

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

SECOND ADMINISTRATION (AT THE END OF THE CARE TRANSITION PROGRAM)

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

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

**Date Interview Completed or Attempted:** |\_|\_|/|\_|\_|/|\_|\_|\_|\_|  
Month Day Year

**If interview was not completed, reason why:**

- 1  No patient activation intervention
- 2  Death of patient
- 3  Patient in hospital or skilled nursing facility
- 4  Unable to locate/unable to reach the patient
- 5  Patient moved
- 6  Other reason (Specify) \_\_\_\_\_

**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 a follow up to the one we conducted at the beginning of our CCTP program, just after you left the hospital.
- 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 choose 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 7 minutes.
- Could we begin now?

1  Yes → CONTINUE WITH THE INTERVIEW

0  No → **Thanks very much for your time.** → END INTERVIEW (SAVE FOR DATA ENTRY)

1  Yes → CONTINUE WITH THE INTERVIEW

2  Interview not attempted → (MARK REASON INTERVIEWER DID NOT ATTEMPT INTERVIEW)

11  No patient activation intervention

12  Death of patient

13  Patient in hospital

14  Unable to locate/unable to reach the patient

15  Patient moved

16  No translation available

17  Patient confused/poor memory/cognitive impairment/severe hearing loss

18  Interviewer did not do interview at intervention, then could not re-contact

19  Other reason for not attempting interview (Specify reason) \_\_\_\_\_

3  No, patient refused → **Thanks for your time.** (MARK REASON PATIENT GAVE FOR NOT COMPLETING INTERVIEW) \_\_\_\_\_

21  Patient refused because too sick or too tired

22  Patient refused because too busy/did not have time

23  Patient refused for some other reason (Specify reason) \_\_\_\_\_

24  Patient refused, no reason specified

(IF YES):

Thank you, let's begin.

These questions are 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. Your answer choices are Disagree Strongly, Disagree, Agree, and Agree Strongly.

MARK ONE PER ROW

	DISAGREE STRONGLY	DISAGREE	AGREE	AGREE STRONGLY	NA
1. 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"/>
2. 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"/>
3. 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"/>
4. 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"/>
5. 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"/>
6. I am confident that 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"/>
7. 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"/>
8. 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"/>
9. 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"/>
10. 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"/>
11. 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"/>
12. 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"/>
13. 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:

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?

- 1  PATIENT ALONE → **GO TO C**
- 2  PATIENT WITH ASSISTANCE
- 3  SOMEONE ELSE ANSWERING FOR PATIENT

B. Who assisted the patient or answered for them?

- 1  SPOUSE
  - 2  ANOTHER RELATIVE
  - 3  FRIEND
  - 4  PAID CAREGIVER
  - 5  SOMEONE ELSE (Specify)
- \_\_\_\_\_

C. How much of the questionnaire do you think this patient understood?

- 1  MOST OR ALL
- 2  SOME
- 3  NONE

D. Did you complete the interview in person or over the phone?

- 1  IN PERSON
- 2  OVER THE PHONE

E. Is there any other information you think we should know about this interview?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_