8 8	
	3 Don't know/Not sure	7 7	
	4 Refused	9 9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Health Care Coverage and Utilization

(optional questions)

Question	Answers	Score	Skip Pattern
OM07.	About how long has it been since you last visited a doctor for a routine checkup? (256) [Read Only if Necessary]: A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition		
	1 Within the past year (anytime less than 12 months ago)	1	
	2 Within the past 2 years (1 year but less than 2 years ago)	2	
	3 Within the past 5 years (2 years but less than 5 years ago)	3	
	4 5 or more years ago	4	
	5 Don't know/Not sure	7	
	6 Never	8	
	7 Refused	9	
OM07.	[If "no" to Q2.1 continue, else go to next module] Previously you said that you did not have any kind of health care coverage. What is the main reason you are without health care coverage? (257-258) [Read Only if Necessary]		
	1 Lost job or changed employers	0 1	
	2 Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]	0 2	
	3 Became divorced or separated	0 3	
	4 Spouse or parent died	0 4	
	5 Became ineligible because of age or because left school	0 5	
	6 Employer doesn't offer or stopped offering coverage	0 6	
	7 Cut back to part time or became temporary employee	0 7	
	8 Benefits from employer or former employer ran out	0 8	
	9 Couldn't afford to pay the premiums	0 9	
	10 Insurance company refused coverage	1 0	
	11 Lost Medicaid or Medical Assistance eligibility	1 1	
	12 Other	8 7	
	13 Don't know/Not sure	7 7	
	14 Refused	9 9	
OM07.	About how long has it been since you had health care coverage? (259) [Read Only if Necessary]		
	1 Within the past 6 months (anytime less than 6 months ago)	1	
	2 Within the past year (6 months but less than 12 months ago)	2	
	3 Within the past 2 years (1 year but less than 2 years ago)	3	
	4 Within the past 5 years (2 years but less than 5 years ago)	4	
	5 5 or more years ago	5	
	6 Don't know/Not sure	7	
	7 Never	8	
	8 Refused	9	

Section: Adult Asthma History

(optional questions) [If "yes" to core Q5.1, continue.] Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

Question	Answers	Score	Skip Pattern
OM08.	How old were you when you were first told by a doctor, nurse or other health professional that you had asthma? (260-261)		
	1 Age in years 11 or older [96 = 96 and older]	—	
	2 Age 10 or younger	9 7	
	3 Don't know/Not sure	9 8	
	4 Refused	9 9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Adult Asthma History

(optional questions) [If "yes" to core Q5.1, continue.] Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

Question	Answers	Score	Skip Pattern
OM08.	[If "yes" to core Q5.2, continue.] During the past 12 months, have you had an episode of asthma or an asthma attack? (262)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM08.	During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (263-264)		
	1 Number of visits [87 = 87 or more]	—	
	2 None	8 8	
	3 Don't know/Not sure	9 8	
	4 Refused	9 9	
OM08.	[If one or more visits to Q3, fill in (Besides those emergency room visits,)] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (265-266)		
	1 Number of visits [87 = 87 or more]	—	
	2 None	8 8	
	3 Don't know/Not sure	9 8	
	4 Refused	9 9	
OM08.	During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma? (267-268)		
	1 Number of visits [87 = 87 or more]	—	
	2 None	8 8	
	3 Don't know/Not sure	9 8	
	4 Refused	9 9	
OM08.	During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (269-271)		
	1 Number of days	—	
	2 None	8 8 8	
	3 Don't know/Not sure	7 7 7	
	4 Refused	9 9 9	
OM08.	Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? (272) Would you say: [Please Read]		
	1 Not at any time	8	Go to Q9
	2 Less than once a week	1	
	3 Once or twice a week	2	
	4 More than 2 times a week, but not every day	3	
	5 Every day, but not all the time	4	
	6 Every day, all the time	5	
	7 [Do not read] Don't know/Not sure	7	
	8 Refused	9	
OM08.	During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? (273) Would you say: [Please Read]		
	1 None	8	
	2 One or two	1	
	3 Three to four	2	
	4 Five	3	
	5 Six to ten	4	
	6 More than ten	5	
	7 [Do not read] Don't know/Not sure	7	
	8 Refused	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Adult Asthma History

(optional questions) [If "yes" to core Q5.1, continue.] Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

Question	Answers	Score	Skip Pattern
OM08.	During the past 30 days how often did you take asthma medication that was prescribed or given to you by doctor? This includes using an inhaler. (274) Would you say: [Please Read]		
	1 Didn't take any	8	
	2 Less than once a week	1	
	3 Once or twice a week	2	
	4 More than 2 times a week, but not every day	3	
	5 Once every day	4	
	6 2 or more times every day	5	
	7 [Do not read] Don't know/Not sure	7	
	8 Refused	9	

Section: Childhood Asthma

(optional questions)

Question	Answers	Score	Skip Pattern
OM09.	[If "no children" to core Q12.6, go to next module] Earlier you said there were [fill in number from core Q12.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (275-276)		
	1 Number of children	—	
	2 None	8 8	Go to Next Module
	3 Don't know	7 7	Go to Next Module
	4 Refused	9 9	Go to Next Module
OM09.	[Fill in (Does this child/How many of these children) from Q1] still have asthma? (277-278) [If only one child from Q1 and response is "yes" to Q2 code '01'. If response is "no" code '88'.]		
	1 Number of children	—	
	2 None	8 8	
	3 Don't know	7 7	
	4 Refused	9 9	

Section: Heart Attack and Stroke

(optional questions) Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke. Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.

Question	Answers	Score	Skip Pattern
OM10.	Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (279)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM10.	Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack? (280)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM10.	(Do you think) chest pain or discomfort (are symptoms of a heart attack?) (281)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM10.	(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (282)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

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Section: Heart Attack and Stroke

(optional questions) Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke. Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.

Question	Answers	Score	Skip Pattern
OM10.	(Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (283)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM10.	(Do you think) shortness of breath (is a symptom of a heart attack?) (284)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM10.	Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure. Do you think sudden confusion or trouble speaking are symptoms of a stroke? (285)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM10.	(Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke? (286)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM10.	(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (287)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM10.	(Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (288)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM10.	Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (289)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM10.	Do you think) severe headache with no known cause (is a symptom of a stroke?) (290)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM10.	If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (291) [Please Read]		
	1 Take them to the hospital	1	
	2 Tell them to call their doctor	2	
	3 Call 911	3	
	4 Call their spouse or a family member	4	
	5 Do something else	5	
	6 [Do not read] Don't know/Not sure	7	
	7 Refused	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Cardiovascular Disease

(optional questions)

Question	Answers	Score	Skip Pattern
OM11.	To lower your risk of developing heart disease or stroke, are you eating fewer high fat or high cholesterol foods? (292)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM11.	(To lower your risk of developing heart disease or stroke, are you) eating more fruits and vegetables? (293)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM11.	(To lower your risk of developing heart disease or stroke, are you) more physically active? (294)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM11.	Within the past 12 months, has a doctor, nurse, or other health professional told you to eat fewer high fat or high cholesterol foods? (295)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM11.	(Within the past 12 months, has a doctor, nurse, or other health professional told you to) eat more fruits and vegetables? (296)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM11.	(Within the past 12 months, has a doctor, nurse, or other health professional told you to) be more physically active? (297)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM11.	(Has a doctor, nurse or other health professional ever told you that you had any of the following?) a heart attack, also called a myocardial infarction (298)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM11.	(Has a doctor, nurse or other health professional ever told you that you had any of the following?) angina or coronary heart disease (299)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM11.	(Has a doctor, nurse or other health professional ever told you that you had any of the following?) a stroke (300)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Cardiovascular Disease

(optional questions)

Question	Answers	Score	Skip Pattern
OM11.	[If "yes" to Q3a continue. Otherwise, go to Q 5.] At what age did you have your first heart attack? (301-302)		
	1 Code age in years	—	
	2 Don't know/Not sure	0 7	
	3 Refused	0 9	
OM11.	[If "yes" to Q3c, continue. Otherwise, go to Q6.] At what age did you have your first stroke? (303-304)		
	1 Code age in years	—	
	2 Don't know/Not sure	0 7	
	3 Refused	0 9	
OM11.	[If "yes" to question 3a or 3c, continue Otherwise, go to Q7.] After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "yes" to Q3c and "no" to Q3a], did you go to any kind of outpatient r		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM11.	[If respondent is aged 35 years or older continue with Q7 otherwise go to the next module.] Do you take aspirin daily or every other day? (306)		
	1 Yes	1	Go to Q9
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM11.	Do you have a health problem or condition that makes taking aspirin unsafe for you? (307) If "yes," ask "Is this a stomach condition? Code upset stomachs as stomach problems		
	1 Yes, not stomach related	1	Go to Next Module
	2 Yes, stomach problems	2	Go to Next Module
	3 No	3	Go to Next Module
	4 Don't know/Not sure	7	Go to Next Module
	5 Refused	9	Go to Next Module
OM11.	Why do you take aspirin, to relieve pain? (308)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM11.	(Why do you take aspirin,) to reduce the chance of a heart attack? (309)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM11.	(Why do you take aspirin,) to reduce the chance of a stroke? (310)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Weight Control

(optional questions)

Question	Answers	Score	Skip Pattern
OM12.	Are you now trying to lose weight? (311)		
	1 Yes	1	Go to Q3
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM12.	Are you now trying to maintain your current weight, that is to keep from gaining weight? (312)		
	1 Yes	1	
	2 No	2	Go to Q6
	3 Don't know/Not sure	7	Go to Q6
	4 Refused	9	Go to Q6
OM12.	Are you eating either fewer calories or less fat to... (313) lose weight? [if "Yes" on Q1] keep from gaining weight? [if "Yes" on Q2] Probe which		
	1 Yes, fewer calories	1	
	2 Yes, less fat	2	
	3 Yes, fewer calories and less fat	3	
	4 No	4	
	5 Don't know/Not sure	7	
	6 Refused	9	
OM12.	Are you using physical activity or exercise to... (314) lose weight? [if "Yes" on Q1] keep from gaining weight? [if "Yes" on Q2]		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM12.	How much would you like to weigh? (315-317)		
	1 pounds	—	
	2 Don't know/Not sure	7 7 7	
	3 Refused	9 9 9	
OM12.	In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight? (318) [Probe for which.]		
	1 Yes, lose weight	1	
	2 Yes, gain weight	2	
	3 Yes, maintain current weight	3	
	4 No	4	
	5 Don't know/Not sure	7	
	6 Refused	9	

Section: Folic Acid

(optional questions)

Question	Answers	Score	Skip Pattern
OM13.	Do you currently take any vitamin pills or supplements? (319) [Include liquid supplements]		
	1 Yes	1	
	2 No	2	Go to Q5
	3 Don't know/Not sure	7	Go to Q5
	4 Refused	9	Go to Q5 (320)
OM13.	Are any of these a multivitamin?		
	1 Yes	1	Go to Q4
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Folic Acid

(optional questions)

Question	Answers	Score	Skip Pattern
OM13.	Do any of the vitamin pills or supplements you take contain folic acid? (321)		
	1 Yes	1	
	2 No	2	Go to Q5
	3 Don't know/Not sure	7	Go to Q5
	4 Refused	9	Go to Q5
OM13.	How often do you take this vitamin pill or supplement? (322-324)		
	1 Times per day	1	
	2 Times per week	2	
	3 Times per month	3	
	4 Don't know/Not sure	7 7 7	
	5 Refused	9 9 9	
OM13.	[If respondent 45 years old or older, go to next module.] Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (325) [Please Read]		
	1 To make strong bones	1	
	2 To prevent birth defects	2	
	3 To prevent high blood pressure	3	
	4 Some other reason	4	
	5 [Do not read] Don't know/Not sure	7	
	6 Refused	9	

Section: Tobacco Indicators

(optional questions)

Question	Answers	Score	Skip Pattern
OM14.	[If "yes" to core Q9.1, continue. Otherwise, go to Q6] Previously you said you have smoked cigarettes. How old were you the first time you smoked a cigarette, even one or two puffs? (326-327)		
	1 Code age in years	—	
	2 Don't know/Not sure	7 7	
	3 Refused	9 9	
OM14.	How old were you when you first started smoking cigarettes regularly? (328-329)		
	1 Code age in years	—	
	2 Never smoked regularly	8 8	Go to Q6
	3 Don't know/Not sure	7 7	
	4 Refused	9 9	
OM14.	[If "refused" to core Q9.2, go to Q6. If "not at all" to core Q9.2, continue. Otherwise, go to Q4]. About how long has it been since you last smoked cigarettes regularly? (330-331) [Read Only if Necessary]		
	1 Within the past month (anytime less than 1 month ago) Continue to Q4	0 1	
	2 Within the past 3 months (1 month but less than 3 months ago) Continue to Q4	0 2	
	3 Within the past 6 months (3 months but less than 6 months ago) Continue to Q4	0 3	
	4 Within the past year (6 months but less than 1 year ago) Continue to Q4	0 4	
	5 Within the past 5 years (1 year but less than 5 years ago)	0 5	Go to Q6
	6 Within the past 10 years (5 years but less than 10 years ago)	0 6	Go to Q6
	7 10 or more years ago	0 7	Go to Q6
	8 Don't know/Not sure	7 7	Go to Q6
	9 Refused	9 9	Go to Q6

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Tobacco Indicators

(optional questions)

Question	Answers	Score	Skip Pattern
OM14. In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (332)	1 Yes	1	
	2 No	2	Go to Q6
	3 Don't know/Not sure	7	Go to Q6
	4 Refused	9	Go to Q6
OM14. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking? (333)	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM14. Which statement best describes the rules about smoking inside your home? (334) [Please Read]	1 Smoking is not allowed anywhere inside your home	1	
	2 Smoking is allowed in some places or at some times	2	
	3 Smoking is allowed anywhere inside the home	3	
	4 There are no rules about smoking inside the home	4	
	5 [Do not read] Don't know/Not sure	7	
	6 Refused	9	
OM14. [If "employed" or "self-employed" to core Q12.8, continue. Otherwise, go to next module] While working at your job, are you indoors most of the time? (335)	1 Yes	1	
	2 No	2	Go to Next Module
	3 Don't Know/Not Sure	7	Go to Next Module
	4 Refused	9	Go to Next Module
OM14. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (336) [Please Read] [For workers who visit clients, "place of work" means their base location.]	1 Not allowed in any public areas	1	
	2 Allowed in some public areas	2	
	3 Allowed in all public areas	3	
	4 No official policy	4	
	5 [Do not read] Don't know/Not sure	7	
	6 Refused	9	
OM14. Which of the following best describes your place of work's official smoking policy for work areas? (337) [Please Read]	1 Not allowed in any work areas	1	
	2 Allowed in some work areas	2	
	3 Allowed in all work areas	3	
	4 No official policy	4	
	5 [Do not read] Don't know/Not sure	7	
	6 Refused	9	

Section: Other Tobacco Products

(optional questions)

Question	Answers	Score	Skip Pattern
OM15. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (338)	1 Yes	1	
	2 No	2	Go to Q3
	3 Don't know/Not sure	7	Go to Q3
	4 Refused	9	Go to Q3

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Other Tobacco Products

(optional questions)

Question	Answers	Score	Skip Pattern
OM15. Do you currently use chewing tobacco or snuff every day, some days, or not at all? (339)			
	1 Every day	1	
	2 Some days	2	
	3 Not at all	3	
	4 Don't know/Not sure	7	
	5 Refused	9	
OM15. Have you ever smoked a cigar, even one or two puffs? (340)			
	1 Yes	1	
	2 No	2	Go to Q5
	3 Don't know/Not sure	7	Go to Q5
	4 Refused	9	Go to Q5
OM15. Do you now smoke cigars every day, some days, or not at all? (341)			
	1 Every day	1	
	2 Some days	2	
	3 Not at all	3	
	4 Don't know/Not sure	7	
	5 Refused (342)	9	
OM15. Have you ever smoked tobacco in a pipe, even one or two puffs?			
	1 Yes	1	
	2 No	2	Go to Q7
	3 Don't know/Not sure	7	Go to Q7
	4 Refused	9	Go to Q7
OM15. Do you now smoke a pipe every day, some days, or not at all? (343)			
	1 Every day	1	
	2 Some days	2	
	3 Not at all	3	
	4 Don't know/Not sure	7	
	5 Refused	9	
OM15. A bidi is a flavored cigarette from India.. Have you ever smoked a bidi, even one or two puffs? (344)			
	1 Yes	1	
	2 No	2	Go to next module
	3 Don't know/Not sure	7	Go to next module
	4 Refused	9	Go to next module
OM15. Do you now smoke bidis every day, some days, or not at all? (345)			
	1 Every day	1	
	2 Some days	2	
	3 Not at all	3	
	4 Don't know/Not sure	7	
	5 Refused	9	

Section: Arthritis Module

(optional questions)

Question	Answers	Score	Skip Pattern
OM16. The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint? (346)			
	1 Yes	1	
	2 No	2	Go to Q4
	3 Don't Know/Not Sure	7	Go to Q4
	4 Refused	9	Go to Q4

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Arthritis Module

(optional questions)

Question	Answers	Score	Skip Pattern
OM16.	Did your joint symptoms FIRST begin more than 3 months ago? (347)		
	1 Yes	1	
	2 No	2	
	3 Don't Know/Not Sure	7	
	4 Refused	9	
OM16.	Have you EVER seen a doctor or other health professional for these joint symptoms? (348)		
	1 Yes	1	
	2 No	2	
	3 Don't Know/Not Sure	7	
	4 Refused	9	
OM16.	Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? Interviewer note: Arthritis diagnoses include * rheumatism, polymyalgia rheumatica * osteoarthritis (not osteoporosis) * tendonitis, bursitis, bunion, tennis elbow * carpal tunnel syndrome, tarsal tunnel syndrome * joint infection, Reiter's syndrome * ankylosing spondylitis; spondylosis * rotator cuff syndrome * connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome * vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa) (349)		
	1 Yes	1	
	2 No	2	
	3 Don't Know/Not Sure	7	
	4 Refused	9	
OM16.	[IF EITHER Q1 = 1 OR Q4 = 1 THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION.] Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (350) [Note: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."]		
	1 Yes	1	
	2 No	2	
	3 Don't Know/Not Sure	7	
	4 Refused	9	
OM16.	[If age is between 18-64 continue, otherwise go to next section.] In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (351)		
	1 Yes	1	
	2 No	2	
	3 Don't Know/Not Sure	7	
	4 Refused	9	

Section: Effects of September 11th Attacks

(optional questions) Next we would like to ask you about the September 11th attacks on the United States. Being a victim of the attack includes witnessing, being injured, killed, or having a home or workplace disrupted or damaged. We want you to think only about people that you know personally including family members, friends, coworkers, acquaintances, or members of your community.

Question	Answers	Score	Skip Pattern
OM17.	Were you or anyone you know a victim of the attacks? (711)		
	1 Yes	1	
	2 No (Go to Q3)	2	
	3 Don't know/Not sure (Go to Q3)	7	
	4 Refused (Go to Q3)	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Effects of September 11th Attacks

(optional questions) Next we would like to ask you about the September 11th attacks on the United States. Being a victim of the attack includes witnessing, being injured, killed, or having a home or workplace disrupted or damaged. We want you to think only about people that you know personally including family members, friends, coworkers, acquaintances, or members of your community.

Question	Answers	Score	Skip Pattern
OM17.	Who were the victims of the attacks? (CHECK ALL THAT APPLY) (712-725) [Please Read]		
	1 Respondent	11	
	2 Family member	12	
	3 Friend	13	
	4 Coworker	14	
	5 Acquaintance	15	
	6 Member of your community	16	
	7 Other	17	
	8 No other choice	88	
	9 Don't know/not sure	77	
	10 Refused	99	
OM17.	Did you attend or participate in any memorial or religious services related to the attacks? (726)		
	1 Yes	1	
	2 No	2	
	3 Don't Know	7	
	4 Refused	9	
OM17.	Were you employed at the time of the attacks? (727)		
	1 Yes	1	
	2 No	2	(Go to Q9)
	3 Don't know	7	(Go to Q9)
	4 Refused	9	(Go to Q9)
OM17.	Did you miss work for any reason because of the attacks? (728)		
	1 Yes	1	
	2 No	2	(Go to Q8)
	3 Don't know/Not sure	7	(Go to Q8)
	4 Refused	9	(Go to Q8)
OM17.	What was the major reason you missed work? (729)		
	1 Damage to workplace	1	
	2 Workplace closed or no transportation to workplace	2	
	3 Personal injury	3	
	4 Too upset to work	4	
	5 Did not feel well enough to work	5	
	6 Other	6	
	7 Did not feel safe	8	
	8 Don't know/Not sure	7	
	9 Refused	9	
OM17.	How many days did you miss work? (730-731)		
	1 Code actual number from 1 up to 96	—	
	2 More than 96	97	
	3 Don't know/Not sure	98	
	4 Refused	99	
OM17.	Did you have to evacuate or were you told to leave work the day of the attacks? (732)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Effects of September 11th Attacks

(optional questions) Next we would like to ask you about the September 11th attacks on the United States. Being a victim of the attack includes witnessing, being injured, killed, or having a home or workplace disrupted or damaged. We want you to think only about people that you know personally including family members, friends, coworkers, acquaintances, or members of your community.

Question	Answers	Score	Skip Pattern
OM17.	During the days immediately following the attacks, would you say you watched television or followed internet coverage...? (733) [Please Read]		
	1 A lot	1	
	2 Some	2	
	3 Very little	3	
	4 Not at all	4	
	5 Don't know/Not sure	7	
	6 Refused	9	
OM17.	Have you experienced any of the following feelings or problems, because of the attacks...? (CHECK ALL THAT APPLY) (734-749) [Please Read]		
	1 Anger	11	
	2 Nervousness	12	
	3 Worry	13	
	4 Sleep problems (nightmares, sleeplessness, etc.)	14	
	5 Hopelessness	15	
	6 Loss of control over external events	16	
	7 Worthlessness	17	
	8 Other	18	
	9 No other choices	89	
	10 None	88	(Go to Q13)
	11 Don't Know/Not Sure	77	
	12 Refused	99	
OM17.	Did you get help with problems you have experienced since the attacks? (750)		
	1 Yes	1	
	2 No	2	(Go To Q13)
	3 Don't know/Not sure	7	(Go to Q13)
	4 Refused	9	(Go to Q13)
	5 From whom have you gotten help? (CHECK ALL THAT APPLY) (751-772)	12	
	6 A family member or relative	11	
	7 A friend, neighbor or peer	12	
	8 Health care worker	13	
	9 A psychologist	14	
	10 A psychiatrist	15	
	11 A social worker	16	
	12 Other mental health professional or therapist	17	
	13 A religious counselor, religious support group, prayer group, a minister, a priest, a rabbi, or other spiritual counselor	18	
	14 Alcoholics Anonymous, Al Anon or a similar group	19	
	15 Emergency worker such as the Red Cross or the Salvation Army	20	
	16 Other	21	
	17 No other choices	88	
	18 Don't know/Not sure	77	
	19 Refused	99	
OM17.	[If Q10.1 is coded '888' or '999' go to next question] Did you have more alcoholic beverages to drink than usual in the 30 days after the attacks? (773)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Effects of September 11th Attacks

(optional questions) Next we would like to ask you about the September 11th attacks on the United States. Being a victim of the attack includes witnessing, being injured, killed, or having a home or workplace disrupted or damaged. We want you to think only about people that you know personally including family members, friends, coworkers, acquaintances, or members of your community.

Question	Answers	Score	Skip Pattern
OM17.	[If Q9.1 is "1" and Q9.2 is "1" or "2" continue, else go to next question:] Did you smoke more cigarettes than usual in the 30 days after the attacks? (774)		
	1 Yes	1	(Go to Q16)
	2 No	2	(Go to Q16)
	3 Don't know/Not sure	7	(Go to Q16)
	4 Refused	9	(Go to Q16)
OM17.	[If Q9.1 is "1" and Q9.2 is "3" or "9" continue, else go to Q16] Did you start smoking cigarettes after the attacks? (775)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	
OM17.	Were you in New York City or Washington, D.C. the day of the attacks? (776)		
	1 Yes	1	
	2 No	2	
	3 Don't know/Not sure	7	
	4 Refused	9	

Section: Asthma

{If 5.1 = 2,7,9 OR 5.2 = 2,7,9 (No, Don't know/Not sure, or Refused), go to ME2_1}

Previously you said you were told by a doctor or other health professional that you had asthma.

Question	Answers	Score	Skip Pattern
ME1.01	Besides emergency room visits, during the past 12 months, how many times did you see a doctor or other health professional for urgent treatment of worsening asthma symptoms? (352-353)		
ME1.02	During the past 12 months, how many times did you see a doctor or other health professional for a routine checkup for your asthma? (354-355)		
ME1.03	During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (356-358)		

Section: Skin Protection

The next questions are about what you do to protect your skin when you go outside.

Question	Answers	Score	Skip Pattern
ME2.01	When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sun block? (359)		
ME2.02	When you go outside on a sunny summer day for more than one hour, how often do you stay in the shade? (360)		
ME2.03	When you go outside on a sunny summer day for more than one hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun? (361)		
ME2.04	When you go outside on a sunny summer day for more than one hour, how often do you wear long sleeved shirts? (362)		

Section: Sexual Health

Question	Answers	Score	Skip Pattern
ME3.01	Earlier you were asked some questions about sexual health. I have one additional question about condom use. Remember that your responses will be kept completely confidential. (363) Within the past 12 months, was a condom used the last time you had sexual intercourse?		

Section: Injuries

I have just a few more questions about injuries. By injuries I'm including accidental injuries such as those from car crashes, household accidents, falls, assaults, suicide attempts, poisoning and so forth.

Question	Answers	Score	Skip Pattern
ME4.01	In the past 12 months, how many times did you have an injury for which you received medical care from a doctor or other health professional? (364-365)		

Behavioral Risk Factor Surveillance System (BRFSS) - 2002

Section: Injuries

I have just a few more questions about injuries. By injuries I'm including accidental injuries such as those from car crashes, household accidents, falls, assaults, suicide attempts, poisoning and so forth.

Question	Answers	Score	Skip Pattern
ME4.02	For the most recent injury, did your treatment include staying overnight in a hospital? (366)		
ME4.03	Where did you receive medical care? (367)		
ME4.04	Was the cause of the injury a....? (368-369)		
ME4.05	Where did this injury occur? (370-371)		
ME4.06	Sometimes people feel so depressed and hopeless about the future that they may consider suicide, that is, taking some action to end their own life. The next questions ask about attempted suicide. During the past 12 months, did you ever seriously consider attempting suicide? (372)		
ME4.07	During the last 12 months, did you make a plan about how you would commit suicide? (373)		
ME4.08	If you had attempted suicide during the past 12 months,.... Did any suicide attempt result in an injury, poison or overdose that had to be treated by a doctor or healthcare provider? (374)		
ME4.09	During the last 12 months, have you been subject to any physical or sexual violence? (375)		
ME4.10	On the most recent incident of physical or sexual violence, who was the violent person? (376)		
ME4.11	For the most recent injury, did your treatment include staying overnight in a hospital? (377)		
ME4.12	Where did you receive medical care? (378)		

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: Personal Outcomes Measures - 2000

Developer: The Council on Quality and Leadership

James Gardner, Ph.D., President & CEO

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Towson, MD 21204

Website: <http://www.thecouncil.org>

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HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator	1. Participant Access	2. Participant-centered service planning & delivery	3. Provider capacity & capabilities	4. Participant safeguards	5. Participant rights & responsibilities	6. Participant outcomes and satisfaction	7. System performance
1	People choose personal goals.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	People choose where and with whom they live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	People choose where they work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	People have intimate relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	People are satisfied with services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	People are satisfied with their personal life situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	People choose their daily routine.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	People have time, space and opportunity for privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	People decide when to share personal information.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	People use their environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	People live in integrated environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	People participate in the life of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	People interact with other members of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	People perform different social roles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	People have friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	People are respected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	People choose services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	People realize personal goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	People remain connected to natural supports.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Outcomes Measures - 2000

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator							
20	People are safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	People exercise rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	People are treated fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	People have the best possible health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	People are free from abuse and neglect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	People experience continuity and security.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Descriptions of Quality Measures by Quality Instrument

Quality Instrument: Personal Outcomes Measures - 2000

Developer: The Council on Quality and Leadership

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Ind.# Indicator

1 People choose personal goals.

Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."

Numerator: The number of people for whom the answer is yes.

Denominator: The number of persons in the interview sample

2 People choose where and with whom they live.

Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."

Numerator: The number of people for whom the answer is yes.

Denominator: The number of persons in the interview sample

3 People choose where they work.

Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."

Numerator: The number of people for whom the answer is yes.

Denominator: The number of persons in the interview sample

4 People have intimate relationships.

Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."

Numerator: The number of people for whom the answer is yes.

Denominator: The number of persons in the interview sample

5 People are satisfied with services.

Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."

Numerator: The number of people for whom the answer is yes.

Denominator: The number of persons in the interview sample

6 People are satisfied with their personal life situations

Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."

Numerator: The number of people for whom the answer is yes.

Denominator: The number of persons in the interview sample

Ind.# Indicator

-
- 7 People choose their daily routine.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 8 People have time, space and opportunity for privacy.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 9 People decide when to share personal information.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 10 People use their environments.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 11 People live in integrated environments.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 12 People participate in the life of the community.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 13 People interact with other members of the community.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 14 People perform different social roles.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample

Ind.# Indicator

-
- 15 People have friends.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 16 People are respected.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 17 People choose services.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 18 People realize personal goals.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 19 People remain connected to natural supports.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 20 People are safe.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 21 People exercise rights.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample
-
- 22 People are treated fairly.**
Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."
Numerator: The number of people for whom the answer is yes.
Denominator: The number of persons in the interview sample

Ind.# Indicator

23 People have the best possible health.

Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."

Numerator: The number of people for whom the answer is yes.

Denominator: The number of persons in the interview sample

24 People are free from abuse and neglect.

Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."

Numerator: The number of people for whom the answer is yes.

Denominator: The number of persons in the interview sample

25 People experience continuity and security.

Description: This measure is calculated as the percentage of consumers who have achieved a positive outcome. The achievement of the outcome is determined by the results of a personal interview with the consumer, and by an interview "with an informant identified by the consumer."

Numerator: The number of people for whom the answer is yes.

Denominator: The number of persons in the interview sample

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: Home Care Satisfaction Measure (HCSM)

Developer: Boston University School of Social Work

Scott Miyake Geron, Ph.D.

264 Bay State Rd.

Boston, MA 02215

Website: <http://www.bu.edu/ssw/facultyprofiles/geron.html>

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HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator	1. Participant Access	2. Participant-centered service planning & delivery	3. Provider capacity & capabilities	4. Participant safeguards	5. Participant rights & responsibilities	6. Participant outcomes and satisfaction	7. System performance
CM.01	I know I can contact my case manager if I need to.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CM.02	My case manager ignores what I tell her about what things I need	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CM.03	My case manager has become a friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CM.04	I need more help from my case manager than I get	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CM.05	My case manager is very knowledgeable about the services that are available.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CM.06	I would like more choices about the types of services I get.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CM.07	My case manager is kind to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CM.08	My case manager has failed to get me the services I need.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CM.09	On the whole, my case manager does a good job setting up care for me.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CM.10	My case manager is rude to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CM.11	My case manager does extra things for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CM.12	I wish my [case manager \ home health aide \ homemaker] could do more things for me that I need to have done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CM.13	It would be a waste of time to call my case manager if I had a problem.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GS.01	Generally, I like the kind of foods I can get from the grocery service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GS.02	I often have to return items I did not order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GS.03	My grocery service makes too many mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GS.04	My delivery person would help me put my food away if I wanted.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GS.05	Sometimes the groceries fail to be delivered at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GS.06	I would like more choice about the foods I get.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Home Care Satisfaction Measure (HCSM)

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator								
GS.07	It is easy to place orders for my groceries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GS.08	The grocery service has a poor selection of items to choose from.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GS.09	The food I get from my grocery service is always fresh.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GS.10	I would rather have help with cooking than have the grocery service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.01	My home health aide does extra things for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.02	My home health aide is rude to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.03	My home health aide has become a friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.04	I wish my home health aide could do more things that I need to have done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.05	Generally, my [home health aide / homemaker] knows what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.06	My home health aide ignores what I tell her about how I like things done.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.07	My home health aide is very thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.08	My home health aide arrives late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.09	My home health aide is assigned enough time to do all the jobs I need to have done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.10	My home health aide leaves too early	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.11	In general, my [home health aide / homemaker] takes an interest in me as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.12	I need to see my home health aide more times each week than she comes now.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHA.13	My home health aide does things the way I want them to be done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM.01	My homemaker is very thorough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM.02	My homemaker leaves too early.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM.03	My homemaker has become a friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM.04	My homemaker is rude to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM.05	In general, my homemaker takes an interest in me as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM.06	I need more hours of homemaker service each week.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM.07	My homemaker does things the way I want them to be done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM.08	My homemaker arrives late.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Home Care Satisfaction Measure (HCSM)

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator								
HM.09	Generally, my homemaker knows what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM.10	My homemaker ignores what I tell her about how I like things done.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM.11	My homemaker is assigned enough time to do all the jobs I need to have done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM.12	My homemaker does extra things for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM.13	I wish my homemaker could do more things that I need to have done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS.01	I am happy with the number of meals I receive each week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS.02	My meals often arrive late.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS.03	Overall, I like the time of day my meals arrive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS.04	Sometimes the meals fail to be delivered at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS.05	Generally, the service has the kind of meals I like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS.06	I need more meals than I get.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS.07	Most of the meals are great.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS.08	My meals come too early in the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS.09	My meals are cooked the way I want them cooked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS.10	The home delivered meal service has a poor selection of meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS.11	Often the food is so bad I don't eat it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Descriptions of Quality Measures by Quality Instrument

Quality Instrument: Home Care Satisfaction Measure (HCSM)

Developer: Boston University School of Social Work

Scott Miyake Geron, Ph.D.

264 Bay State Rd.

Boston, MA 02215

Website: <http://www.bu.edu/ssw/facultyprofiles/geron.html>

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Ind.# Indicator

CM.01 I know I can contact my case manager if I need to.

Related Survey CM.01 I know I can contact my case manager if I need to.

Question(s):

CM.02 My case manager ignores what I tell her about what things I need

Related Survey CM.02 My case manager ignores what I tell her about what things I need

Question(s):

CM.03 My case manager has become a friend.

Related Survey CM.03 My case manager has become a friend.

Question(s):

CM.04 I need more help from my case manager than I get

Related Survey CM.04 I need more help from my case manager than I get

Question(s):

CM.05 My case manager is very knowledgeable about the services that are available.

Related Survey CM.05 My case manager is very knowledgeable about the services that are available.

Question(s):

CM.06 I would like more choices about the types of services I get.

Related Survey CM.06 I would like more choices about the types of services I get.

Question(s):

CM.07 My case manager is kind to me.

Related Survey CM.07 My case manager is kind to me.

Question(s):

CM.08 My case manager has failed to get me the services I need.

Related Survey CM.08 My case manager has failed to get me the services I need.

Question(s):

CM.09 On the whole, my case manager does a good job setting up care for me.

Related Survey CM.09 On the whole, my case manager does a good job setting up care for me.

Question(s):

CM.10 My case manager is rude to me.

Related Survey CM.10 My case manager is rude to me.

Question(s):

CM.11 My case manager does extra things for me.

Related Survey CM.11 My case manager does extra things for me.

Question(s):

CM.12 I wish my [case manager \ home health aide \ homemaker] could do more things for me that I need to have done.

Related Survey CM.12 I wish my case manager could do more things for me that I need to have done.

Question(s):

CM.13 It would be a waste of time to call my case manager if I had a problem.

Related Survey CM.13 It would be a waste of time to call my case manager if I had a problem.

Question(s):

Home Care Satisfaction Measure (HCSM)

Ind.# Indicator

GS.01 Generally, I like the kind of foods I can get from the grocery service.

Related Survey GS.01 Generally, I like the kind of foods I can get from the grocery service.

Question(s):

GS.02 I often have to return items I did not order.

Related Survey GS.02 I often have to return items I did not order.

Question(s):

GS.03 My grocery service makes too many mistakes.

Related Survey GS.03 My grocery service makes too many mistakes.

Question(s):

GS.04 My delivery person would help me put my food away if I wanted.

Related Survey GS.04 My delivery person would help me put my food away if I wanted.

Question(s):

GS.05 Sometimes the groceries fail to be delivered at all.

Related Survey GS.05 Sometimes the groceries fail to be delivered at all.

Question(s):

GS.06 I would like more choice about the foods I get.

Related Survey GS.06 I would like more choice about the foods I get.

Question(s):

GS.07 It is easy to place orders for my groceries.

Related Survey GS.07 It is easy to place orders for my groceries.

Question(s):

GS.08 The grocery service has a poor selection of items to choose from.

Related Survey GS.08 The grocery service has a poor selection of items to choose from.

Question(s):

GS.09 The food I get from my grocery service is always fresh.

Related Survey GS.09 The food I get from my grocery service is always fresh.

Question(s):

GS.10 I would rather have help with cooking than have the grocery service.

Related Survey GS.10 I would rather have help with cooking than have the grocery service.

Question(s):

HHA.0 My home health aide does extra things for me.

Related Survey HH.01 My home health aide does extra things for me.

Question(s):

HHA.0 My home health aide is rude to me.

Related Survey HH.02 My home health aide is rude to me.

Question(s):

HHA.0 My home health aide has become a friend.

Related Survey HH.03 My home health aide has become a friend.

Question(s):

HHA.0 I wish my home health aide could do more things that I need to have done

Related Survey HH.04 I wish my home health aide could do more things that I need to have done

Question(s):

HHA.0 Generally, my [home health aide / homemaker] knows what to do.

Related Survey HH.05 Generally, my home health aide knows what to do.

Question(s):

HHA.0 My home health aide ignores what I tell her about how I like things done.

Related Survey HH.06 My home health aide ignores what I tell her about how I like things done.

Question(s):

HHA.0 My home health aide is very thorough

Home Care Satisfaction Measure (HCSM)

Ind.# Indicator

Related Survey HH.07 My home health aide is very thorough
Question(s):

HHA.0 My home health aide arrives late

Related Survey HH.08 My home health aide arrives late
Question(s):

HHA.0 My home health aide is assigned enough time to do all the jobs I need to have done.

Related Survey HH.09 My home health aide is assigned enough time to do all the jobs I need to have done.
Question(s):

HHA.1 My home health aide leaves too early

Related Survey HH.10 My home health aide leaves too early
Question(s):

HHA.1 In general, my [home health aide / homemaker] takes an interest in me as a person.

Related Survey HH.11 In general, my home health aide takes an interest in me as a person.
Question(s):

HHA.1 I need to see my home health aide more times each week than she comes now.

Related Survey HH.12 I need to see my home health aide more times each week than she comes now.
Question(s):

HHA.1 My home health aide does things the way I want them to be done.

Related Survey HH.13 My home health aide does things the way I want them to be done.
Question(s):

HM.01 My homemaker is very thorough.

Related Survey HM.01 My homemaker is very thorough.
Question(s):

HM.02 My homemaker leaves too early.

Related Survey HM.02 My homemaker leaves too early.
Question(s):

HM.03 My homemaker has become a friend.

Related Survey HM.03 My homemaker has become a friend.
Question(s):

HM.04 My homemaker is rude to me.

Related Survey HM.04 My homemaker is rude to me.
Question(s):

HM.05 In general, my homemaker takes an interest in me as a person.

Related Survey HM.05 In general, my homemaker takes an interest in me as a person.
Question(s):

HM.06 I need more hours of homemaker service each week.

Related Survey HM.06 I need more hours of homemaker service each week.
Question(s):

HM.07 My homemaker does things the way I want them to be done.

Related Survey HM.07 My homemaker does things the way I want them to be done.
Question(s):

HM.08 My homemaker arrives late.

Related Survey HM.08 My homemaker arrives late.
Question(s):

HM.09 Generally, my homemaker knows what to do.

Related Survey HM.09 Generally, my homemaker knows what to do.
Question(s):

HM.10 My homemaker ignores what I tell her about how I like things done.

Related Survey HM.10 My homemaker ignores what I tell her about how I like things done.
Question(s):

Home Care Satisfaction Measure (HCSM)

Ind.# Indicator

HM.11 My homemaker is assigned enough time to do all the jobs I need to have done.

Related Survey HM.11 My homemaker is assigned enough time to do all the jobs I need to have done.

Question(s):

HM.12 My homemaker does extra things for me.

Related Survey HM.12 My homemaker does extra things for me.

Question(s):

HM.13 I wish my homemaker could do more things that I need to have done.

Related Survey HM.13 I wish my homemaker could do more things that I need to have done.

Question(s):

MS.01 I am happy with the number of meals I receive each week.

Related Survey MS.01 I am happy with the number of meals I receive each week.

Question(s):

MS.02 My meals often arrive late.

Related Survey MS.02 My meals often arrive late.

Question(s):

MS.03 Overall, I like the time of day my meals arrive.

Related Survey MS.03 Overall, I like the time of day my meals arrive.

Question(s):

MS.04 Sometimes the meals fail to be delivered at all.

Related Survey MS.04 Sometimes the meals fail to be delivered at all.

Question(s):

MS.05 Generally, the service has the kind of meals I like.

Related Survey MS.05 Generally, the service has the kind of meals I like.

Question(s):

MS.06 I need more meals than I get.

Related Survey MS.06 I need more meals than I get.

Question(s):

MS.07 Most of the meals are great.

Related Survey MS.07 Most of the meals are great.

Question(s):

MS.08 My meals come too early in the day.

Related Survey MS.08 My meals come too early in the day.

Question(s):

MS.09 My meals are cooked the way I want them cooked.

Related Survey MS.09 My meals are cooked the way I want them cooked.

Question(s):

MS.10 The home delivered meal service has a poor selection of meals.

Related Survey MS.10 The home delivered meal service has a poor selection of meals.

Question(s):

MS.11 Often the food is so bad I don't eat it.

Related Survey MS.11 Often the food is so bad I don't eat it.

Question(s):

Quality Measurement Surveys

Survey: Home Care Satisfaction Measure (HCSM) Developer: Boston University School of Social Work

Scott Miyake Geron, Ph.D.
264 Bay State Rd.
Boston, MA 02215

Usage Restrictions: © 1997 The Trustees of Boston University. Contact the developer for permission to use the instrument.

Description: A 60-item survey that measures consumer satisfaction across five varieties of home care services: Homemaker, Home Health Aide, Home Delivered Meals, Grocery Service, and Care Management. The survey can be used to measure an over-all satisfaction score, individual scores for each type of service, and multiple dimensions of quality within each service.

Section: CASE MANAGEMENT SERVICE

13 questions

Question	Answers	Score	Skip Pattern
CM.01	I know I can contact my case manager if I need to.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
CM.02	My case manager ignores what I tell her about what things I need		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
CM.03	My case manager has become a friend.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
CM.04	I need more help from my case manager than I get		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
CM.05	My case manager is very knowledgeable about the services that are available.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
CM.06	I would like more choices about the types of services I get.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	

Home Care Satisfaction Measure (HCSM)

Section: CASE MANAGEMENT SERVICE

13 questions

Question	Answers	Score	Skip Pattern
CM.07	My case manager is kind to me.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
CM.08	My case manager has failed to get me the services I need.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
CM.09	On the whole, my case manager does a good job setting up care for me.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
CM.10	My case manager is rude to me.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
CM.11	My case manager does extra things for me.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
CM.12	I wish my case manager could do more things for me that I need to have done.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
CM.13	It would be a waste of time to call my case manager if I had a problem.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	

Home Care Satisfaction Measure (HCSM)

Section: GROCERY SERVICE

10 questions

Question	Answers	Score	Skip Pattern
GS.01	Generally, I like the kind of foods I can get from the grocery service.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
GS.02	I often have to return items I did not order.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
GS.03	My grocery service makes too many mistakes.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
GS.04	My delivery person would help me put my food away if I wanted.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
GS.05	Sometimes the groceries fail to be delivered at all.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
GS.06	I would like more choice about the foods I get.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
GS.07	It is easy to place orders for my groceries.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
GS.08	The grocery service has a poor selection of items to choose from.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
GS.08			
	5 No, Definitely Not	5	

Home Care Satisfaction Measure (HCSM)

Section: GROCERY SERVICE

10 questions

Question	Answers	Score	Skip Pattern
GS.09	The food I get from my grocery service is always fresh.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
GS.10	I would rather have help with cooking than have the grocery service.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	

Section: HOME HEALTH AIDE SERVICE

13 questions

Question	Answers	Score	Skip Pattern
HH.01	My home health aide does extra things for me.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HH.02	My home health aide is rude to me.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HH.03	My home health aide has become a friend.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HH.04	I wish my home health aide could do more things that I need to have done		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HH.05	Generally, my home health aide knows what to do.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	

Home Care Satisfaction Measure (HCSM)

Section: HOME HEALTH AIDE SERVICE

13 questions

Question	Answers	Score	Skip Pattern
HH.06 My home health aide ignores what I tell her about how I like things done.	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HH.07 My home health aide is very thorough	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HH.08 My home health aide arrives late	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HH.09 My home health aide is assigned enough time to do all the jobs I need to have done.	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HH.10 My home health aide leaves too early	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HH.11 In general, my home health aide takes an interest in me as a person.	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HH.12 I need to see my home health aide more times each week than she comes now.	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HH.13 My home health aide does things the way I want them to be done.	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	

Home Care Satisfaction Measure (HCSM)

Section: HOMEMAKER SERVICE

13 questions

Question	Answers	Score	Skip Pattern
HM.01	My homemaker is very thorough.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HM.02	My homemaker leaves too early.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HM.03	My homemaker has become a friend.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HM.04	My homemaker is rude to me.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HM.05	In general, my homemaker takes an interest in me as a person.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HM.06	I need more hours of homemaker service each week.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HM.07	My homemaker does things the way I want them to be done.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HM.08	My homemaker arrives late.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	

Home Care Satisfaction Measure (HCSM)

Section: HOME MAKER SERVICE

13 questions

Question	Answers	Score	Skip Pattern
HM.09	Generally, my homemaker knows what to do.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HM.10	My homemaker ignores what I tell her about how I like things done.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HM.11	My homemaker is assigned enough time to do all the jobs I need to have done.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HM.12	My homemaker does extra things for me.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
HM.13	I wish my homemaker could do more things that I need to have done.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	

Section: HOME DELIVERED MEAL SERVICE

11 questions

Question	Answers	Score	Skip Pattern
MS.01	I am happy with the number of meals I receive each week.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
MS.02	My meals often arrive late.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	

Home Care Satisfaction Measure (HCSM)

Section: HOME DELIVERED MEAL SERVICE

11 questions

Question	Answers	Score	Skip Pattern
MS.03	Overall, I like the time of day my meals arrive.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
MS.04	Sometimes the meals fail to be delivered at all.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
MS.05	Generally, the service has the kind of meals I like.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
MS.06	I need more meals than I get.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
MS.07	Most of the meals are great.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
MS.08	My meals come too early in the day.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
MS.09	My meals are cooked the way I want them cooked.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	
MS.10	The home delivered meal service has a poor selection of meals.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	

Home Care Satisfaction Measure (HCSM)

Section: HOME DELIVERED MEAL SERVICE

11 questions

Question	Answers	Score	Skip Pattern
MS.11	Often the food is so bad I don't eat it.		
	1 Yes, Definitely	1	
	2 Yes, I Think So	2	
	3 Maybe Yes, Maybe No	3	
	4 No, I Don't Think So	4	
	5 No, Definitely Not	5	

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: National Nursing Home Quality Measures

Developer: CMS / Abt Associates

55 Wheeler Street
Cambridge, MA 02138-1168

Website: <http://www.cms.hhs.gov/quality/nhqj/QMUsersManual.pdf>

Usage Restrictions: These indicators are published on the CMS website and are in the public domain

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator								
1	Percent of residents whose need for help with daily activities has increased (Chronic Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Percent of residents who have moderate to severe pain (Chronic Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Percent of high-risk residents who have pressure sores (Chronic Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Percent of low-risk residents who have pressure sores (Chronic Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Percent of residents who were physically restrained (Chronic Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Percent of low-risk residents who lose control of their bowels or bladder (Chronic Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Percent of residents who have/had a catheter inserted and left in their bladder (Chronic Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Percent of residents who spent most of their time in bed or in a chair during the assessment period (Chronic Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Percent of residents whose ability to move about in and around their room got worse (Chronic Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Percent of residents with a urinary tract infection (Chronic Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Percent of residents who have become more depressed or anxious (Chronic Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Percent of residents who lose too much weight (Chronic Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Percent of short-stay residents with delirium (Post-acute Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Percent of short-stay residents who had moderate to severe pain (Post-acute Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Percent of short-stay residents with pressure sores (Post-acute Care QI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Descriptions of Quality Measures by Quality Instrument

Quality Instrument: National Nursing Home Quality Measures

Developer: CMS / Abt Associates

55 Wheeler Street
Cambridge, MA 02138-1168

Website: <http://www.cms.hhs.gov/quality/nhqj/QMUsersManual.pdf>

Usage Restrictions: These indicators are published on the CMS website and are in the public domain

Ind.# Indicator

-
- 1 Percent of residents whose need for help with daily activities has increased (Chronic Care QI)**
Numerator: Percent of residents with worsening (increasing MDS item score) in Late-Loss ADL self performance at target relative to prior assessment.
Residents meet the definition of Late-Loss ADL worsening when at least two of the following are true:
1. Bed mobility – [Level at target assessment (G1a(A)[t]) – [Level at previous assessment (G1a(A)[t-1])] > 0, or
2. Transfer - [Level at target assessment (G1b(A)[t]) – [Level at previous assessment (G1b(A)[t-1])] > 0, or
3. Eating - [Level at target assessment (G1h(A)[t]) – [Level at previous assessment (G1h(A)[t-1])] > 0, or
4. Toileting - [Level at target assessment (G1i(A)[t]) – [Level at previous assessment (G1i(A)[t-1])] > 0,
OR at least one of the following is true:
1. Bed mobility – [Level at target assessment (G1a(A)[t]) – [Level at previous assessment (G1a(A)[t-1])] > 1, or
2. Transfer - [Level at target assessment (G1b(A)[t]) – [Level at previous assessment (G1b(A)[t-1])] > 1, or
3. Eating - [Level at target assessment (G1h(A)[t]) – [Level at previous assessment (G1h(A)[t-1])] > 1, or
4. Toileting - [Level at target assessment (G1i(A)[t]) – [Level at previous assessment (G1i(A)[t-1])] > 1.
Denominator: All residents with a valid target and a valid prior assessment.
-
- 2 Percent of residents who have moderate to severe pain (Chronic Care QI)**
Numerator: Percent of residents with moderate pain at least daily (J2a=2 AND J2b=2) OR horrible/excruciating pain at any frequency (J2b=3) on the target assessment.
Denominator: All residents with a valid target assessment.
-
- 3 Percent of high-risk residents who have pressure sores (Chronic Care QI)**
Numerator: Percent of residents with pressure sores (Stage 1-4) on target assessment (M2a >0 OR I3a-I3e = 707.0)
Denominator: All residents with a valid target assessment and any one of the following inclusion criteria:
1. Impaired in bed mobility or transfer on the target assessment as indicated by G1a(A) = 3, 4, or 8 OR G1b(A) = 3, 4, or 8.
2. Comatose on the target assessment as indicated by B1 = 1.
3. Suffer malnutrition on the target assessment as indicated by I3a through I3e = 260, 261, 262, 263.0, 263.1, 263.2, 263.8, or 263.9.
-
- 4 Percent of low-risk residents who have pressure sores (Chronic Care QI)**
Numerator: Percent of residents with pressure sores (Stage 1-4) on target assessment (M2a >0 OR I3a-I3e = 707.0)
Denominator: All residents with a valid target assessment and not qualifying as high risk.
-
- 5 Percent of residents who were physically restrained (Chronic Care QI)**
Numerator: Percent of residents who were physically restrained daily (P4c or P4d or P4e = 2) on target assessment.
Denominator: All residents with a valid target assessment.
-
- 6 Percent of low-risk residents who lose control of their bowels or bladder (Chronic Care QI)**
Numerator: Percent of residents who were frequently incontinent or fully incontinent on target assessment (H1a = 3 or 4, or H1b = 3 or 4).
Denominator: All residents with a valid target assessment and not qualifying as high risk.
-
- 7 Percent of residents who have/had a catheter inserted and left in their bladder (Chronic Care QI)**
Numerator: Percent of residents with indwelling catheters on target assessment (H3d = checked).
Denominator: All residents with a valid target assessment.
-

National Nursing Home Quality Measures

Ind.#	Indicator
8	<p>Percent of residents who spent most of their time in bed or in a chair during the assessment period (Chronic Care QI)</p> <p><i>Numerator:</i> Percent of residents who are bedfast (G6a is checked) on target assessment.</p> <p><i>Denominator:</i> All residents with a valid target assessment.</p>
9	<p>Percent of residents whose ability to move about in and around their room got worse (Chronic Care QI)</p> <p><i>Numerator:</i> Percent of residents whose value for locomotion self-performance is greater at target relative to prior assessment ($G1e(A)[t] > G1e(A)[t-1]$).</p> <p><i>Denominator:</i> All residents with a valid target assessment and a valid prior assessment.</p>
10	<p>Percent of residents with a urinary tract infection (Chronic Care QI)</p> <p><i>Numerator:</i> Percent of residents with urinary tract infection on target assessment (I2j = checked).</p> <p><i>Denominator:</i> All residents with a valid target assessment.</p>
11	<p>Percent of residents who have become more depressed or anxious (Chronic Care QI)</p> <p><i>Numerator:</i> Percent of residents whose Mood Scale scores are greater on target assessment relative to prior assessment (Mood Scale [t] > Mood Scale [t-1]).</p> <p>Mood Scale Definition: Mood Scale score is defined as the count of the number of the following eight conditions that are satisfied (range 0 through 8) on the target assessment:</p> <ol style="list-style-type: none"> 1. Any verbal expression of distress (E1a>0, E1c>0, E1e>0, E1f>0, E1g>0, or E1h>0). 2. Shows signs of crying, tearfulness (E1m>0). 3. Motor agitation (E1n>0). 4. Leaves food uneaten (K4c=checked) on target or last full assessment. 5. Repetitive health complaints (E1h>0). 6. Repetitive/recurrent verbalizations (E1a>0, E1c>0, or E1g>0). 7. Negative statements (E1a>0, E1e>0, or E1f>0). 8. Mood symptoms not easily altered (E2=2). <p><i>Denominator:</i> All residents with a valid target assessment and a valid prior assessment.</p>
12	<p>Percent of residents who lose too much weight (Chronic Care QI)</p> <p><i>Numerator:</i> Percent of residents who have experienced weight loss (K3a=1) of 5 percent or more in the last 30 days or 10 percent or more in the last 6 months.</p> <p><i>Denominator:</i> All residents with a valid target assessment.</p>
13	<p>Percent of short-stay residents with delirium (Post-acute Care QI)</p> <p><i>Numerator:</i> Percent of short-stay residents at SNF PPS 14-day assessment with at least one symptom of delirium that represents a departure from usual functioning (at least one B5a through B5f = 2).</p> <p><i>Denominator:</i> All patients with a valid SNF PPS 14-day assessment (AA8b = 7).</p>
14	<p>Percent of short-stay residents who had moderate to severe pain (Post-acute Care QI)</p> <p><i>Numerator:</i> Percent of short-stay residents at SNF PPS 14-day assessment with moderate pain at least daily (J2a = 2 and J2b = 2) OR horrible/excruciating pain at any frequency (J2b = 3).</p> <p><i>Denominator:</i> All patients with valid SNF PPS 14-day assessment (AA8b = 7).</p>
15	<p>Percent of short-stay residents with pressure sores (Post-acute Care QI)</p> <p><i>Numerator:</i> Percent of short-stay residents at SNF PPS 14-day assessment who satisfy either of the following conditions:</p> <ol style="list-style-type: none"> 1. On the SNF PPS 5-day assessment, the patient had no pressure sores ($M2a[t-1] = 0$) AND, on the SNF PPS 14-day assessment, the patient has at least a Stage 1 pressure sore ($M2a[t] = 1, 2, 3, \text{ or } 4$). 2. On the SNF PPS 5-day assessment, the patient had a pressure sore ($M2a[t-1] = 1, 2, 3, \text{ or } 4$) AND on the SNF PPS 14-day assessment, pressure sores worsened or failed to improve ($M2a[t] \geq M2a[t-1]$). <p><i>Denominator:</i> All patients with a valid SNF PPS 14-day assessment (AA8b = 7) AND a valid preceding SNF PPS 5-day assessment (AA8b = 1).</p>

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: Residential Care Facility Quality Indicators

Developer: Muskie School / Maine Dept. of Health & Human Services / RCF Work Group

Cathy McGuire
 Muskie School - Univ. of Southern Maine
 P.O. Box 9300
 Portland, ME 04104-9300

Website: <http://muskie.usm.maine.edu/Publications/hpi/qualitymeasures.pdf>

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator	1. Participant Access	2. Participant-centered service planning & delivery	3. Provider capacity & capabilities	4. Participant safeguards	5. Participant rights & responsibilities	6. Participant outcomes and satisfaction	7. System performance
1	Prevalence of self/family participation in assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Prevalence of positive psychosocial well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Prevalence of bladder incontinence (High)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Prevalence of bladder incontinence (Low)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Prevalence of bowel incontinence (Low)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Prevalence of bladder incontinence without scheduled toileting plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Occurrence of injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Occurrence of falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Prevalence of behavioral symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Prevalence of behavioral symptoms without behavior management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Resident using 9 or more medications in the last 7 days including PRNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Resident using 9 or more scheduled medications in the last 7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Prevalence of cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Prevalence of cognitive impairment - modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Prevalence of little or no activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Prevalence of antipsychotic drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Prevalence of awake at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Prevalence of communication difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Prevalence of signs of distress or sad/anxious mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Residential Care Facility Quality Indicators

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator								
20	Prevalence of unsettled relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Incidence of decline in late loss ADLs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Incidence of decline in late loss ADLs - high risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Incidence of decline in late loss ADLs - low risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Prevalence of emergency room visits w/o overnight stay in last 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Prevalence of psychiatric hospital stays in last six months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Prevalence of bowel incontinence (High)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Descriptions of Quality Measures by Quality Instrument

Quality Instrument: Residential Care Facility Quality Indicators

Developer: Muskie School / Maine Dept. of Health & Human Services / RCF Work Group

Cathy McGuire
Muskie School - Univ. of Southern Maine
P.O. Box 9300
Portland, ME 04104-9300

Website: <http://muskie.usm.maine.edu/Publications/hpi/qualitymeasures.pdf>

Ind.# Indicator

- | | |
|-----------|--|
| 1 | Prevalence of self/family participation in assessment
<i>Numerator:</i> Residents who participated or who had family or significant other participate in assessment.
<i>Denominator:</i> All residents on most recent assessment. |
| 2 | Prevalence of positive psychosocial well-being
<i>Numerator:</i> All residents who exhibit a sense of Involvement.
<i>Denominator:</i> All residents on most recent assessment. |
| 3 | Prevalence of bladder incontinence (High)
<i>Numerator:</i> All residents who were frequently incontinent or incontinent on last assessment
<i>Denominator:</i> All residents on most recent assessment excluding those with Indwelling Catheter. |
| 4 | Prevalence of bladder incontinence (Low)
<i>Numerator:</i> All residents who were who were usually continent or occasionally incontinent on last assessment
(Numerator now excludes continent)
<i>Denominator:</i> All residents on most recent assessment excluding those with Indwelling Catheter. |
| 5 | Prevalence of bowel incontinence (Low) |
| 6 | Prevalence of bladder incontinence without scheduled toileting plan
<i>Numerator:</i> Residents without toileting plan and are occasionally incontinent to incontinent
<i>Denominator:</i> Residents who were occasionally incontinent to incontinent on most recent assessment except as noted previously. |
| 7 | Occurrence of injury
<i>Denominator:</i> Residents with any injury (abrasions/bruises or burns) on most assessment. |
| 8 | Occurrence of falls
<i>Denominator:</i> Residents with falls on most recent assessment |
| 9 | Prevalence of behavioral symptoms
<i>Numerator:</i> Residents with behavioral symptoms last assessment.
<i>Denominator:</i> All residents on most recent assessment. |
| 10 | Prevalence of behavioral symptoms without behavior management
<i>Numerator:</i> All residents with behavioral symptoms towards others who do not have some behavior management problem.
<i>Denominator:</i> All residents on most recent assessment with behavioral symptoms toward others. |
| 11 | Resident using 9 or more medications in the last 7 days including PRNs
<i>Numerator:</i> All residents with 9 or more medications on last assessment
<i>Denominator:</i> All residents on most recent assessment. |
| 12 | Resident using 9 or more scheduled medications in the last 7 days
<i>Numerator:</i> All residents with 9 or more scheduled medications on last assessment.
<i>Denominator:</i> All residents on most recent assessment. |
| 13 | Prevalence of cognitive impairment
<i>Numerator:</i> All residents who were cognitively impaired last assessment.
<i>Denominator:</i> All residents on most recent assessment. |

Residential Care Facility Quality Indicators

Ind.#	Indicator
14	<p>Prevalence of cognitive impairment - modified</p> <p><i>Numerator:</i> All residents who had impaired decision making and short or long-term memory problems on most recent assessment.</p> <p><i>Denominator:</i> All residents on most recent assessment.</p>
15	<p>Prevalence of little or no activity</p> <p><i>Numerator:</i> All residents who were involved in activities little or none of the time.</p> <p><i>Denominator:</i> All residents on most recent assessment.</p>
16	<p>Prevalence of antipsychotic drugs</p> <p><i>Numerator:</i> Anti-psychotic use (O4aa>=1)</p> <p><i>Denominator:</i> All residents on most recent assessment.</p>
17	<p>Prevalence of awake at night</p> <p><i>Numerator:</i> All residents coded awake at night (N1d=1)</p> <p><i>Denominator:</i> All residents on most recent assessment.</p>
18	<p>Prevalence of communication difficulties</p> <p><i>Numerator:</i> All residents coded with difficulty being understood or understanding others. Sometimes Understood/Understands or Rarely/Never is understood/Understands.</p> <p><i>Denominator:</i> All residents on most recent assessment.</p>
19	<p>Prevalence of signs of distress or sad/anxious mood</p> <p><i>Numerator:</i> All residents coded with indicators of depression, anxiety or sad mood exhibited 2 or more times a week.</p> <p><i>Denominator:</i> All residents on most recent assessment.</p>
20	<p>Prevalence of unsettled relationships</p> <p><i>Numerator:</i> Residents who exhibit or have any unsettled relationships</p> <p><i>Denominator:</i> All residents on most recent assessment.</p>
21	<p>Incidence of decline in late loss ADLs</p> <p><i>Numerator:</i> Residents showing ADL decline between previous and most recent assessment as follows:</p> <ol style="list-style-type: none"> a. One or more level decline in two or more late loss ADLs OR b. Two level decline in one or more late loss ADLs <p><i>Denominator:</i> Current residents with two consecutive- assessments.</p>
22	<p>Incidence of decline in late loss ADLs - high risk</p> <p><i>Numerator:</i> Residents showing ADL decline between previous and most recent assessment as follows:</p> <ol style="list-style-type: none"> a. One or more level decline in two or more late loss ADLs OR b. Two level decline in one or more late loss ADLs <p><i>Denominator:</i> Current residents with two consecutive assignments who have a terminal prognosis or decline in cognitive status or need for an-ongoing monitoring.</p>
23	<p>Incidence of decline in late loss ADLs - low risk</p> <p><i>Numerator:</i> Residents showing ADL decline between previous and most recent assessment as follows:</p> <ol style="list-style-type: none"> a. One or more level decline in two or more late loss ADLs OR b. Two level decline in one or more late loss ADLs <p><i>Denominator:</i> Current residents with two or more consecutive assessments who do not have a terminal prognosis or decline in cognitive status or need for on-going monitoring.</p>
24	<p>Prevalence of emergency room visits w/o overnight stay in last 6 months</p> <p><i>Numerator:</i> All residents who visited the ER without an overnight stay one or more times in the last six months.</p> <p><i>Denominator:</i> All residents on most recent assessment.</p>
25	<p>Prevalence of psychiatric hospital stays in last six months</p> <p><i>Numerator:</i> All residents who were admitted to Psychiatric Hospital one or more times in the last six months.</p> <p><i>Denominator:</i> All residents on most recent assessment.</p>
26	<p>Prevalence of bowel incontinence (High)</p> <p><i>Numerator:</i> All residents who were frequently incontinent or incontinent on last assessment</p> <p><i>Denominator:</i> All residents on most recent assessment excluding those with an Ostomy.</p>

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: Home Care Quality Indicators for MDS-HC Version 2

Developer: interRAI

Mary James
 Institute of Gerontology - Univ. of Michigan
 300 North Ingalls
 Ann Arbor, MI 48109-2007

Website: <http://www.interrai.org/section/view/?fnode=15>

Usage Restrictions: © 2001 interRAI. Contact the developer for permission to use the instrument.

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator							
C01.1	Prevalence of any injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C03.1	Prevalence of delirium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C05.1	Prevalence of negative mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C07.1a	Prevalence of disruptive or intense daily pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HP10a	Prevalence of falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HP15	Failure to improve/Incidence of impaired locomotion in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HP17	Failure to improve/Incidence of difficulty in communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HP6	Prevalence of dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M06	Prevalence of not receiving a medication review by a physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W03	Prevalence of neglect/abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W07	Prevalence of inadequate meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W08	Prevalence of social isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W09	Prevalence of no assistive device among clients with difficulty in locomotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W11	Prevalence of inadequate pain control among those with pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W16	Prevalence of ADL/rehab potential and no therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W18	Failure to improve/Incidence of bladder incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W23	Failure to improve/Incidence of skin ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W24	Prevalence of weight loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W25d	Failure to improve/ Incidence of decline on ADL long form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Home Care Quality Indicators for MDS-HC Version 2

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator	1. Participant Access	2. Participant-centered service planning & delivery	3. Provider capacity & capabilities	4. Participant safeguards	5. Participant rights & responsibilities	6. Participant outcomes and satisfaction	7. System performance
W27	Prevalence of not receiving influenza vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W28	Incidence of cognitive decline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W31	Prevalence of hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Descriptions of Quality Measures by Quality Instrument

Quality Instrument: Home Care Quality Indicators for MDS-HC Version 2

Developer: interRAI

Mary James
Institute of Gerontology - Univ. of Michigan
300 North Ingalls
Ann Arbor, MI 48109-2007

Website: <http://www.interrai.org/section/view/?fnode=15>

Usage Restrictions: © 2001 interRAI. Contact the developer for permission to use the instrument.

Ind.# Indicator

C01.1 Prevalence of any injuries

Numerator: Clients with hip fracture, other fracture, second or third degree burns, or unexplained injuries, broken bones, or burns

Denominator: All clients

C03.1 Prevalence of delirium

Numerator: Clients with sudden or new onset/change in mental function or clients who have become agitated or disoriented such that his or her safety is endangered or client requires protection by others.

Denominator: All clients

C05.1 Prevalence of negative mood

Numerator: Any client who had a sad mood on most recent assessment and who exhibits at least two symptoms of functional depression up to five days a week or daily or almost daily

Denominator: Feeling of sadness or being depressed (E1a=1,2)

C07.1a Prevalence of disruptive or intense daily pain

Numerator: Clients having daily pain and their pain is intense or disrupts activities

Denominator: All clients

HP10a Prevalence of falls

Numerator: The number of clients who record a fall on follow-up assessment

Denominator: All clients not completely dependent in bed mobility on previous assessment

HP15 Failure to improve/Incidence of impaired locomotion in the home

Numerator: Clients with some difficulty in locomotion on previous assessment and score remains constant or increases on re-assessment, or clients who have a new impairment in locomotion in the home

Denominator: All clients with at least one re-assessment who are not palliative on initial assessment

HP17 Failure to improve/Incidence of difficulty in communication

Numerator: Clients with both failure to improve in communication/ making self understood and failure to improve in ability to understand others, or clients with new difficulties in making self understood or understanding others

Denominator: All clients with at least one re-assessment

HP6 Prevalence of dehydration

Numerator: Insufficient fluid intake, did not consume all/almost all fluids during last 3 days

Denominator: All clients

M06 Prevalence of not receiving a medication review by a physician

Numerator: Number of clients whose medications have not been reviewed by a physician within the last 180 days

Denominator: Clients who are taking at least two medications

W03 Prevalence of neglect/abuse

Numerator: Clients who have unexplained injuries, have been abused, neglected, or physically restrained, have unusually poor hygiene, or are fearful of a family member or caregiver

Denominator: All clients

Ind.# Indicator

W07 Prevalence of inadequate meals

Numerator: Clients who ate 1 or fewer meals in 2 of the last 3 days

Denominator: All clients

W08 Prevalence of social isolation

Numerator: Clients who are alone for long periods of time or always and they also report feeling lonely, or clients who are distressed by declining social activity

Denominator: All clients

W09 Prevalence of no assistive device among clients with difficulty in locomotion

Numerator: Clients who require supervision, limited, extensive or maximal assistance or is totally dependent in locomotion around the home or outside the home and who are not using an assistive device

Denominator: All clients with impaired locomotion on most recent assessment

W11 Prevalence of inadequate pain control among those with pain

Numerator: Clients who have pain and are receiving inadequate pain control

Denominator: All clients having pain on most recent assessment

W16 Prevalence of ADL/rehab potential and no therapies

Numerator: Clients are not receiving OT, PT or exercise therapy

Denominator: Clients who trigger the CAP for ADL/rehab potential

W18 Failure to improve/Incidence of bladder incontinence

Numerator: Clients who have bladder continence problem on previous assessment and whose score remains constant or increases on re-assessment or Clients who have developed a new bladder continence problem

Denominator: All clients with at least one re-assessment

W23 Failure to improve/Incidence of skin ulcers

Numerator: Clients with a pressure/stasis ulcers anywhere on the body that have not improved between previous and recent assessment, and clients with a new ulcer on follow-up

Denominator: All clients with at least one re-assessment

W24 Prevalence of weight loss

Numerator: Clients with unintended weight loss of 5% or more in last 30 days (or 10% or more in last 180 days)

Denominator: All clients

W25d Failure to improve/ Incidence of decline on ADL long form

Numerator: Clients with some impairment on ADL long form who failed to improve between previous and most recent assessment or clients who have a new ADL impairment based on ADL long form

Denominator: All clients with at least one re-assessment who are not palliative on initial assessment

W27 Prevalence of not receiving influenza vaccination

Numerator: Clients who have not received influenza vaccination within the past two years

Denominator: All clients

W28 Incidence of cognitive decline

Numerator: Clients who have experienced a decline in cognitive performance between previous and most recent assessment (at least one point decline in CPS score)

Denominator: All clients who could experience a decline in cognitive performance (CPS score < 6)

W31 Prevalence of hospitalization

Numerator: Clients who have been admitted to hospital with overnight stay, visited hospital emergency department or received emergent care since last assessment

Denominator: All clients

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: OASIS Outcome Based Quality Improvement (OBQI) Reports and Adverse Event Reports

Developer: U.S. Dept. of Health & Human Services: Centers for Medicare & Medicaid Services (CMS)

7500 Security Boulevard
Baltimore, MD 21244-1850

Website: <http://www.cms.gov/oasis/>

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator	1. Participant Access	2. Participant-centered service planning & delivery	3. Provider capacity & capabilities	4. Participant safeguards	5. Participant rights & responsibilities	6. Participant outcomes and satisfaction	7. System performance
1	Improvement in grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Stabilization in grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Improvement in dressing upper body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Improvement in dressing lower body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Improvement in bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Stabilization in bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Improvement in toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Improvement in transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Stabilization in transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Improvement in ambulation/locomotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Improvement in eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Improvement in light meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Stabilization in light meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Improvement in laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Stabilization in laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Improvement in housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Stabilization in housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Improvement in shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Stabilization in shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OASIS Outcome Based Quality Improvement (OBQI) Reports and Adverse Event Reports

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator								
20	Improvement in phone use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Stabilization in phone use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Improvement in management of oral meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Stabilization in management of oral medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Improvement in speech and language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Stabilization in speech and language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Improvement in pain interfering with activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Improvement in number of surgical wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Improvement in status of surgical wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Improvement in dyspnea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Improvement in urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Improvement in urinary incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Improvement in bowel incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Improvement in cognitive functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Stabilization in cognitive functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Improvement in confusion frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Improvement in anxiety level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Stabilization in anxiety level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Improvement in behavioral problem frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Any emergent care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Discharged to community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Acute care hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Emergent care for injury caused by fall or accident at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Emergent care for wound infections, deteriorating wound status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Emergent care for improper medication administration, medication side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OASIS Outcome Based Quality Improvement (OBQI) Reports and Adverse Event Reports

HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator	1. Participant Access	2. Participant-centered service planning & delivery	3. Provider capacity & capabilities	4. Participant safeguards	5. Participant rights & responsibilities	6. Participant outcomes and satisfaction	7. System performance
45	Emergent care for hypo/hyperglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	Development of urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
47	Increase in number of pressure ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48	Substantial decline in 3 or more activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
49	Substantial decline in management of oral medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Unexpected nursing home admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51	Discharged to the community needing wound care or medication assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52	Discharged to the community needing toileting assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
53	Discharged to the community with behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	Unexpected death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Descriptions of Quality Measures by Quality Instrument

Quality Instrument: OASIS Outcome Based Quality Improvement (OBQI) Reports and Adverse Event Reports

Developer: U.S. Dept. of Health & Human Services: Centers for Medicare & Medicaid Services (CMS)

7500 Security Boulevard
Baltimore, MD 21244-1850

Website: <http://www.cms.gov/oasis/>

Ind.# Indicator

1 Improvement in grooming

Description: End result quality improvement outcome measure

Numerator: The number of patients who improved in grooming from start of care/resumption of care to a subsequent discharge/transfer.

Denominator: The number of patients who could have improved in grooming (i.e., were not independent in grooming at start of care/resumption of care).

2 Stabilization in grooming

Description: End result quality improvement outcome measure

Numerator: The number of patients who stabilized (did not worsen) in grooming from start of care/resumption of care to a subsequent discharge/transfer.

Denominator: The number of patients who could have worsened in grooming (i.e., were not completely dependent in grooming at start of care/resumption of care).

3 Improvement in dressing upper body

Description: End result quality improvement outcome measure

Numerator: The number of patients who improved in dressing the upper body from start of care/resumption of care to a subsequent discharge/transfer.

Denominator: The number of patients who could have improved in dressing the upper body (i.e., were not independent in dressing upper body at start of care/resumption of care).

4 Improvement in dressing lower body

Description: End result quality improvement outcome measure

Numerator: The number of patients who improved in dressing the lower body from start of care/resumption of care to a subsequent discharge/transfer.

Denominator: The number of patients who could have improved in dressing the lower body (i.e., were not independent in dressing lower body at start of care/resumption of care).

5 Improvement in bathing

Description: End result quality improvement outcome measure

Numerator: The number of patients who improved in bathing from start of care/resumption of care to a subsequent discharge/transfer.

Denominator: The number of patients who could have improved in bathing (i.e., were not independent in dressing lower body at start of care/resumption of care).

6 Stabilization in bathing

Description: End result quality improvement outcome measure

Numerator: The number of patients who stabilized (did not worsen) in bathing from start of care/resumption of care to a subsequent discharge/transfer.

Denominator: The number of patients who could have worsened in bathing (i.e., were not completely dependent in bathing at start of care/resumption of care).

Ind.# Indicator

7	<p>Improvement in toileting</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in toileting from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in toileting (i.e., were not independent in toileting at start of care/resumption of care).</p>
8	<p>Improvement in transferring</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in transferring from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in transferring (i.e., were not independent in transferring at start of care/resumption of care).</p>
9	<p>Stabilization in transferring</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who stabilized (did not worsen) in transferring from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have worsened in transferring (i.e., were not completely dependent in transferring at start of care/resumption of care).</p>
10	<p>Improvement in ambulation/locomotion</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in ambulation/locomotion from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in ambulation/locomotion (i.e., were not independent in ambulation/locomotion at start of care/resumption of care).</p>
11	<p>Improvement in eating</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in eating from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in eating (i.e., were not independent in eating at start of care/resumption of care).</p>
12	<p>Improvement in light meal preparation</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in light meal preparation from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in light meal preparation (i.e., were not independent in light meal preparation at start of care/resumption of care).</p>
13	<p>Stabilization in light meal preparation</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who stabilized (did not worsen) in light meal preparation from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have worsened in light meal preparation (i.e., were not completely dependent in light meal preparation at start of care/resumption of care).</p>
14	<p>Improvement in laundry</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in laundry from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in laundry (i.e., were not independent in laundry at start of care/resumption of care).</p>

Ind.# Indicator

15	<p>Stabilization in laundry</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who stabilized (did not worsen) in laundry from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have worsened in laundry (i.e., were not completely dependent in laundry at start of care/resumption of care).</p>
16	<p>Improvement in housekeeping</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in housekeeping from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in housekeeping (i.e., were not independent in housekeeping at start of care/resumption of care).</p>
17	<p>Stabilization in housekeeping</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who stabilized (did not worsen) in housekeeping from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have worsened in housekeeping (i.e., were not completely dependent in housekeeping at start of care/resumption of care).</p>
18	<p>Improvement in shopping</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in shopping from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in shopping (i.e., were not independent in shopping at start of care/resumption of care).</p>
19	<p>Stabilization in shopping</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who stabilized (did not worsen) in shopping from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have worsened in shopping (i.e., were not completely dependent in shopping at start of care/resumption of care).</p>
20	<p>Improvement in phone use</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in phone use from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in phone use (i.e., were not independent in phone use at start of care/resumption of care).</p>
21	<p>Stabilization in phone use</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who stabilized (did not worsen) in phone use from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have worsened in phone use (i.e., were not completely dependent in phone use at start of care/resumption of care).</p>
22	<p>Improvement in management of oral meds</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in the management of oral medications from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in the management of oral medications (i.e., were not independent in management of oral medications at start of care/resumption of care).</p>

Ind.# Indicator

23	<p>Stabilization in management of oral medication</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who stabilized (did not worsen) in the management of oral medications from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have worsened in the management of oral medications (i.e., were not completely dependent in management of oral medications at start of care/resumption of care).</p>
24	<p>Improvement in speech and language</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in speech and language from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in speech and language (i.e., were not at the lowest level of impairment in speech and language at start of care/resumption of care).</p>
25	<p>Stabilization in speech and language</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who stabilized (did not worsen) in speech or language from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have worsened in speech or language (i.e., were not at the highest level of impairment in speech and language at start of care/resumption of care).</p>
26	<p>Improvement in pain interfering with activity</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in pain interfering with activity from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in pain interfering with activity (i.e., were not free of pain interfering with activity at start of care/resumption of care).</p>
27	<p>Improvement in number of surgical wounds</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in surgical wounds from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in surgical wounds (i.e., had at least one surgical wound at start of care/resumption of care).</p>
28	<p>Improvement in status of surgical wounds</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in surgical wounds from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in surgical wounds (i.e., had at least one surgical wound at start of care/resumption of care).</p>
29	<p>Improvement in dyspnea</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in dyspnea from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in dyspnea (i.e., were not completely free of dyspnea at start of care/resumption of care).</p>
30	<p>Improvement in urinary tract infection</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in urinary tract infection(s) from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in urinary tract infection (i.e., had been treated for a urinary tract infection within 14 days prior to start of care/resumption of care).</p>

Ind.# Indicator

31	<p>Improvement in urinary incontinence</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in urinary incontinence from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in urinary incontinence (i.e., had urinary incontinence at start of care/resumption of care).</p>
32	<p>Improvement in bowel incontinence</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in bowel incontinence from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in bowel incontinence (i.e., had bowel incontinence at start of care/resumption of care).</p>
33	<p>Improvement in cognitive functioning</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in cognitive functioning from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in cognitive functioning (i.e., were not at the least dependent level of cognitive functioning at start of care/resumption of care).</p>
34	<p>Stabilization in cognitive functioning</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who stabilized (did not worsen) in cognitive functioning from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have worsened in cognitive functioning (i.e., were not at the most dependent level of cognitive functioning at start of care/resumption of care).</p>
35	<p>Improvement in confusion frequency</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in confusion frequency from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in confusion frequency (i.e., exhibited confusion in some situations or with some frequency at start of care/resumption of care).</p>
36	<p>Improvement in anxiety level</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in anxiety level from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in anxiety level (i.e., exhibited anxiety with some frequency at start of care/resumption of care).</p>
37	<p>Stabilization in anxiety level</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who stabilized (did not worsen) in anxiety level from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have worsened in anxiety level (i.e., did not exhibit anxiety at all times at start of care/resumption of care).</p>
38	<p>Improvement in behavioral problem frequency</p> <p><i>Description:</i> End result quality improvement outcome measure</p> <p><i>Numerator:</i> The number of patients who improved in behavioral problem frequency from start of care/resumption of care to a subsequent discharge/transfer.</p> <p><i>Denominator:</i> The number of patients who could have improved in behavioral problem frequency (i.e., exhibited behavioral problems with some frequency at start of care/resumption of care).</p>

Ind.# Indicator

39	<p>Any emergent care provided</p> <p><i>Description:</i> Utilization outcome measure</p> <p><i>Numerator:</i> The number of patients who utilized emergent care services, according to the OASIS item for emergent care.</p> <p><i>Denominator:</i> The number of patients who could have utilized emergent care services (i.e., patients for whom there is both start of care/resumption of care and corresponding discharge/transfer data).</p>
40	<p>Discharged to community</p> <p><i>Description:</i> Utilization outcome measure</p> <p><i>Numerator:</i> The number of patients who were discharged to the community, according to the OASIS item for discharge disposition.</p> <p><i>Denominator:</i> The number of patients who could have been discharged to the community (i.e., patients for whom there is both start of care/resumption of care and corresponding discharge/transfer data).</p>
41	<p>Acute care hospitalization</p> <p><i>Description:</i> Utilization outcome measure</p> <p><i>Numerator:</i> The number of patients who were hospitalized for acute care, according to the OASIS item for reason for hospitalization.</p> <p><i>Denominator:</i> The number of patients who could have been hospitalized (i.e., patients for whom there is both start of care/resumption of care and corresponding discharge/transfer data).</p>
42	<p>Emergent care for injury caused by fall or accident at home</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients who received emergent care after start of care/resumption of care, and the emergent care reason was "injury caused by fall or accident at home."</p> <p><i>Denominator:</i> The number of patients who could have utilized emergent care services (i.e., patients for whom there is both start of care/resumption of care and corresponding discharge/transfer data).</p>
43	<p>Emergent care for wound infections, deteriorating wound status</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients who received emergent care after start of care/resumption of care, and the emergent care reason was "wound infection, deteriorating wound status, new lesion/ulcer."</p> <p><i>Denominator:</i> The number of patients who could have utilized emergent care services (i.e., patients for whom there is both start of care/resumption of care and corresponding discharge/transfer data).</p>
44	<p>Emergent care for improper medication administration, medication side effects</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients who received emergent care after start of care/resumption of care, and the emergent care reason was "improper medication administration, medication side effects, toxicity, anaphylaxis."</p> <p><i>Denominator:</i> The number of patients who could have utilized emergent care services (i.e., patients for whom there is both start of care/resumption of care and corresponding discharge/transfer data).</p>
45	<p>Emergent care for hypo/hyperglycemia</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients who received emergent care after start of care/resumption of care, and the emergent care reason was "hypo/hyperglycemia, diabetes out of control."</p> <p><i>Denominator:</i> The number of patients who could have utilized emergent care services (i.e., patients for whom there is both start of care/resumption of care and corresponding discharge/transfer data).</p>
46	<p>Development of urinary tract infection</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients who had been treated for a urinary tract infection in the 14 days prior to discharge.</p> <p><i>Denominator:</i> The number of patients who had not been treated for urinary tract infection in the 14 days prior to start of care/resumption of care, and for whom there is both start of care/resumption of care and corresponding discharge/transfer data).</p>

Ind.# Indicator

47	<p>Increase in number of pressure ulcers</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients who had a greater number of pressure ulcers at discharge than he or she had at start of care/resumption of care.</p> <p><i>Denominator:</i> The number of patients for whom there is both start of care/resumption of care and corresponding discharge/transfer data.</p>
48	<p>Substantial decline in 3 or more activities of daily living</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients whose scale levels declined (indicating worsening) by at least two points in three or more of the activities of daily living categories (grooming, toileting, bathing, transferring, ambulation/locomotion) between start of care/resumption of care and discharge.</p> <p><i>Denominator:</i> The number of patients who were not terminal and who could have had a substantial decline in activities of daily living (i.e. patients who could have declined by two or more points in three activities of daily living.)</p>
49	<p>Substantial decline in management of oral medications</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients who were unable to prepare and take all prescribed oral medications reliably and safely at discharge.</p> <p><i>Denominator:</i> The number of patients who were able to prepare and take all prescribed oral medications reliably and safely at start of care/resumption of care and for whom there is both start of care/resumption of care and corresponding discharge/transfer data.</p>
50	<p>Unexpected nursing home admission</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients who were admitted to a nursing home for reasons other than therapy services or respite care, although patient had a good rehabilitative prognosis at start of care/resumption of care.</p> <p><i>Denominator:</i> The number of patients who had a good rehabilitative prognosis at start of care/resumption of care and for whom there is both start of care/resumption of care and corresponding discharge/transfer data.</p>
51	<p>Discharged to the community needing wound care or medication assistance</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients who were discharged to the community without paid or resident assistance, while confused or non-responsive, and while unable to take medications without assistance, or with either a Stage 3 or 4 pressure ulcer or a non-healing surgical wound.</p> <p><i>Denominator:</i> The number of patients for whom there is both start of care/resumption of care and corresponding discharge/transfer data.</p>
52	<p>Discharged to the community needing toileting assistance</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients who were discharged to the community without paid or resident assistance while chairfast/bedfast and totally dependent in toileting.</p> <p><i>Denominator:</i> The number of patients for whom there is both start of care/resumption of care and corresponding discharge/transfer data.</p>
53	<p>Discharged to the community with behavioral problems</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients who were discharged to the community without paid or resident assistance while having demonstrated at least two behavioral problems.</p> <p><i>Denominator:</i> The number of patients for whom there is both start of care/resumption of care and corresponding discharge/transfer data.</p>
54	<p>Unexpected death</p> <p><i>Description:</i> Adverse event outcome measure</p> <p><i>Numerator:</i> The number of patients who died although he or she had a life expectancy of greater than six months at start of care/resumption of care.</p> <p><i>Denominator:</i> The number of patients who had a life expectancy of greater than six months at start of care/resumption of care.</p>

Quality Indicators by Instrument & Quality Framework Domain

Quality Instrument: AHRQ Preventive Quality Indicators

Developer: U.S. Dept. of Health & Human Services: Agency for Healthcare Research and Quality (AHRQ)

Mamatha Pancholi, MS, QI Project Director
5333 Westbard Ave. - Room 5000
Rockville, MD 20850

Website: <http://www.qualityindicators.ahrq.gov>

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HCBS Quality Framework Domains

7. System performance

6. Participant outcomes and satisfaction

5. Participant rights & responsibilities

4. Participant safeguards

3. Provider capacity & capabilities

2. Participant-centered service planning & delivery

1. Participant Access

Num	Indicator	1. Participant Access	2. Participant-centered service planning & delivery	3. Provider capacity & capabilities	4. Participant safeguards	5. Participant rights & responsibilities	6. Participant outcomes and satisfaction	7. System performance
PQI 1	Diabetes Short-term Complications Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 2	Perforated Appendix Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 3	Diabetes Long-term Complications Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 4	Pediatric Asthma Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 5	Chronic Obstructive Pulmonary Disease Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 6	Pediatric Gastroenteritis Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 7	Hypertension Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 8	Congestive Heart Failure Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 9	Low Birth Weight Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 10	Dehydration Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 11	Bacterial Pneumonia Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 12	Urinary Tract Infection Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 13	Angina without Procedure Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 14	Uncontrolled Diabetes Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 15	Adult Asthma Admission Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PQI 16	Rate of Lower-extremity Amputation among Patients with Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Descriptions of Quality Measures by Quality Instrument

Quality Instrument: AHRQ Preventive Quality Indicators

Developer: U.S. Dept. of Health & Human Services: Agency for Healthcare Research and Quality (AHRQ)

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Ind.# Indicator

PQI 1 Diabetes Short-term Complications Admission Rate

Description: Admissions for diabetic short-term complications per 100,000 population. Proper outpatient treatment and adherence to care may reduce the incidence of diabetic short-term complications, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis codes for diabetes short-term complications (ketoacidosis, hyperosmolarity, coma).

Denominator: Population in MSA or county, age 18 years and older.

PQI 2 Perforated Appendix Admission Rate

Description: Admissions for perforated appendix per 100 admissions for appendicitis within MSA or county. Timely diagnosis and treatment may reduce the incidence of perforated appendix, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM diagnosis code for perforation or abscess of appendix in any field.

Denominator: Discharges with diagnosis code for appendicitis in any field within MSA or county.

PQI 3 Diabetes Long-term Complications Admission Rate

Description: Admissions for diabetic long-term complications per 100,000 population. Proper outpatient treatment and adherence to care may reduce the incidence of diabetic long-term complications, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis codes for long-term complications of diabetes (renal, eye, neurological, circulatory, or complications not otherwise specified).

Denominator: Population in MSA or county, age 18 years and older.

PQI 4 Pediatric Asthma Admission Rate

Description: Admissions for pediatric asthma per 100,000 population. Proper outpatient treatment may reduce admissions for asthma in the pediatric population, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis codes for asthma.

Denominator: Population in MSA or county, age less than 18 years.

PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate

Description: Admissions for COPD per 100,000 population. Proper outpatient treatment may reduce admissions for COPD, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis codes for COPD.

Denominator: Population in MSA or county, age 18 years and older.

PQI 6 Pediatric Gastroenteritis Admission Rate

Description: Admissions for pediatric gastroenteritis per 100,000 population. Proper outpatient treatment may reduce admissions for gastroenteritis in the pediatric population, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis codes for gastroenteritis.

Denominator: Population in MSA or county, age less than 18 years.

Ind.# Indicator

PQI 7 Hypertension Admission Rate

Description: Admissions for hypertension per 100,000 population. Proper outpatient treatment may reduce admissions for hypertension, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis codes for hypertension.

Denominator: Population in MSA or county, age 18 years and older.

PQI 8 Congestive Heart Failure Admission Rate

Description: Admissions for CHF per 100,000 population. Proper outpatient treatment may reduce admissions for CHF, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis codes for CHF.

Denominator: Population in MSA or county, age 18 years and older.

PQI 9 Low Birth Weight Rate

Description: Number of low birth weight infants per 100 births. Proper preventive care may reduce incidence of low birth weight, and lower rates represent better quality care.

Numerator: Number of births with ICD-9-CM diagnosis codes for birth weight less than 2500 grams in any field.

Denominator: All births (discharges in MDC 15, newborns and neonates) in MSA or county.

PQI 10 Dehydration Admission Rate

Description: Admissions for dehydration per 100,000 population. Proper outpatient treatment may reduce admissions for dehydration, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis code for hypovolemia (276.5).

Denominator: Population in MSA or county.

PQI 11 Bacterial Pneumonia Admission Rate

Description: Admissions for bacterial pneumonia per 100,000 population. Proper outpatient treatment may reduce admissions for bacterial pneumonia in non-susceptible individuals, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis code for bacterial pneumonia.

Denominator: Population in MSA or county.

PQI 12 Urinary Tract Infection Admission Rate

Description: Admissions for urinary tract infection per 100,000 population. Proper outpatient treatment may reduce admissions for urinary infection, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis code for urinary tract infection.

Denominator: Population in MSA or county.

PQI 13 Angina without Procedure Admission Rate

Description: Admissions for angina (without procedures) per 100,000 population. Proper outpatient treatment may reduce admissions for angina (without procedures), and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis codes for angina.

Denominator: Population in MSA or county, age 18 years and older.

PQI 14 Uncontrolled Diabetes Admission Rate

Description: Admissions for uncontrolled diabetes per 100,000 population. Proper outpatient treatment and adherence to care may reduce the incidence of uncontrolled diabetes, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis codes for uncontrolled diabetes, without mention of a short-term or long-term complication.

Denominator: Population in MSA or county, age 18 years and older.

PQI 15 Adult Asthma Admission Rate

Description: Admissions for adult asthma per 100,000 population. Proper outpatient treatment may reduce the incidence or exacerbation of asthma requiring hospitalization, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM principal diagnosis codes for asthma.

Denominator: Population in MSA or county, age 18 years and older.

Ind.# Indicator

PQI 16 Rate of Lower-extremity Amputation among Patients with Diabetes

Description: Admissions for lower-extremity amputation in patients with diabetes per 100,000 population. Proper and continued treatment and glucose control may reduce the incidence of lower-extremity amputation, and lower rates represent better quality care.

Numerator: Discharges with ICD-9-CM procedure codes for lower-extremity amputation in any field and diagnosis code for diabetes in any field.

Denominator: Population in MSA or county, age 18 years and older.