COLORADO
Department of Health Care Policy & Financing

Colorado Department of Health Care Policy and Financing (The Department) is interested in obtaining information on how your personal care, homemaker, home health or health maintenance services are meeting your needs. The Department has developed this survey in collaboration with the National Resource Center for Participant Directed Services. The goal of this survey is to capture how services are meeting the needs of individuals. Your participation is needed and highly valued. Please complete this anonymous survey to share your personal experiences and return in the enclosed envelope by **August 20, 2016.**

**Please review each question and circle the one response that best represents your answer.**

1. Are you currently receiving any of the following services though a home care agency or Consumer Directed Attendant Support Services (CDASS)? Select all which apply to your situation.

Personal Care

Homemaker

Health Maintenance (skilled care services offered through CDASS)

Home Health (skilled care services offered through a traditional agency service provider)

2. Overall, how satisfied are you with the services you receive in your home from a paid worker?

Very Satisfied

Somewhat Satisfied

Satisfied

Somewhat Dissatisfied

Very Dissatisfied

Survey Code:

DRAFT

3. Do you feel your paid worker is adequately trained to perform the task they should provide to you?

Very Well Trained

Fairly Well Trained

Not Trained Enough

Poorly Trained

4. Do the people who are paid to help you show up and leave when they are supposed to?

Yes, Always or Almost Always

Some, or Usually

No, Never or Rarely

5. Do you feel that the people who are paid to help you treat you with respect?

Yes, Always or Almost Always

Some or Usually

No, Never or Rarely

6. Do the people who are currently paid to help you change too often?

Yes

Some, or Sometimes

No

7. Does your worker help you do things the way you want them done?

Yes, Always or Almost Always

Some, or Usually

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No, Never or Rarely

8. How many times in the last three months has your paid worker failed to keep a scheduled visit when you needed help?

More Than 3 Times

2-3 Times

1 Time

Never

9. Do you feel safe with the person paid to help you with tasks such as bathing, dressing and grooming?

Yes

No

Not Sure

10. How many times have you been admitted to the hospital in the last three months?

More Than 3 Times

2-3 Times

1 Time

I Have Not

11. How many times have you sought medical care in the emergency room in the last three months?

More Than 3 Times

2-3 Times

1 Time

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I Have Not

12. If applicable, when leaving the hospital or emergency room, did you feel comfortable and supported enough to go home?

Yes

In-Between

No

Not Applicable

13. Do you feel in control of your life?

Yes, Almost Always, Always

In-Between, Sometimes

No, Rarely, Never

14. Can you choose or change what kind of services you get?

Yes, All Services

Sometimes, or Some Services

No

15. Can you choose or change how often and when you get your services?

Yes, All Services

Sometimes, or Some Services

No

16. Can you change the people who are paid to provide your services if you wanted to?

Yes, All Services

Sometimes, or Some Services



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No

17. Do you always get enough assistance for self-care when you need it?

Yes, Always

Some days, Sometimes

No, Not Always

18. Do you get and go to bed when you want to?

Yes, Always or Almost Always

Some days, Sometimes

No, Never

19. Can you eat your meals when you want to?

Yes, Always, or Almost Always

Some days, Sometimes

No, Never

Any additional comments you would like to share regarding your experience with personal care, homemaker, home health care or health maintenance services? Your responses are anonymous:

_____
_____
_____
_____
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