

## Department of Health Care Policy and Financing

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### Consumer Directed Attendant Support Services Participant Survey

### In-Home Support Services Participant Survey

### Agency-Based Personal Care, Homemaker, or Skilled Care Services Participant Survey

Thank you for taking this Participant Survey. We appreciate your time and input.

### Instructions

- The survey will take about 30 minutes. Please try to answer all questions.
- If you have any questions or concerns about the survey, please contact Tonya Aultman-Bettridge of TriWest Group at  
CDC@triwestgroup.net  
303-544-0509 ext. 1

If you are assisting someone in filling out this survey, please respond according to how you think the *participant* would answer—or use your best judgement regarding how the services are meeting needs of the participant. For example, if you are a parent completing a survey for a child, please answer from your child’s perspective (“your” = “your child” ; “I” = “my child”).

### Survey

For each question below, please check (✓ or ✕) the box below the answer that best describes what you think.

**Q1.** Are you answering this survey on behalf of a participant?

**Yes**  **No**

If you answered, “Yes,” please check all that apply to your relationship to participant. If you answered “No,” please move to Question 2 on the other side of this page.

**Authorized Representative**  **Parent**  **Spouse/ Partner**  **Other Family**  **Other (Please specify)** \_\_\_\_\_  
\_\_\_\_\_

[Please see the other side of the page for the next question.]

All questions are related to **the services you are receiving through [CDASS/IHSS/a home-based services agency]**: personal care, homemaker, health maintenance, and traditionally skilled care services.

**Q2.** Do the services you receive meet your needs and goals?

**Always or**

**Almost**

**Most of the**

**Rarely**

**Never**

**Don't Know**

**Always**

**Time**

**(Not often)**






**Q3.** As a direct result of the services I received, I am better able to do the things I want to do.

**Agree**

**Somewhat**

**Somewhat**

**Disagree**

**Don't Know/**

**Agree**

**Disagree**

**Not Applicable**






**Q4.** Are services and supports helping you to live a good life (as you define it)?

**Always or**

**Almost**

**Most of the**

**Rarely**

**Never**

**Don't Know**

**Always**

**Time**

**(Not often)**






**Q5.** Do you believe that your “care plan” (plan for what services you will receive) identifies your real needs?

**Yes**

**No**

**Don't Know**




**Q6.** Do you feel you are able to have final say as to what is in your “care plan”?

**Yes**

**No**

**Don't Know**




**Q7.** Overall, how satisfied are you with [Consumer Directed Attended Support Services/In-Home Support Services/the agency-based personal care, homemaker, or skilled care services] you receive?

**Very Satisfied**

**Somewhat Satisfied**

**Somewhat Dissatisfied**

**Very Dissatisfied**

**Don't Know/ Not Applicable**

**Q8.** How much do you agree or disagree that your attendants treat you with courtesy and respect?

<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Agree a Little</b>	<b>Don't Agree at All</b>	<b>Don't Know/ Not Applicable</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9.** Were you able to select the person of your choice to perform services?

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10.** How hard was it, overall, for you to find attendants to help you who you were satisfied with?

<b>Very Hard</b>	<b>Somewhat Hard</b>	<b>A Little Hard</b>	<b>Not at All Hard</b>	<b>Don't Know/ Not Applicable</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q11.** On average, how many hours a week do you receive attendant support?

<b>0–10</b>	<b>10–20</b>	<b>20–30</b>	<b>Over 30</b>	<b>Don't Know/ Not Applicable</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q12.** How often are services delivered in a way that is respectful of your family's culture?

<b>Very Often</b>	<b>Somewhat Often</b>	<b>Not at All That Often</b>	<b>Don't Know/ Not Applicable</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q13.** How often do you feel lonely, sad, or depressed?

<b>Very Often</b>	<b>Somewhat Often</b>	<b>Not at All That Often</b>	<b>Don't Know/ Not Applicable</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q14.** How would you rate your overall mental or emotional health?

<b>Very Healthy</b>	<b>Somewhat Healthy</b>	<b>A Little Unhealthy</b>	<b>Not Healthy at All</b>	<b>Don't Know/ Unsure</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Please see the other side of the page for the next question.]

**Q15.** Can you see your friends and family when you want to?

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q16.** Can you get to your doctor's appointments when you need to?

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q17.** Can you get to the other places you need to go, such as work or shopping?

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q18.** Are you able to make choices about your everyday life, including daily routines, support staff or providers, and social activities?

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q19.** Do you choose where you go during the day?

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q20.** Does your attendant help you do things the way you want them done?

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q21.** Is your attendant reliable (shows up and leaves on time, lets you know about schedule changes in advance, etc.)?

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q22.** Does your attendant listen to you and consider your instructions?

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q23.** Can you choose or change what kind of services you get and determine how often and when you get them?

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q24.** I have the freedom to make my own decisions.

<b>True</b>	<b>False</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q25.** Are you free to take risks when you want to?

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In answering the questions below, please think about your life and social group (including friends and family members) overall, not the work done by your attendant.**

**Q26.** How often do you get the social and emotional support you need?

<b>Very Often</b>	<b>Often</b>	<b>Somewhat Often</b>	<b>Not All That Often</b>	<b>Don't Know/ Not Applicable</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q27.** I have opportunities to be involved in my community.

<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know/ Not Applicable</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q28.** How would you rate your overall health?

<b>Very Good</b>	<b>Good</b>	<b>Poor</b>	<b>Very Poor</b>	<b>Don't Know/ Not Applicable</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q29.** Were you admitted to the hospital in the last year?

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered, "Yes," please check all that apply about the reason for the hospital visit(s). If you answered "No," please move to the final questions on the other side of this page.**

<b>Planned Medical Procedure</b>	<b>Physician Recommended</b>	<b>Unexpected Health Change</b>	<b>Related to Quality of Care Received</b>	<b>Other</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Please see the other side of the page for the final questions.]

Optional Questions

The following questions are asked so we can see if our survey has been completed by the same variety of people that are served by the program overall. These questions are optional.

**Q30.** What is your (the participants') gender?

<b>Male</b>	<b>Female</b>	<b>Prefer Not to Say</b>	<b>Prefer to Self-Describe</b>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Q31.** What is your (the participants') age?

<input type="checkbox"/> Under 18	<input type="checkbox"/> 50 to 59
<input type="checkbox"/> 18 to 29	<input type="checkbox"/> 60 to 69
<input type="checkbox"/> 30 to 39	<input type="checkbox"/> Over 69
<input type="checkbox"/> 40 to 49	<input type="checkbox"/> Prefer not to say

**Q32.** Which best describes the area where you live?

<b>Urban</b>	<b>Suburban</b>	<b>Rural</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q33.** Is there anything you would like to add? (Please write in the space below.)