

COMMUNITY-BASED CARE TRANSITIONS PROGRAM (CCTP) PATIENT EXPERIENCE SURVEY

FIRST ADMINISTRATION (WITHIN 4 DAYS AFTER HOSPITAL DISCHARGE)

INFORMATION TO BE PRE-FILLED BY THE CBOs FROM THE LIST BILLS

Medicare Beneficiary ID (Health Insurance Claim Number or HICN):	_ _ _ - _ _ - _ _ _ _ - _ _ _
Beneficiary Date of Birth:	_ _ / _ _ / _ _ _ _ Month Day Year
Medicare Hospital ID (CMS Certification Number or CCN):	_ _ _ _ _ _
CCTP CBO ID:	_ _ _ _

Date Interview Completed: |_|_|/|_|_|/|_|_|_|_|
Month Day Year

SURVEY INTRODUCTION:

INTERVIEWER/COACH: YOU MAY INTRODUCE THE SURVEY BY READING THE BULLETS, OR USE YOUR OWN WORDS TO COVER THE FOLLOWING POINTS.

- This survey is part of Medicare's community-based care transitions program (also known as CCTP).
- The survey is about your most recent hospital stay.
- The information from all surveys combined will be used to improve care transitions after people have a hospital stay.
- There are no right or wrong answers and you should answer honestly.
- The survey is voluntary (it is your choice to take the survey).
- Whether or not you chose to take the survey will not affect your health care coverage.
- Your answers will not be shared with your doctors but only with people on the study team.
- You may skip any question that you don't want to answer.
- The survey should take about 10 minutes.
- **Could we begin now?**

1 YES → CONTINUE WITH THE INTERVIEW

0 NO → Thanks very much for your time. **End interview.**

(IF YES):

Thank you. To begin, these questions are about what happened during your most recent hospital stay.

1. During this hospital stay, were you given any medicine that you had not taken before?

1 Yes

0 No → **GO TO Q.4**

2. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Would you say never, sometimes, usually, or always?

MARK ONE ONLY

1 Never

2 Sometimes

3 Usually

4 Always

3. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? Would you say never, sometimes, usually, or always?

MARK ONE ONLY

1 Never

2 Sometimes

3 Usually

4 Always

4. During this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

1 Yes

0 No

5. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

1 Yes

0 No

The next set of questions is about how prepared you felt when you left the hospital. Your answer choices are Disagree Strongly, Disagree, Agree, and Agree Strongly. Let's start with the first question.

INTERVIEWER: DO NOT INTRODUCE THE OPTION TO PROVIDE A "DON'T KNOW/DON'T REMEMBER/NOT APPLICABLE" RESPONSE; OFFER IT ONLY IF IT BECOMES CLEAR THAT THE FOUR OTHER RESPONSES DO NOT PERTAIN.

MARK ONE PER ROW

	DISAGREE STRONGLY	DISAGREE	AGREE	AGREE STRONGLY	DON'T KNOW/ DON'T REMEMBER/ NOT APPLICABLE
6. The hospital staff took my preferences and those of my family or caregiver into account in deciding <i>what</i> my health care needs would be when I left the hospital. Would you say you disagree or agree? [THEN ASK: Do you disagree/agree strongly or just disagree/agree?]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
7. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. Would you say you disagree or agree? [THEN ASK: Do you disagree/ agree strongly or just disagree/agree?]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
8. When I left the hospital, I clearly understood the purpose for taking each of my medications. Would you say you disagree or agree? [THEN ASK: Do you disagree/agree strongly or just disagree/ agree?]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

The last set of questions is about how comfortable you feel taking care of your health. I want to assure you that there are NO right or wrong answers, and neither of us is being graded on how you answer, so I encourage you to be completely honest when you answer.

As with the earlier questions, your answer choices are Disagree Strongly, Disagree, Agree, and Agree Strongly.

MARK ONE PER ROW

	DISAGREE STRONGLY	DISAGREE	AGREE	AGREE STRONGLY	NA
9. When all is said and done, I am the person who is responsible for taking care of my health.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
10. Taking an active role in my own health care is the most important thing that affects my health.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
11. I am confident I can help prevent or reduce problems associated with my health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
12. I know what each of my prescribed medications do.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
13. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
14. I am confident I can tell a doctor concerns I have even when he or she does not ask.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
15. I am confident that I can follow through on medical treatments I may need to do at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
16. I understand my health problems and what causes them.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
17. I know what treatments are available for my health problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
18. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
19. I know how to prevent problems with my health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
20. I am confident I can figure out solutions when new problems arise with my health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
21. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>

That is the end of our questions. Thank you very much for participating in the survey!

INTERVIEWER/COACH, PLEASE ANSWER THE FOLLOWING QUESTIONS:

<p>A. Did you complete the interview with the patient alone, with the patient assisted by another person, or with someone else answering for the patient?</p> <p>1 <input type="checkbox"/> PATIENT ALONE → GO TO C</p> <p>2 <input type="checkbox"/> PATIENT WITH ASSISTANCE → GO TO B</p> <p>3 <input type="checkbox"/> SOMEONE ELSE ANSWERING FOR PATIENT → GO TO B</p>	<p>B. Who assisted the patient or answered for them?</p> <p>1 <input type="checkbox"/> SPOUSE</p> <p>2 <input type="checkbox"/> ANOTHER RELATIVE</p> <p>3 <input type="checkbox"/> FRIEND</p> <p>4 <input type="checkbox"/> PAID CAREGIVER</p> <p>5 <input type="checkbox"/> SOMEONE ELSE (Specify) _____</p> <p>→ GO TO D</p>
<p>C. How much of the questionnaire do you think this patient understood?</p> <p>1 <input type="checkbox"/> MOST OR ALL</p> <p>2 <input type="checkbox"/> SOME</p> <p>3 <input type="checkbox"/> NONE</p>	<p>D. Did you complete the interview in person or over the phone?</p> <p>1 <input type="checkbox"/> IN PERSON</p> <p>2 <input type="checkbox"/> OVER THE PHONE</p>
<p>E. Is there any other information you think we should know about this interview?</p> <p>_____</p> <p>_____</p> <p>_____</p>	