MISSOURI MEDICAID CORE SURVEY

This interview is completely voluntary on your part. Thank you for agreeing to participate.

The first survey in this interview (the CORE Survey) will take about 60 minutes to answer. It includes questions about you, your health status, and your use of assistive devices and personal assistance services.

If you need a break at any time, please let me know. Otherwise, there are places within the interview specifically set up for that purpose.

Please select the answers most appropriate to you. You may indicate if you prefer not to answer any particular question. And you may discontinue the survey at any time.

ILC Codes :

- ❑ AILC - Access II Independent Living Center
- ❑ DCIL - Delta Center for Independent Living
- ❑ DRA - Disability Resource Association
- ❑ LIFE - Living Independently for Everyone
- ❑ MERIL - Midland Empire Resources for Independent Living
- ❑ PQ - Paraquad
- ❑ SIL - Services for Independent Living
- ❑ TILC - The Independent Living Center, Inc.
- ❑ WILS - Warrenberg Independent Living Services

Program enrolled in:

- ❑ NME (Non Medicaid Eligible)
- ❑ MAWD (Medical assistance for workers with disabilities)
- ❑ MSP (Medicaid State Plan)

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For Office Use Only

Participant ID Number: _____ **ILC Code:** _____ **Interview Number:** _____

Interview start date: _____ (MM/DD/YYYY) **Completion date:** _____ (MM/DD/YYYY)

Interviewer ID: _____ *(initials)*

The first questions are background for statistical purposes.

1. What is your **gender**? ❑ *Male* ❑ *Female*

2. What is your **age**? _____

3. What is your **race/ethnicity**?
   - ❑ *American Indian/Alaska Native*
   - ❑ *Asian*
   - ❑ *Black/African American*
   - ❑ *Native Hawaiian/Other Pacific Islander*
   - ❑ *White*
   - ❑ *Other (specify)* _____

4. Are you of **Hispanic** or **Latino** origin? ❑ *Yes* ❑ *No*

5. Do you have a …
   - ❑ ***Mobility impairment*** *(difficulty walking or unable to walk)*
     What is your **primary diagnosis**? _____
     Prompt 1:*According to your doctor, what is your primary diagnosis?*
     Prompt 2: *Although that may be the cause, what does your doctor say is your primary diagnosis?*
   - ❑ ***Visual impairment*** *(difficulty seeing)*
     What is your **primary diagnosis**? _____
   - ❑ ***Hearing impairment*** *(difficulty hearing)*
     What is your **primary diagnosis**? _____
   - ❑ ***Cognitive impairment*** *(difficulty with thinking/understanding)*
     What is your **primary diagnosis**? _____
   - ❑ ***Mental health impairment*** *(difficulty controlling thoughts/emotions/actions)*
     What is your **primary diagnosis**? _____

6. In general, would you say your **health** is…
   ❑ *Excellent* ❑ *Very good* ❑ *Good* ❑ *Fair* ❑ *Poor*

7. Are you:
   - ❑ *Married*
   - ❑ *Divorced*
   - ❑ *Widowed*
   - ❑ *Separated*
   - ❑ *Never been married*
   - ❑ *Member of an unmarried couple*

8. Which of the following describe your **current** living situation? Do you …
   - ❑ *Live alone (in a house/apartment/mobile home)*
   - ❑ *Live with others (family/friends)*
   - ❑ *Live in an assistive living facility*
   - ❑ *Live in a skilled nursing facility (nursing home)*
   - ❑ *Other (specify)* _____

9. Has your living **situation changed** in the past 3 months? ❑ *Yes* ❑ *No*
If Yes, Why _____

10. What is the **highest grade** or year of school you have completed?
- ❑ *Never attended school or only kindergarten*
- ❑ *Grades 1 through 11*
- ❑ *Grade 12 or GED (high school graduate)*
- ❑ *College 1 year to 3 years (including trade school)*
- ❑ *College 4 years or more (College graduate)*

11. Which member(s) of your household worked in the past month? (This includes you and all people who live with you.) **(Check all that apply.)**

❑ *Participant*	❑ *Father*	❑ *Sister*	❑ *Step-parent*
❑ *Significant other*	❑ *Mother*	❑ *Brother*	❑ *Grandparent*
❑ *Child*	❑ *Friend*	❑ *Other (specify)* _____	

11a. Did [insert person identified in question 11] work part-time or full-time?

Person #1 PT FT *Person #2 PT FT* *Person #3 PT FT*

11b. What was [insert person identified in question 11]'s monthly take-home pay, including money earned for personal assistance care they provide?

Person #1 $ _____ *Person #2 $* _____ *Person #3 $* _____

12. Which of the following benefits are you **currently** receiving? **(Check all that apply.)**
How long have you been receiving these benefits?
(and for some) How much do you receive per month for this benefit?

- ❑ *A.**SSI** (Supplemental Security Income)*
  ____*Years* *$* _____ *Amount*
- ❑ *B.**SSDI** (Social Security Disability Insurance)*
  ____*Years* *$* _____ *Amount*
- ❑ *C.**Social Security** (Retirement)*
  ____*Years* *$* _____ *Amount*
- ❑ *D.**Insurance Payment** (Worker's Comp)*
  ____*Years*
- ❑ *E.**Veteran's Disability Benefits***
  ____*Years*
- ❑ *F.**Private Health Insurance***
  ____*Years*
- ❑ *G.**Military Retirement***
  ____*Years*
- ❑ *H.**Medicare***
  ___*Years*
- ❑ *I.**Medicaid***
  ___*Years*
- ❑ *J.**Subsidized Housing***
  ___*Years*
- ❑ *K.**Subsidized Transportation**
  ___*Years*
- ❑ *L.**Meals on Wheels***
  ___*Years*
- ❑ *M.**Food Stamps***
  ___*Years*

*Transportation: agency-provided and public transportation

13. In the **past 3 months**, how often did you receive care from the following health care providers? **(Check one box on each line)**

Health care provider	*Once	*Two times	*Three times	*Four times	*Five times	*Six or more times	**Not in last 3 months
A. Primary care physician	❑	❑	❑	❑	❑	❑	❑
B. Specialist (other than your primary MD)	❑	❑	❑	❑	❑	❑	❑
C. Nurse (Home health)	❑	❑	❑	❑	❑	❑	❑
D. Therapist a.Occupational Therapist	❑	❑	❑	❑	❑	❑	❑
b.Physical Therapist	❑	❑	❑	❑	❑	❑	❑
c.Speech/Language Pathologist	❑	❑	❑	❑	❑	❑	❑
E. Emergency room / Urgent care provider	❑	❑	❑	❑	❑	❑	❑
F. Hospital overnight stay	❑	❑	❑	❑	❑	❑	❑
G. Alternative or holistic health provider	❑	❑	❑	❑	❑	❑	❑
H. Dentist	❑	❑	❑	❑	❑	❑	❑
I. Special Services (medical equipment, orthotics/prosthetics)	❑	❑	❑	❑	❑	❑	❑
J. Mental Health Professional	❑	❑	❑	❑	❑	❑	❑

*14. How much were your out-of-pocket expenses for these visits? $ _____

**14. [For those who have not used any of the above services during the last 3 months]

a. Did you need their services? ❑ Yes **(Continue.)** ❑ No **(Go to question 15)**

b. Was the reason for not using their services because … **(Check all that apply.)**

- ❑ *You lack paid personal assistance*
- ❑ *You were unable to afford their services*
- ❑ *Your healthcare provider refuses Medicaid*
- ❑ *Your healthcare provider refuses other type of medical insurance*
- ❑ *You lack transportation*
- ❑ *You are no longer receiving Medicaid coverage*
- ❑ *You have no medical insurance*
- ❑ *Your visits are not covered by Medicaid*
- ❑ *You have limited coverage for this service under Medicaid*
- ❑ ***None of these***

15. Based on your personal finances, how much difficulty do you have …

A. *Paying for prescribed medications*
❑ *No difficulty* ❑ *Little difficulty* ❑ *Some difficulty* ❑ *Great difficulty* ❑*Do not pay*

B. *Paying for transportation to obtain medical services*
❑ *No difficulty* ❑ *Little difficulty* ❑ *Some difficulty* ❑ *Great difficulty* ❑*Do not pay*

C. *Paying for necessary medical supplies*
❑ *No difficulty* ❑ *Little difficulty* ❑ *Some difficulty* ❑ *Great difficulty* ❑*Do not pay*

D. *Paying for necessary assistive devices*
❑ *No difficulty* ❑ *Little difficulty* ❑ *Some difficulty* ❑ *Great difficulty* ❑*Do not pay*

****

16. The next questions relate to a variety of **medical conditions**. Please indicate whether you have experienced these conditions within the **past 30 days**. **If you have not** experienced a condition within the past 30 days**,** indicate whether you have experienced it during the past 3 months.

	Past 30 days		Past 3 months	
1. Pain	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
2. Fatigue	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
3. Spasticity (muscles moving without you controlling their movements)	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
4. Shoulder, elbow, or wrist problems	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
5. Upper Respiratory Infection	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
6. Weakness	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
7. Required suctioning (using a device that sucks fluids out of your nose or stomach)	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
8. Required additional O^2 (secondary to asthma/emphysema)	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
9. Autonomic dysreflexia (really high blood pressure resulting in vomiting or headaches)	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
10. Circulatory problems	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
11. High blood pressure	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
12. Depression	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
13. Urinary Tract Infection	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
14. Bladder incontinence	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
15. Bowel incontinence	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
16. Stomach problems	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
17. Weight problems	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
18. Skin problems	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
19. Finger/toenail infections	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
20. Poor balance	❑ *Yes* ↓	❑ *No* →	❑ *Yes*	❑ *No*
21. Osteoporosis			❑ *Yes*	❑ *No*
22. Scoliosis			❑ *Yes*	❑ *No*
23. Contractures (permanent limitation of joint movement)			❑ *Yes*	❑ *No*

17. During the **past 30 days**, have you had or developed any skin breakdown (for example, blisters, wounds, pressure sores, or decubitus ulcers) that has required you to change your daily routine, take antibiotics, or seek medical care?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 19)**

18. Please indicate where on your body these occurred***: (Check all that apply.)***

LEFT	MIDDLE	RIGHT
❑ *Back of head*	❑ *Back of head*	❑ *Back of head*
❑ *Shoulder*	❑ *Tail bone*	❑ *Shoulder*
❑ *Hip bone*		❑ *Hip bone*
❑ *Sit bone*		❑ *Sit bone*
❑ *Heel*		❑ *Heel*
❑ *Knee*		❑ *Knee*
❑ *Elbow*		❑ *Elbow*
❑ *Thigh*		❑ *Thigh*
❑ *Leg*		❑ *Leg*
❑ *Other* _____		❑ *Other* _____

****

19. If NOT in the past 30 days, have you had or developed any skin breakdown during the past 3 months that has required you to change your daily routine, take antibiotics, or seek medical care?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 21)**

20. Please indicate where on your body these occurred: ***(Check all that apply.)***

LEFT	MIDDLE	RIGHT
❑ *Back of head*	❑ *Back of head*	❑ *Back of head*
❑ *Shoulder*	❑ *Tail bone*	❑ *Shoulder*
❑ *Hip bone*		❑ *Hip bone*
❑ *Sit bone*		❑ *Sit bone*
❑ *Heel*		❑ *Heel*
❑ *Knee*		❑ *Knee*
❑ *Elbow*		❑ *Elbow*
❑ *Thigh*		❑ *Thigh*
❑ *Leg*		❑ *Leg*
❑ *Other* _____		❑ *Other* _____

The following questions are about the help that you may be receiving from another person when you do activities at home and away from home. Help from another person includes assistance from paid or unpaid personal attendants, friends, family members, etc.

21. Do you receive help from another person with any of your daily life activities?
❑ Yes (continue) ❑ No (Go to question 28)

****

22. How long have you been receiving help from another person?
❑ 1-6 months ❑ 6-12 months ❑ More than 12 months

23. How many paid and/or unpaid individuals have provided assistance to you during the past 6 months?
_____Paid PAS _____Unpaid PAS

24. How many hours of paid and/or unpaid help do you receive in a typical week ?
_____Paid PAS _____Unpaid PAS

25. What form of help are you currently receiving (check all that apply)?
❑ Receiving unpaid help
A. Who provides this help and how many hours do they provide?
❑ Relatives _____hours
❑ Family _____hours
❑ Friends _____hours

❑ Paying for you own help
A. Who provides this help and how many hours do they provide?
❑ Relatives ____hours
❑ Family ____hours
❑ Friends ____hours
❑ Persons you hire ____hours
❑ Persons sent by agency ____hours

❑ Division of Aging
A. Who provides this help and how many hours do they provide?
❑Persons sent by agency _____hours

❑ ILC/Medicaid Program
A. Who provides this help and how many hours do they provide?
❑Relatives _____hours
❑Family _____hours
❑ Friends _____hours
❑Persons you hire _____hours
❑Persons sent by agency _____hours

❑ Other (please specify)_____

A. Who provides this help and how many hours do they provide?

❑Relatives _____hours
❑ Family _____hours
❑ Friends _____hours
❑Persons you hire _____hours
❑Persons sent by agency _____hours

26. How much choice do you have regarding the Personal Assistance Services that you are currently receiving? (Choice includes when, where and by whom help is provided)

❑ A lot of choice ❑ Some choice ❑ Little choice ❑No choice

27. How satisfied are you with the Personal Assistance Services that you are currently receiving?

❑ Very satisfied ❑ Satisfied ❑Dissatisfied ❑Very dissatisfied

28. How important is it for you to have Personal Assistance Services?

❑Very important ❑Important ❑Unimportant ❑Very unimportant

****

29. **How many attendants** (paid and unpaid) have provided assistance to you in the past 3 months?_____Paid attendants _____Unpaid attendants

30. Have you needed to hire a **new** personal attendant in the past 3 months?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 32.)**

****

31. How many days have you spent trying to hire a **new attendant** in the past 3 months? _____Days

A. Did you hire a **paid** personal attendant?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 31B.)**

****

(1). For you, has hiring a new **paid** attendant been …

❑ Very difficult ❑ Difficult ❑ Easy ❑ Very easy

(2) Did your **paid attendant** receive any training in how to best help you?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 2c.)**

****

a. Who trained your **paid** personal attendant(s)? Was this person …

❑ *Self-trained* **(Go to question 2c.)**
❑ *Agency* **(Continue.)**
❑ *Center for Independent Living* **(Continue.)**
❑ *Other* (Specify) **(Continue.)** _____

b. Did the training program for **paid attendants** help?

❑ *Yes* **(Go to question 31B.)** ❑ *No* **(Go to question 31B.)**

****

c. Do you think a training program for **paid attendants** would improve your care?

❑ *Yes* ❑ *No*

****

B. Did you hire an **unpaid** personal attendant?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 32.)**

****

(1) For you, has hiring a new **unpaid** attendant been …

❑ Very difficult ❑ Difficult ❑ Easy ❑ Very easy

(2) Did your **unpaid attendant** receive any training in how to best help you?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 2c.)**

****

a. Who trained your **unpaid** personal attendant(s)? Was this person …

❑ *Self trained* **(Go to question 2c.)**
❑ *Agency* **(Continue.)**
❑ *Center for Independent Living* **(Continue.)**
❑ *Other* (Specify) **(Continue.)** _____

b. Did the training program for **unpaid attendants** help?

❑ *Yes* **(Go to question 32.)** ❑ *No* **(Go to question 32.)**

****

c. Do you think a training program for **unpaid attendants** would improve your care?

❑ *Yes* ❑ *No*

****

32. How do you **recruit** personal attendants? Do you get referrals from …

❑ *Family* ❑ *Newspaper ads*
❑ *Friends* ❑ *Agency contact*
❑ *Former attendant referrals* ❑ *Center for Independent Living referrals*
❑ *Other* (Specify) _____

33. What is the **longest time** you have employed a personal attendant?

_____ *Months*

34. Who makes the best personal attendant? Would you say …

❑ Immediate family ❑ Recruit from Independent Living Center
❑ Relative ❑ Agency provided
❑ Friend ❑ Other (Specify) _____

35. Are any of your attendants **family members**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 36.)**

A. Does this person live with you?

❑ *Yes* ❑ *No*

B. Has the family member hurt himself or herself taking care of you in the last six months?

❑ *Yes* ❑ *No*

C. Did the family member quit a job or decrease the number of hours spent at work to take care of you?

❑ *Yes* ❑ *No*

D. Did the family member stop taking care of you and get another job?

❑ *Yes* ❑ *No*

36. How many days in the last 30 days were you **not able to get out of bed** because you did not have the personal assistance services that you needed?

_____ days

37. What do personal assistants do that you **really appreciate**?

_____

38. What do personal assistants do that you really **do not appreciate/like**?

_____

When describing yourself, please tell me whether each of the following statements are …

1= Definitely false 2= Mostly false 3= Mostly true or 4= Definitely true

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_____ 39. I can think of many ways to get out of a jam.

_____ 40. I energetically pursue my goals.

_____ 41. I feel tired most of the time.

_____ 42. There are lots of ways around any problem.

_____ 43. I are easily downed in an argument.

_____ 44. I can think of many ways to get the things in life that are most important to me.

_____ 45. I worry about my health.

_____ 46. Even when others get discouraged, I know I can find a way to solve the problem.

_____ 47. My past experiences have prepared me well for my future.

_____ 48. I've been pretty successful in life.

_____ 49. I usually find myself worrying about something.

_____ 50. I meet the goals that I set for myself.

****

51. Do you use a **mobility device**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 56 on page 15.)**

52. Which of the following do you use **MOST OF THE TIME**? **(Choose ONLY one.)**

❑ *Power wheelchair* ❑ *Scooter* ❑ *Crutches*
❑ *Manual wheelchair* ❑ *Cane* ❑ *Walker*

53. Do you **HAVE** a
[Power wheelchair / Manual wheelchair / Scooter / Cane / Crutches / Walker]?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 53K on next page.)**

(Cane/Crutches/Walker user - Skip to question B.)

A. What is the make/model of this device? _____*Make/Model*

B. **How long** have you owned this device*?* ____ *months*

C. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

D. **Using** your mobility device, what is the farthest distance that you can go?

❑ *Across a small room*
❑ *About the length of a typical house*
❑ *About one or two city blocks*
❑ *About one mile*
❑ *More than one mile*

E. What is the farthest distance you can walk by yourself, **without** your mobility device?

❑ *Unable to walk*
❑ *Across a small room*
❑ *About the length of a typical house*
❑ *About one or two city blocks*
❑ *About one mile*
❑ *More than one mile*

F. Have you ever needed **replacement or repairs** on your mobility device? (for example: tires/wheels, batteries, arm/footrests, back support, seat/cushion, cane tips)

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 54.)**

G. In the past 3 months, **how many times** has your mobility device needed to be replaced or repaired? _____ ***times***

(Cane/Crutches/Walker user - Skip question H.)

H. When your mobility device breaks down, **how many days** does it take to get repaired? _____ ***days***

I. Who **fixes** your mobility device when it needs to be repaired?
(Check all that apply.)

- ❑ *You*
- ❑ *Family members*
- ❑ *Friends*
- ❑ *Paid Personal Assistant*
- ❑ *DME vendors*
- ❑ *Other (specify)*_____
- ❑ *N/A*

J. Who **pays** for repairs on your mobility device?
(Check all that apply.)

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

****

K. Have you **tried** to get a **new** mobility device in the past 3 months and been unsuccessful?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 54.)**

L. **Why** have you not obtained this mobility device?
(Check all that apply.)

- ❑ *Unable to afford device*
- ❑ *Device is not covered by insurance or benefit*
- ❑ *Doctor did not approve device*
- ❑ *Device is not available*
- ❑ *Do not know where to get device*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

Skip to question #56 if participant DOESN'T use a Wheelchair

54. Do you **HAVE** a **Wheelchair cushion**?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 55.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your wheelchair cushion?
❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 56.)**

C. In the past 3 months, **how many times** has your wheelchair cushion needed to be replaced or repaired? _____ **times**

D. When your wheelchair cushion breaks down, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your wheelchair cushion when it needs to be repaired?
(Check all that apply.)
❑ *You* ❑ *Paid Personal Assistant* ❑ *N/A*
❑ *Family members* ❑ *DME vendors*
❑ *Friends* ❑ *Other (specify)__* _____

F. Who **pays** for repairs on your wheelchair cushion?
(Check all that apply.)
❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *N/A*

55. Have you **tried** to get a **new** wheelchair cushion in the past 3 months and been unsuccessful?
❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 56.)**

A. **Why** have you not obtained this wheelchair cushion?
(Check all that apply.)
❑ *Unable to afford wheelchair cushion*
❑ *Wheelchair cushionis not covered by insurance or benefit*
❑ *Doctor did not approve wheelchair cushion*
❑ *Wheelchair cushionis not available*
❑ *Do not know where to get wheelchair cushion*
❑ *Not tried*
❑ *Other (specify)*_____

****

56. Do you **HAVE Adapted kitchen equipment**? (i.e. plate guard, drinking utensils, built-up handles for pans/utensils,rocker knife, utility cart, etc.)
❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 57.)**

A. **Who** paid for it? **(Check all that apply.)**
❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

****

57. Do you **HAVE Lowered shelves/counters**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 58.)**

A. **Who** paid for them? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

****

58. Do you **HAVE Levers or special knobs on doors**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 59.)**

A. **Who** paid for them? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

****

59. Do you **HAVE a Shower bench (cushioned or non-cushioned)**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 60.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your shower bench?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 61.)**

C. In the past 3 months, **how many times** has your shower bench needed to be replaced or repaired? _____ **times**

D. When your shower bench breaks down, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your shower bench when it needs to be repaired? **(Check all that apply.)**

❑ *You* ❑ *Paid Personal Assistant*
❑ *Family members* ❑ *DME vendors*
❑ *Friends* ❑ *Other (specify)*_____

F. Who **pays** for repairs on your shower bench? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *N/A*

60. Have you **tried** to get a **new** shower bench in the past 3 months and been unsuccessful?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 61.)**

A. **Why** have you not obtained this shower bench?
(Check all that apply.)

❑ *Unable to afford equipment*
❑ *Equipment is not covered by insurance or benefit*
❑ *Doctor did not approve equipment*
❑ *Equipment is not available*
❑ *Do not know where to get equipment*
❑ *Not tried*
❑ *Other (specify)* _____

****

61. Do you **HAVE a Shower chair (cushioned or non-cushioned)**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 62.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your shower chair?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 63.)**

C. In the past 3 months, **how many times** has your shower chair needed to be replaced or repaired? _____ **times**

D. When your shower chair breaks down, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your shower chair when it needs to be repaired?
(Check all that apply.)

❑ *You* ❑ *Paid Personal Assistant*
❑ *Family members* ❑ *DME vendors*
❑ *Friends* ❑ *Other (specify)*_____

F. Who **pays** for repairs on your shower chair?
(Check all that apply.)

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *N/A*

62. Have you **tried** to get a **new** shower chair in the past 3 months and been unsuccessful?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 63.)**

A. **Why** have you not obtained this shower chair? **(Check all that apply.)**

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

63. Do you **HAVE** a **Roll-in shower**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 64.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member*	❑ *Medicare*	❑ *Vocational Rehabilitation*
❑ *Health insurance*	❑ *Medicaid*	❑ *VA*
❑ *Other (specify)*_____		❑ *Don't know*

****

64. Do you **HAVE** a **Hand-held showerhead**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 65.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member*	❑ *Medicare*	❑ *Vocational Rehabilitation*
❑ *Health insurance*	❑ *Medicaid*	❑ *VA*
❑ *Other (specify)*_____		❑ *Don't know*

****

65. Do you **HAVE Grab bars**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 66.)**

A. **Who** paid for them? **(Check all that apply.)**

❑ *You / family member*	❑ *Medicare*	❑ *Vocational Rehabilitation*
❑ *Health insurance*	❑ *Medicaid*	❑ *VA*
❑ *Other (specify)*_____		❑ *Don't know*

****

66. Do you **HAVE** a **Raised toilet/Urinal/Bedpan/Potty chair**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 67.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Medicare*
- ❑ *Vocational Rehabilitation*
- ❑ *Health insurance*
- ❑ *Medicaid*
- ❑ *VA*
- ❑ *Other (specify)*_____
- ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your Raised toilet / Urinal / Bedpan / Potty chair?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 68.)**

C. In the past 3 months, **how many times** has your Raised toilet / Urinal / Bedpan / Potty chair needed to be replaced or repaired? _____ **times**

D. When your Raised toilet / Urinal / Bedpan / Potty chair breaks down, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your Raised toilet / Urinal / Bedpan / Potty chair when it needs to be repaired?
(Check all that apply.)

- ❑ *You*
- ❑ *Paid Personal Assistant*
- ❑ *Family members*
- ❑ *DME vendors*
- ❑ *Friends*
- ❑ *Other (specify)*_____

F. Who **pays** for repairs on your Raised toilet / Urinal / Bedpan / Potty chair?
(Check all that apply.)

- ❑ *You / family member*
- ❑ *Medicare*
- ❑ *Vocational Rehabilitation*
- ❑ *Health insurance*
- ❑ *Medicaid*
- ❑ *VA*
- ❑ *Other (specify)*_____
- ❑ *N/A*

67. Have you **tried** to get a **new** Raised toilet / Urinal / Bedpan / Potty chair in the past 3 months and been unsuccessful?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 68.)**

A. **Why** have you not obtained this Raised toilet / Urinal / Bedpan / Potty chair?
(Check all that apply.)

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

68. Do you **HAVE** a **Catheter**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 69.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

****

69. Do you **HAVE** a **Leg bag / Overnight bag / Bed bag**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 70.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

****

70. Do you **HAVE Absorbency pads or undergarments**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 71.)**

A. **Who** paid for them? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

****

71. Do you **HAVE** a **Person-lifting device (Hoyer Lift)**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 72.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your Person-lifting device?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 73.)**

C. In the past 3 months, **how many times** has your Person-lifting device needed to be replaced or repaired? _____ **times**

D. When Person-lifting device breaks down, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your Person-lifting device when it needs to be repaired?
(Check all that apply.)

- ❑ *You*
- ❑ *Family members*
- ❑ *Friends*
- ❑ *Paid Personal Assistant*
- ❑ *DME vendors*
- ❑ *Other (specify)*_____

F. Who **pays** for repairs on your Person-lifting device?

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

72. Have you **tried** to get a **new** Person-lifting device in the past 3 months and been unsuccessful?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 73.)**

A. **Why** have you not obtained this Person-lifting device?
(Check all that apply.)

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

73. Do you **HAVE a Specialized or hospital bed**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 74.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your specialized / hospital bed?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 75.)**

C. In the past 3 months, **how many times** has your specialized / hospital bed needed to be replaced or repaired? _____ **times**

D. When your specialized / hospital bed breaks down, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your specialized / hospital bed when it needs to be repaired?
(Check all that apply.)

- ❑ *You*
- ❑ *Family members*
- ❑ *Friends*
- ❑ *Paid Personal Assistant*
- ❑ *DME vendors*
- ❑ *Other (specify)*_____

F. Who **pays** for repairs on your specialized / hospital bed?
(Check all that apply.)

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

74. Have you tried to get a **new** specialized / hospital bed in the past 3 months and been unsuccessful?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 75.)**

A. **Why** have you not obtained this specialized / hospital bed?
(Check all that apply.)

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

75. Do you **HAVE** a **Bed side rail**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 76.)**

A. Who paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your bed side rail?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 77.)**

C. In the past 3 months, **how many times** has your bed side rail needed to be replaced or repaired? _____ **times**

D. When your bed side rail breaks down, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your bed side rail when it needs to be repaired?
(Check all that apply.)

- ❑ *You*
- ❑ *Family members*
- ❑ *Friends*
- ❑ *Paid Personal Assistant*
- ❑ *DME vendors*
- ❑ *Other (specify)*_____

F. Who **pays** for repairs on your bed side rail?

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

76. Have you **tried** to get a **new** bed side rail in the past 3 months and been unsuccessful?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 77.)**

A. **Why** have you not obtained this bed side rail?
(Check all that apply.)

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

77. Do you **HAVE** an **elevator**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 78.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your elevator?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 79.)**

C. In the past 3 months, **how many times** has your elevator needed to be replaced or repaired? _____ **times**

D. When your elevator breaks down, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your elevator when it needs to be repaired?
(Check all that apply.)

- ❑ *You*
- ❑ *Family members*
- ❑ *Friends*
- ❑ *Paid Personal Assistant*
- ❑ *DME vendors*
- ❑ *Other (specify)*_____

F. Who **pays** for repairs on your elevator?

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

78. Have you **tried** to get a **new** elevator in the past 3 months and been unsuccessful?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 79.)**

A. **Why** have you not obtained this elevator?
(Check all that apply.)

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

79. Do you **HAVE** a **stair-chair lift**?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 80.)**

B. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your stair-chair lift?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 81.)**

C. In the past 3 months, **how many times** has your stair-chair lift needed to be replaced or repaired? _____ **times**

D. When your stair-chair lift breaks down, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your stair-chair lift when it needs to be repaired?
(Check all that apply.)

- ❑ *You*
- ❑ *Family members*
- ❑ *Friends*
- ❑ *Paid Personal Assistant*
- ❑ *DME vendors*
- ❑ *Other (specify)*_____

F. Who **pays** for repairs on your stair-chair lift?

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

80. Have you **tried** to get a **new** stair-chair lift in the past 3 months and been unsuccessful?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 81.)**

A. **Why** have you not obtained this stair-chair lift?
(Check all that apply.)

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

81. Do you **HAVE** a **Communication board/device**?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 82.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your communication board/device?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 83.)**

C. In the past 3 months, **how many times** has your communication board/device needed to be replaced or repaired? _____ **times**

D. When your communication board/device breaks down, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your communication board/device when it needs to be repaired? **(Check all that apply.)**

- ❑ *You*
- ❑ *Family members*
- ❑ *Friends*
- ❑ *Paid Personal Assistant*
- ❑ *DME vendors*
- ❑ *Other (specify)*_____

F. Who **pays** for repairs on your communication board/device?

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

82. Have you **tried** to get a **new** communication board/device in the past 3 months and been unsuccessful?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 83.)**

A. **Why** have you not obtained this communication board/device? **(Check all that apply.)**

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

83. Do you **HAVE Braces (arm/leg)**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 84.)**

A. Who paid for them? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your braces?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 85.)**

C. In the past 3 months, **how many times** have your braces needed to be replaced or repaired? _____ **times**

D. When your braces break down, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your braces when they needs to be repaired?
(Check all that apply.)

- ❑ *You*
- ❑ *Family members*
- ❑ *Friends*
- ❑ *Paid Personal Assistant*
- ❑ *DME vendors*
- ❑ *Other (specify)*_____

F. Who **pays** for repairs on your braces?

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

84. Have you **tried** to get **new** braces in the past 3 months and been unsuccessful?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 85.)**

A. **Why** have you not obtained these braces?
(Check all that apply.)

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

85. Do you have **Splints (orthotic/prosthetic device)?**

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 86.)**

A. **Who** paid for them? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on splints?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 87.)**

C. In the past 3 months, **how many times** have your splints needed to be replaced or repaired?
_____ **times**

D. When your splints break, **how many days** does it take to get repaired?
_____ **days**

E. Who **fixes** your splints when they need to be repaired?
(Check all that apply.)

- ❑ *You*
- ❑ *Family members*
- ❑ *Friends*
- ❑ *Paid Personal Assistant*
- ❑ *DME vendors*
- ❑ *Other (specify)*_____

F. Who **pays** for repairs on your splints?

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

86. Have you **tried** to get **new** splints in the past 3 months and been unsuccessful?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 87.)**

A. **Why** have you not obtained these splints?
(Check all that apply.)

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

87. Do you **HAVE** a **Service dog/Guide dog**?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 88.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

****

88. Do you **HAVE** a **Special grooming device**? (mirror, brush, strap for holding brush, electric shaver, electric toothbrush, etc.)

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 89.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

****

89. Do you **HAVE** a **Pill organizer?**

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 90.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

****

90. Do you **HAVE** a **Portable ventilator?**

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 91.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your portable ventilator?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 92.)**

C. In the past 3 months, **how many times** has your portable ventilator needed to be replaced or repaired? _____ **times**

D. When your portable ventilator breaks, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your portable ventilator when it needs to be repaired? **(Check all that apply.)**

❑ *You* ❑ *Paid Personal Assistant*
❑ *Family members* ❑ *DME vendors*
❑ *Friends* ❑ *Other (specify)*_____

F. Who **pays** for repairs on your portable ventilator?

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *N/A*

91. Have you **tried** to get a **new** portable ventilator in the past 3 months and been unsuccessful?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 92.)**

A. **Why** have you not obtained this portable ventilator?
(Check all that apply.)

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

92. Do you **HAVE** an **Electronic page turner**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 93.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
- ❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
- ❑ *Other (specify)*_____ ❑ *Don't know*

****

93. Do you **HAVE** a **Sliding board**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 94.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
- ❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
- ❑ *Other (specify)*_____ ❑ *Don't know*

****

94. Do you **HAVE** a **Dressing stick**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 95.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
- ❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
- ❑ *Other (specify)*_____ ❑ *Don't know*

****

95. Do you **HAVE** a **Reacher**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 96.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

****

96. Do you **HAVE** a **Universal cuff (to assist with hand function)**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 97.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

****

97. Do you **HAVE** a **Headstick**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 98)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

****

98. Do you **HAVE** an **Environmental control unit**

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 99.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your environmental control unit?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 100.)**

C. In the past 3 months, **how many times** has your environmental control unit needed to be replaced or repaired? _____ **times**

D. When your environmental control unit breaks down, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your environmental control unit when it needs to be repaired? **(Check all that apply.)**

- ❑ *You*
- ❑ *Family members*
- ❑ *Friends*
- ❑ *Paid Personal Assistant*
- ❑ *DME vendors*
- ❑ *Other (specify)*_____

F. Who **pays** for repairs on your environmental control unit?

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

99. Have you **tried** to get a **new** environmental control unit in the past 3 months and been unsuccessful?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 100.)**

A. **Why** have you not obtained this environmental control unit? **(Check all that apply.)**

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

100. Do you **HAVE oxygen?**

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 101.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

B. Have you ever needed to **replace** your oxygen tank?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 102.)**

C. In the past 3 months, **how many times** has your oxygen needed to be replaced? _____ **times**

D. Who **pays** for replacement of your oxygen tank?

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

101. Have you **tried** to get **replacement** oxygen in the past 3 months and been unsuccessful?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 102.)**

A. **Why** have you not obtained this oxygen?
(Check all that apply.)

❑ *Unable to afford equipment*
❑ *Equipment is not covered by insurance or benefit*
❑ *Doctor did not approve equipment*
❑ *Equipment is not available*
❑ *Do not know where to get equipment*
❑ *Not tried*
❑ *Other (specify)* _____

****

102. Do you **HAVE Feeding tubes**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 103.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your feeding tubes?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 104.)**

C. In the past 3 months, how **many times** has your feeding tubes needed to be replaced or repaired? _____ **times**

D. When your feeding tubes break, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your feeding tube when it needs to be repaired?
(Check all that apply.)

❑ *You* ❑ *Paid Personal Assistant*
❑ *Family members* ❑ *DME vendors*
❑ *Friends* ❑ *Other (specify)*_____

F. Who **pays** for repairs on your feeding tube?

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *N/A*

103. Have you **tried** to get **new** feeding tubes in the past 3 months and been unsuccessful?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 104.)**

A. **Why** have you not obtained this feeding tube?
(Check all that apply.)

❑ *Unable to afford equipment*
❑ *Equipment is not covered by insurance or benefit*
❑ *Doctor did not approve equipment*
❑ *Equipment is not available*
❑ *Do not know where to get equipment*
❑ *Not tried*
❑ *Other (specify)* _____

****

104. Do you **HAVE Dentures**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 105.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

****

105. Do you **HAVE a Nebulizer**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 106.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your nebulizer?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 107.)**

C. In the past 3 months, **how many times** has your nebulizer needed to be replaced or repaired? _____ **times**

D. When your nebulizer breaks, **how many days** does it take to get repaired?
_____ **days**

E. Who **fixes** your nebulizer when it needs to be repaired?
(Check all that apply.)

- ❑ *You*
- ❑ *Family members*
- ❑ *Friends*
- ❑ *Paid Personal Assistant*
- ❑ *DME vendors*
- ❑ *Other (specify)*_____

F. Who **pays** for repairs on your nebulizer?

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

106. Have you **tried** to get a **new** nebulizer in the past 3 months and been unsuccessful?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 107.)**

A. **Why** have you not obtained this nebulizer?
(Check all that apply.)

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

107. Do you **HAVE Eyeglasses**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 108.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

****

108. Do you **HAVE** an **Artificial larynx**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 109.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your artificial larynx?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 118.)**

C. In the past 3 months, **how many times** has your artificial larynx needed to be replaced or repaired? _____ **times**

D. When your artificial larynx breaks, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your artificial larynx when it needs to be repaired? **(Check all that apply.)**

❑ *You* ❑ *Paid Personal Assistant*
❑ *Family members* ❑ *DME vendors*
❑ *Friends* ❑ *Other (specify)*_____

F. Who **pays** for repairs on your artificial larynx?

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *N/A*

109. Have you **tried** to get a **new** artificial larynx in the past 3 months and been unsuccessful?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 110.)**

A. **Why** have you not obtained this artificial larynx? **(Check all that apply.)**

❑ *Unable to afford equipment*
❑ *Equipment is not covered by insurance or benefit*
❑ *Doctor did not approve equipment*
❑ *Equipment is not available*
❑ *Do not know where to get equipment*
❑ *Not tried*
❑ *Other (specify)* _____

****

110. Do you **HAVE** a **Voice synthesizer**?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 111.)**

A. **Who** paid for it? **(Check all that apply.)**

❑ *You / family member* ❑ *Medicare* ❑ *Vocational Rehabilitation*
❑ *Health insurance* ❑ *Medicaid* ❑ *VA*
❑ *Other (specify)*_____ ❑ *Don't know*

B. Have you ever needed **replacement or repairs** on your voice synthesizer?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 112.)**

C. In the past 3 months, **how many times** has your voice synthesizer needed to be replaced or repaired? _____ **times**

D. When your voice synthesizer breaks, **how many days** does it take to get repaired? _____ **days**

E. Who **fixes** your voice synthesizer when it needs to be repaired?
(Check all that apply.)

- ❑ *You*
- ❑ *Family members*
- ❑ *Friends*
- ❑ *Paid Personal Assistant*
- ❑ *DME vendors*
- ❑ *Other (specify)*_____

F. Who **pays** for repairs on your voice synthesizer?

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *N/A*

111. Have you **tried** to get a **new** voice synthesizer in the past 3 months and been unsuccessful?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 112.)**

A. **Why** have you not obtained this voice synthesizer?
(Check all that apply.)

- ❑ *Unable to afford equipment*
- ❑ *Equipment is not covered by insurance or benefit*
- ❑ *Doctor did not approve equipment*
- ❑ *Equipment is not available*
- ❑ *Do not know where to get equipment*
- ❑ *Not tried*
- ❑ *Other (specify)* _____

****

112. Do you **HAVE Decubitus care equipment**?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 113.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)*_____
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

****

113. Do you **USE Self management training** (for example for Diabetes Mellitus)?

- ❑ *Yes* **(Continue.)**
- ❑ *No* **(Go to question 114.)**

A. **Who** paid for it? **(Check all that apply.)**

- ❑ *You / family member*
- ❑ *Health insurance*
- ❑ *Other (specify)_____*
- ❑ *Medicare*
- ❑ *Medicaid*
- ❑ *Vocational Rehabilitation*
- ❑ *VA*
- ❑ *Don't know*

At End Of Entire Device Section:

114. Please identify any of the following that you **do not use** and would be willing to **donate**:

- ❑ *Power wheelchair*
- ❑ *Manual wheelchair*
- ❑ *Scooter*
- ❑ *Cane*
- ❑ *Crutches*
- ❑ *Walker*
- ❑ *Wheelchair cushion*
- ❑ *Levers or special knobs for doors*
- ❑ *Shower chair*
- ❑ *Cushioned shower bench*
- ❑ *Grab bars*
- ❑ *Person-lifting device (hoyer Lift)*
- ❑ *Specialized or hospital bed*
- ❑ *Bed side rail*
- ❑ *Elevator*
- ❑ *Stair-chair lift*
- ❑ *Environmental control unit*
- ❑ *Communication board or device*
- ❑ *Pill organizer*
- ❑ *Portible ventilator*
- ❑ *Electronic page turner*
- ❑ *Sliding board*
- ❑ *Reacher*
- ❑ *Universal cuff*
- ❑ *Headstick*
- ❑ *Nebulizer*
- ❑ *Eyeglasses*
- ❑ *Decubitus care equipment*
- ❑ ***None of these***

MISSOURI MEDICAID PARTICIPATION SURVEY (PARTS)

This survey asks about **participation in major life activities**. It consists of 9 different areas of major life activities, and the questions are similar in each area. Please answer the questions using the framework of a **typical day in the past 4 weeks**. A **typical day** is neither your worst day nor your best day, but represents most of your days during the past 4 weeks.

The following definitions may help you answer these survey questions:

Choice means having the opportunity to select freely from a number of available options concerning when, where, how, how often, and with whom you participate in the activities listed in this survey.

Satisfaction refers to how you feel about your participation in each of the activities listed in this survey.

Importance represents how much you value participating in the activities listed in this survey.

Participation limitations are problems that interfere with your ability to do activities.

Help from another person includes both paid and unpaid assistance from family members, friends, co-workers, patrons or employees at community sites you visit, as well as from people you hire or someone sent by an agency.

Accommodations are ways of changing your environment to make activities easier to do. Some examples are placing items within reach, arranging furniture so that you can move around more easily, scheduling preparation time for activities, or calling ahead to check on accessibility.

Adaptations are changes made to rooms or buildings, such as lowered shelves or *widened doors*, or the use of special devices, such as a raised toilet, hand-held shower, grab bars, a ramp, or a modified cutting board to secure food. Adaptations could also include choosing to purchase such things as a portable phone instead of a stationary phone, a long-handled shoehorn instead of a short one, or a refrigerator with a freezer on the side or bottom instead of on the top.

Special equipment is equipment made especially for people with mobility limitations, including, but not limited to, a wheelchair, scooter, walker, cane, crutches, orthotic or prosthetic device, reacher, communication board, sliding board, adapted vehicle, lift, or an accessible parking permit.

****

Universal skips for PAS and AT questions:

Do you use **help from another person** for activities of daily living that you do inside your home?

❑ *Yes* ❑ *No*

(If yes, all PAS questions will be skipped for the ADL activities.)

Do you use **accommodations, adaptations, or special equipment** for activities of daily living that you do inside your home?

❑ *Yes* ❑ *No*

(If yes, all AT questions will be skipped for the ADL activities.)

Do you use **help from another person** for activities you out in your community?

❑ *Yes* ❑ *No*

(If yes, all PAS questions will be skipped for the activities outside the home.)

Do you use **accommodations, adaptations, or special equipment** for activities you do out in your community?

❑ *Yes* ❑ *No*

(If yes, all AT questions will be skipped for activities outside the home.)

****

Skip question at beginning of EACH of the following activities: Dressing, Bathing, Bladder care, Bowel care, Meal preparation, and Working inside the home

For [insert activity]**, are you …**

❑ **Independent** (Need no help at all) *****
❑ **In need of minimal help or supervision** (Need help a little of the time)
❑ **In need of constant supervision, but no physical assistance** (Need help some of the time)
❑ **In need of some physical help, but you can do some parts of dressing on your own** (Need help most of the time)
❑ **Totally dependent on another person for all dressing** (Need help all of the time)

***If Independent**, skip to question regarding difficulty doing activity w/o help (#9 for most activities), then go to next activity.

DRESSING: The first questions are about dressing. Dressing includes selecting, putting on and taking off clothing, and changing clothing during the day.
<u>This means every time you get dressed and undressed</u>.

1. How much **time** do you require for **dressing and undressing** on a typical day?

   ____ Total hours per day (Enter decimal for partial hour)

2. Is your participation in dressing **limited** by … **(Check all that apply)**
   ❑ *Pain* ❑ *Fatigue* ❑ *Lack of help* ❑ ***None of these***
   (**Help** includes either paid or unpaid assistance provided by family members, friends, people you hire, or people sent by an agency.)

3. **When dressing**, do you have …
   ❑ *A lot of choice* ❑ *Some choice* ❑ *Little choice* ❑ *No choice*
   (**Choice** includes how often, when, where and how you dress.)

4. How **satisfied** are you with your participation in dressing? Are you …
   ❑ *Very satisfied* ❑ *Satisfied* ❑ *Dissatisfied* ❑ *Very dissatisfied*
   (Satisfaction refers to how you feel about your participation in dressing.)

5. Does anyone **help** you get dressed or undressed?
   ❑ *Yes* **(Continue)** ❑ *No* **(Go to question 9)**

6. **How often** do you use **unpaid help** for dressing?
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 7)**

   6a. **How much time** do people spend helping you with dressing?

   ____ Total hours per day (Enter decimal for partial hour)

7. **How often** do you use **paid personal assistance** for dressing?
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 8)**

   7a. **How much time** do people spend assisting you with dressing?

   ____ Total hours per day (Enter decimal for partial hour)

   7b. How many hours does **Medicaid pay for** when people assist you with dressing?

   ____ Total hours per day (Enter decimal for partial hour)

   7c. Do you **need** additional assistance with dressing?
   ❑ *Yes* ➔ **_____** *Hours*
   ❑ *No*

8. **With** help from another person, is dressing …
   ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

9. **Without** help from another person, is dressing …
   ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

10. How often do you use **accommodations, adaptations, or special equipment** to dress?
    ❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time* ❑*Never*
    (Examples of Accommodations: include placing items within reach, arranging furniture so that you can move around more easily, calling ahead to check on accessibility, etc;
    Adaptations: would include lowered shelves, widened doors, grab bars, a ramp, etc;
    Special equipment: includes a wheelchair, scooter, cane, adapted vehicle, accessible parking permit, etc;)

BATHING: The following questions are about bathing. Bathing includes preparing to bathe, taking a shower, a bath, or a sponge bath.

1. How much **time** do you require to bathe or shower on a typical day?
   ____ Total hours per bath or shower

2. Is your participation in bathing **limited** by … **(Check all that apply)**
   ❑ *Pain* ❑ *Fatigue* ❑ *Lack of help* ❑ ***None of these***

3. **When bathing**, do you have …
   ❑ *A lot of choice* ❑ *Some choice* ❑ *Little choice* ❑ *No choice*
   (Choice includes how often, when, where and how you bathe.)

4. How **satisfied** are you with your participation in bathing? Are you …
   ❑ *Very satisfied* ❑ *Satisfied* ❑ *Dissatisfied* ❑ *Very dissatisfied*

5. Does anyone **help** you with bathing?
   ❑ *Yes* **(Continue)** ❑ *No* **(Go to question 9)**

6. **How often** do you use **unpaid help** for bathing?
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 7)**

   6a. **How much time** do people spend helping you with bathing?
   ____ Total hours per bath or shower

7. **How often** do you use **paid personal assistance** for bathing?
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 8)**

   7a. **How much time** do people spend assisting you with bathing?
   ____ Total hours per bath or shower

   7b. How many hours does **Medicaid pay for** when people assist you with bathing?
   ____ Total hours

   7c. Do you **need** additional assistance with bathing?
   ❑ *Yes* ➔ **_____** *Hours*
   ❑ *No*

8. **With** help from another person, is bathing …
   ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

9. **Without** help from another person, is bathing …
   ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

10. How often do you use **accommodations, adaptations, or special equipment** to bathe or shower?
    ❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time* ❑*Never*

BLADDER CARE: The next questions include getting to a bathroom, adjusting clothing, using accommodations or special equipment, and emptying your bladder.

1. How much **time** do you require for bladder care on a typical day? **_____ Total hours per day**

2. Is your participation in bladder care **limited** by …
   (Check all that apply)
   ❑ *Pain* ❑ *Fatigue* ❑ *Lack of help* ❑ ***None of these***

3. **For bladder care**, do you have …
   ❑ *A lot of choice* ❑ *Some choice* ❑ *Little choice* ❑ *No choice*
   (Choice includes when, where and how care takes place.)

4. How **satisfied** are you with your participation in bladder care? Are you …
   ❑ *Very satisfied* ❑ *Satisfied* ❑ *Dissatisfied* ❑ *Very dissatisfied*

5. Does anyone help you with bladder care?

   ❑ *Yes* **(Continue)** ❑ *No* **(Go to question 9)**

6. **How often** do you use **unpaid help** for bladder care?
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 7)**

   6**a. How much time** do people spend helping you with bladder care?

   ____ Total hours per day

7. **How often** do you use **paid personal assistance** for bladder care?
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 8)**

   7a. **How much time** do people spend assisting you with bladder care?

   ____ Total hours per day

   7b. How many hours does **Medicaid pay for** when people assist you with bladder care?

   ____ Total hours per day

   7c. Do you **need** additional assistance with bladder care?
   ❑ *Yes* ➔ _____ *Hours*
   ❑ *No*

8. **With** help from another person, is bladder care …
   ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

9. **Without** help from another person, is bladder care …
   ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

10. How often do you use **accommodations, adaptations, or special equipment** for bladder care?
    ❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time* ❑*Never*

BOWEL CARE: The next questions involve bowel care, which includes a bowel management routine and the use of any special equipment.

1. How much **time** do you require for bowel care in a typical **week**? **____ Total hours per week**

2. Is your bowel care **limited** by …
   (Check all that apply)
   ❑ *Pain* ❑ *Fatigue* ❑ *Lack of help* ❑ ***None of these***

3. **For bowel care**, do you have ...
   ❑ *A lot of choice* ❑ *Some choice* ❑ *Little choice* ❑ *No choice*
   (Choice includes when, where and how care takes place.)

4. How **satisfied** are you with your participation in bowel care? Are you …
   ❑ *Very satisfied* ❑ *Satisfied* ❑ *Dissatisfied* ❑ *Very dissatisfied*

5. Does anyone **help** you with bowel care?
   ❑ *Yes* **(Continue)** ❑ *No* **(Go to question 9)**

6. **How often** do you use **unpaid help** for bowel care?
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 7)**

   6a. **How much time** do people spend helping you with bowel care?
   ____ Total hours each time you empty your bowels

7. **How often** do you use **paid personal assistance** for bowel care?
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 8)**

   7a. **How much time** do people spend assisting you with bowel care?
   ____ Total hours each time you empty your bowels

   7b. How many hours does **Medicaid pay for** when people assist you with bowel care?
   ____ Total hours each time you empty your bowels

   7c. Do you **need** additional assistance with bowel care?
   ❑ *Yes* ➔ _____ *Hours*
   ❑ *No*

8. **With** help from another person, is bowel care …
   ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

9. **Without** help from another person, is bowel care …
   ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

10. How often do you use **accommodations, adaptations, or special equipment** for bowel care?
    ❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time* ❑*Never*
    (These include enema, suppository, raised toilet seat, shower bowel chair, etc.)

MEALS: These questions involve meal preparation.

1. In a typical day, **how much time** do you spend on meals? **_____ Total hours per day**

2. Is your participation in meals **limited** by … **(Check all that apply)**
❑ *Pain* ❑ *Fatigue* ❑ *Lack of help* ❑ ***None of these***

3. **For preparing meals**, do you have …
❑ *A lot of choice* ❑ *Some choice* ❑ *Little choice* ❑ *No choice*
(Choice includes when, what, where and with whom you prepare meals.)

4. How **satisfied** are you with your participation in meals? Are you …
❑ *Very satisfied* ❑ *Satisfied* ❑ *Dissatisfied* ❑ *Very dissatisfied*

5. Does anyone **help** you with preparing meals?
❑ *Yes* **(Continue)** ❑ *No* **(Go to question 9)**

6. **How often** do you use **unpaid help** for meals?
❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 7)**

6a. **How much time** do people spend helping you with meals?
____ Total hours per day

7. **How often** do you use **paid personal assistance** for meals?
❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 8)**

7a. **How much time** do people spend assisting you with meals?
____ Total hours per day

7b. How many hours does **Medicaid pay for** when people assist you with meals?
____ Total hours per day

7c. Do you **need** additional assistance with meals?
❑ *Yes* ➔ **_____** *Hours*
❑ *No*

8. **With** help from another person, are meals …
❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

9. **Without** help from another person, are meals …
❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

10. How often do you use **accommodations, adaptations, or special equipment** to prepare meals?
❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time* ❑*Never*

WORKING INSIDE YOUR HOME: The following questions refer to working inside your home. **This includes washing dishes, doing laundry, cleaning house, or making repairs.**

1. In a typical week, how **frequently** do you participate in housework or home maintenance activities?
   ❑ *5 or more times a week* ❑ *3 to 4 times a week* ❑ *1 to 2 times a week* ❑ *Never*

2. Is your participation in housework or home maintenance **limited** by …
   (Check all that apply)
   ❑ *Pain* ❑ *Fatigue* ❑ *Lack of help* ❑ ***None of these***

3. **To participate in housework or home maintenance activities**, do you have ...
   ❑ *A lot of choice* ❑ *Some choice* ❑ *Little choice* ❑ *No choice*
   (Choice includes how often, when, how and by whom these activities are completed.)

4. How **satisfied** are you with your participation in housework or home maintenance? Are you …
   ❑ *Very satisfied* ❑ *Satisfied* ❑ *Dissatisfied* ❑ *Very dissatisfied*

5. How **important** is it for you to participate in housework or home maintenance? Is it …
   ❑ *Very important* ❑ *Important* ❑ *Unimportant* ❑ *Very unimportant*

~ If the person answered NEVER to Question 1 - Go to next page ~
(If person marked "Lack of help" as a limitation, ask questions #5 & 10 before going to next page.)

6. Does anyone **help** you with housework or home maintenance?

   ❑ *Yes* **(Continue)** ❑ *No* **(Go to question 10)**

7. **How often** do you use **unpaid help** for housework or home maintenance?
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 8)**

   7a. **How much time** do people spend helping you with housework or home maintenance?
   ____ **Total hours per day**

8. **How often** do you use **paid personal assistance** for housework or home maintenance?
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 9)**

   8a. **How much time** do people spend assisting you with housework or home maintenance?
   ____ **Total hours per week** (Enter decimal for partial hour)

   8b. How many hours does **Medicaid pay for** when people assist you with housework or home maintenance?
   ____ **Total hours per week** (Enter decimal for partial hour)

   8c. Do you **need** additional assistance with housework or home maintenance?
   ❑ *Yes* ➔ _____ *Hours* ❑ *No*

9. **With** help from another person, is housework or home maintenance …
   ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

10. **Without** help from another person, is housework or home maintenance …
    ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

11. How often do you use **accommodations, adaptations, or special equipment** for housework or home maintenance activities?
    ❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time* ❑*Never*

LEAVING YOUR HOME: The following questions are about leaving your home to go into the community (such as to go shopping or to the doctor). This includes getting into a vehicle.

1. How **frequently** do you leave your home?
   ❑ *3 or more times a day* ❑ *Once or twice a* week ❑ *Never* **(Go to question 3)**
   ❑ *Once or twice a day* ❑ *Once or twice a month*

2. When you leave your home, **how long** are you typically gone during the day?
   ____ Total hours per day

3. Is your participation in leaving your home **limited** by … **(Check all that apply)**
   ❑ *Pain* ❑ *Fatigue* ❑ *Lack of help* ❑ ***None of these***

4. **When leaving your home**, do you have ...
   ❑ *A lot of choice* ❑ *Some choice* ❑ *Little choice* ❑ *No choice*
   (Choice includes how often, when, and how you leave and where you go.)

5. How **satisfied** are you with your participation in leaving your home? Are you …
   ❑ *Very satisfied* ❑ *Satisfied* ❑ *Dissatisfied* ❑ *Very dissatisfied*

6. How **important** is it for you to leave your home? Is it …
   ❑ *Very important* ❑ *Important* ❑ *Unimportant* ❑ *Very unimportant*

~ If the person answered NEVER to question 1 - Go to *next page* ~
(If person marked "Lack of help" as a limitation, ask questions #6 & 11 before going to next page.)

7. Does anyone **help** you with leaving your home?
   ❑ *Yes* **(Continue)** ❑ *No* **(Go to question 11)**

8. **How often** do you use **unpaid help** when leaving your home?
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 9)**

   8a. **How much time** do people spend helping you with leaving your home?
   ____ Total hours per day *(typical day when you would leave your home)*

9. **How often** do you use **paid personal assistance** when leaving your home?
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 10)**

   9a. On a typical day when you leave your home, **how much time** do people spend assisting you with leaving?
   ____ Total hours per day

   9b. How many hours does **Medicaid pay for** when people assist you with leaving your home?
   ____ Total hours per day

   9c. Do you **need** additional assistance with leaving your home?
   ❑ *Yes* ➔ _____ *Hours*
   ❑ *No*

10. **With** help from another person, is leaving your home …
    ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

11. **Without** help from another person, is leaving your home …
    ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

12. How often do you use **accommodations, adaptations, or special equipment** to leave your home?
    ❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time* ❑*Never*

EMPLOYMENT: The next questions are about part-time or full-time work.

1. Are you **currently** working?
   ❑ *Yes* ❑ *No*

2. Is your **participation** in employment limited by ... **(Check all that apply)**
   ❑ *Pain* ❑ *Fatigue* ❑ *Lack of help* ❑ ***None of these***

3. **Regarding employment,** do you have …
   ❑ *A lot of choice* ❑ *Some choice* ❑ *Little choice* ❑ *No choice*
   (Choice includes when, where, how much and how you work.)

4. How **satisfied** are you with your participation in work? Are you …
   ❑ *Very satisfied* ❑ *Satisfied* ❑ *Dissatisfied* ❑ *Very dissatisfied*

5. How **important** is it for you to work? Is it …
   ❑ *Very important* ❑ *Important* ❑ *Unimportant* ❑ *Very unimportant*

~ If person IS NOT currently working - *Go to next page* ~
(If person marked "Lack of help" as a limitation, ask questions #5 & 12 before going to next page.)

6. **What type** of work do you do? _____

7. In a typical week, **how many hours** do you work? _____ **Total hours per week**

8. Does anyone **help** you when you work?
   ❑ *Yes* **(Continue)** ❑ *No* **(Go to question 12)**

9. **How often** do you use **unpaid help** when you work? (This involves help with personal care, not work-related help.)
   ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 10)**

   9a. **How much time** do people spend helping you when you work?
   ____ **Total hours per day**

10. **How often** do you use **paid personal assistance** when you work?
    ❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 11)**

    10a. **How much time** do people spend assisting you when you work?
    ____ **Total hours per day**

    10b. How many hours does **Medicaid pay for** when people assist you at work?
    ____ **Total hours per day**

    10c. How many hours does **Employer pay for** when people assist you at work?
    ____ **Total hours per day**

    10d. Do you **need** additional assistance with working?
    ❑ *Yes* ➔ _____ *Hours*
    ❑ *No*

11. **With** help from another person, is working …
    ❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

12. **Without** help from another person, is working …

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

13. How often do you use **accommodations, adaptations or special equipment** to participate in work?

❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time* ❑*Never*

MISSOURI MEDICAID CPPRS

Community Participation and Perceived Receptivity Survey

As stated in the previous surveys, this interview is completely voluntary on your part. The next set of questions will take about twenty minutes of your time to answer.

The purpose of this final section of the survey is to see where you go in the community, how important it is for you to go to these places, how much choice and satisfaction you have, how much help you need from another person, and what assistive devices you use when visiting these places.

The idea behind this survey is to get your views on what type of support you need when you are participating in the community. This information may help us improve the response of our communities to the needs of people with disabilities.

You may choose to discontinue the survey at any time. Thank you for agreeing to participate.

****

The following explanations may help you answer the questions in this survey.

Participation: going to places in the community.

Importance: significance of going to places in the community.

Choice: options for going to places in the community.

Satisfaction: enjoyment in going to places in the community.

Paid personal assistance: help from individuals that you hire or people sent by an agency. The individuals are paid for their services and the time they are with you.

Help from another person: assistance from friends or family members who go with you to community sites you visit. These individuals are not paid for the services they provide.

Primary mobility device (PMD): the power wheelchair, manual wheelchair, scooter, or cane/crutches/walker that you use most often in the community.

Screener questions for PAS and AT questions –

From the PARTS:
Does participant use help from another person* for activities done outside the home? (out in the community)
❑ *Yes* ❑ *No*

From the CORE AT Section:
Does participant USE a mobility device?
❑ *Yes* ❑ *No*

IF YES ...

Does participant have their own mobility device?
❑ *Yes* ❑ *No*

PHARMACIES

1. Have you gone to the pharmacy in the <u>past month</u>? (This includes pharmacies located in grocery stores or retail stores, such as Target or Wal-Mart.)

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 19 on page 54.)**

2. <u>How many times</u> in the past month did you go to pharmacies?

_____ # of times (NOT # of days.)

3. For you, is <u>going to pharmacies</u> ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

4. Do people who work at pharmacies …

4a. Help you in a timely manner

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4b. Look directly at you

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4c. Speak directly to you

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4d. Treat you as a child

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4e. Avoid you

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4f. Solve problems for you without asking

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4g. Control the conversation

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4h. Make decisions or choices for you

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

5. Do you use <u>help from another person</u> when you are at pharmacies? (This involves help from people who go with you.)

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 9.)**

****

6. How often do you use <u>unpaid help</u> from friends or family members at pharmacies? Would you say …

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 7.)**

6a. <u>How much time</u> do people spend helping you when you go to the pharmacy?

❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time*

7. How often do you use <u>paid personal assistance</u> at pharmacies? Would you say …

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 8.)**

7a. <u>How</u> are the people that assist you paid and <u>how much time</u> do people spend assisting you with going to the pharmacy?

Paid by … Amount of time people spend assisting you …

❑ ***Medicaid/State*** ❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time*

❑ ***You*** ❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the*

time

❑ ***Other*** ❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time*

8. <u>With</u> help from another person, is going to pharmacies ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

****

9. <u>Without</u> help from another person, is going to pharmacies ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

10. Do you use a mobility device when you are at pharmacies?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 13b.)**

****

11. How often do you use your <u>primary mobility device</u> at pharmacies? Would you say …

❑ *Always* ❑ *Sometimes* ❑ *Never* **(Go to question 13)**

12. <u>With</u> your primary mobility device, is going to pharmacies ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

13. <u>Without</u> your primary mobility device, is going to pharmacies ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

****

13b. <u>Without</u> your own mobility device, is going to pharmacies ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

****

14. How much does <u>pain</u> limit your participation at pharmacies? Would you say …

❑ *A great deal* ❑ *A moderate amount* ❑ *A little* ❑ *Not at all*

15. How much does <u>fatigue</u> limit your participation at pharmacies? Would you say …

❑ *A great deal* ❑ *A moderate amount* ❑ *A little* ❑ *Not at all*

16. How <u>important</u> is it for you to go to pharmacies? Is it …

❑ *Very important* ❑ *Important* ❑ *Unimportant* ❑ *Very unimportant*

17. When <u>selecting</u> a pharmacy, do you have …

❑ *A lot of choice* ❑ *Some choice* ❑ *Little choice* ❑ *No choice*

18. Overall, how <u>satisfied</u> are you with shopping at pharmacies? Are you …

❑ *Very satisfied* ❑ *Satisfied* ❑ *Dissatisfied* ❑ *Very dissatisfied*

Go to page 55.

PHARMACIES

19. How <u>important</u> is it for you to go to pharmacies? Is it …

❑ *Very important* ❑ *Important* ❑ *Unimportant* ❑ *Very unimportant*

20. For you, is <u>going to pharmacies</u> ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

21. <u>Why</u> don't you go to pharmacies? Is it because you … (Check all that apply.)

❑ *Do not need to go*
❑ *Do not have enough money*
❑ *Do not have paid personal assistance*
❑ *Do not have unpaid personal assistance*
❑ *Use home delivery services*
❑ *Do not have transportation*
❑ *Have no interest in going*
❑ *Are treated poorly by pharmacy employees*
❑ ***None of these***

22. Is your participation in going to pharmacies <u>limited</u> by … (Check all that apply.)

❑ *Pain* ❑ *Fatigue* ❑ ***Neither of these***

****

Skip the following question if "Are treated poorly by pharmacy employees" is NOT marked in question #21.

23. Do you <u>choose not to go</u> because people working at pharmacies … (Check all that apply.)

❑ Do not help you in a timely manner
❑ Do not look directly at you
❑ Do not speak directly to you
❑ Treat you as a child
❑ Avoid you
❑ Solve problems for you without asking
❑ Control the conversation
❑ Make decisions or choices for you
❑ ***None of these***

Go to next page.

DOCTORS' OFFICES

1. Have you gone to doctors' offices in the <u>past 3 months</u>?
❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 19 on page 57.)**

2. <u>How many times</u> in the past 3 months did you go to doctors' offices?

_____ # of times (NOT # of days.)

3. For you, is <u>going to doctors' offices</u> ...
❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

4. Do <u>people who work</u> at doctors' offices …

4a. Attend to you in a timely manner
❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4b. Look directly at you
❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4c. Speak directly to you
❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4d. Treat you as a child
❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4e. Avoid you
❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4f. Solve problems for you without asking
❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4g. Control the conversation
❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4h. Make decisions or choices for you
❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

5. Do you use <u>help from another person</u> when you are at doctors' offices? (This involves help from people who go with you.)
❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 9.)**
****

6. How often do you use <u>unpaid help</u> from friends or family members at doctors' offices? Would you say …
❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 7.)**

6a. <u>How much time</u> do people spend helping you when you go to the doctor's office?
❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time*

7. How often do you use <u>paid personal assistance</u> at doctors' offices? Would you say …
❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 8.)**

Go to next page.

7a. How are the people that assist you paid and how much time do people spend assisting you with going to the doctor's office?

Paid by …	Amount of time people spend assisting you …			
❑ ***Medicaid/State***:	❑*All of the time*	❑*Most of the time*	❑*Some of the time*	❑*A little of the time*
❑ ***You***:	❑*All of the time*	❑*Most of the time*	❑*Some of the time*	❑*A little of the time*
❑ ***Other***:	❑*All of the time*	❑*Most of the time*	❑*Some of the time*	❑*A little of the time*

8. With help from another person, is going to doctors' offices ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

****

9. Without help from another person, is going to doctors' offices ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

10. Do you use a mobility device when you are at doctors' offices?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 13b.)**

****

11. How often do you use your primary mobility device at doctors' offices? Would you say …

❑ *Always* ❑ *Sometimes* ❑ *Never* **(Go to question 13)**

12. With your primary mobility device, is going to doctors' offices ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

13. Without your primary mobility device, is going to doctors' offices ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

****

13b. Without your own mobility device, is going to doctors' offices ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

****

14. How much does pain limit your participation at doctors' offices? Would you say …

❑ *A great deal* ❑ *A moderate amount* ❑ *A little* ❑ *Not at all*

15. How much does fatigue limit your participation at doctors' offices? Would you say …

❑ *A great deal* ❑ *A moderate amount* ❑ *A little* ❑ *Not at all*

16. How important is it for you to go to doctors' offices? Is it …

❑ *Very important* ❑ *Important* ❑ *Unimportant* ❑ *Very unimportant*

17. When selecting a doctor's office, do you have …

❑ *A lot of choice* ❑ *Some choice* ❑ *Little choice* ❑ *No choice*

18. Overall, how satisfied are you with your participation in using services at doctors' offices? Are you …

❑ *Very satisfied* ❑ *Satisfied* ❑ *Dissatisfied* ❑ *Very dissatisfied*

Go to page 58.

DOCTORS' OFFICES

19. How <u>important</u> is it for you to go to doctors' offices? Is it …

❑ *Very important* ❑ *Important* ❑ *Unimportant* ❑ *Very unimportant*

20. For you, is <u>going to doctors' offices</u> ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

21. <u>Why</u> don't you go to doctors' offices? Is it because you … (Check all that apply.)

❑ *Do not need to go*
❑ *Do not have enough money*
❑ *Do not have paid personal assistance*
❑ *Do not have unpaid personal assistance*
❑ *Use home health care*
❑ *Do not have transportation*
❑ *Are treated poorly by office personnel*
❑ ***None of these***

22. Is your participation in going to doctors' offices <u>limited</u> by … (Check all that apply.)

❑ *Pain* ❑ *Fatigue* ❑ ***Neither of these***

****

Skip the following question if "Are treated poorly by office personnel" is NOT marked in question #21.

23. Do you <u>choose not to go</u> because people working at doctors' offices …
(Check all that apply.)

❑ Do not attend to you in a timely manner
❑ Do not look directly at you
❑ Do not speak directly to you
❑ Treat you as a child
❑ Avoid you
❑ Solve problems for you without asking
❑ Control the conversation
❑ Make decisions or choices for you
❑ ***None of these***

Go to next page.

DURABLE MEDICAL EQUIPMENT (DME) VENDORS AND SUPPLIERS

1. Have you gone to DME vendors or suppliers in the <u>past 3 months</u>?

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 19 on page 60.)**

2. <u>How many times</u> in the past 3 months did you go to DME vendors or suppliers?

_____ # of times (NOT # of days.)

3. For you, is <u>going to DME vendors or suppliers</u> ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

4. Do <u>people who work</u> at DME vendors or suppliers …

4a. Help you in a timely manner

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4b. Look directly at you

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4c. Speak directly to you

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4d. Treat you as a child

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4e. Avoid you

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4f. Solve problems for you without asking

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4g. Control the conversation

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

4h. Make decisions or choices for you

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never*

5. Do you use <u>help from another person</u> when you are at DME vendors or suppliers? (This involves help from people who go with you.)

❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 9.)**

****

6. How often do you use <u>unpaid help</u> from friends or family members at DME vendors or suppliers? Would you say …

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 7.)**

6a. <u>How much time</u> do people spend helping you when you go to DME vendors or suppliers?

❑*All of the time* ❑*Most of the time* ❑*Some of the time* ❑*A little of the time*

7. How often do you use <u>paid personal assistance</u> at DME vendors or suppliers? Would you say …

❑ *Always* ❑ *Often* ❑ *Rarely* ❑ *Never* **(Go to question 8.)**

Go to next page.

7a. How are the people that assist you paid and how much time do people spend assisting you with going to the DME vendor or supplier?

Paid by …	Amount of time people spend assisting you …			
❑ ***Medicaid/State***:	❑*All of the time*	❑*Most of the time*	❑*Some of the time*	❑*A little of the time*
❑ ***You***:	❑*All of the time*	❑*Most of the time*	❑*Some of the time*	❑*A little of the time*
❑ ***Other***:	❑*All of the time*	❑*Most of the time*	❑*Some of the time*	❑*A little of the time*

8. With help from another person, is going to DME vendors or suppliers ...
❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

****

9. Without help from another person, is going to DME vendors or suppliers ...
❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

10. Do you use a mobility device when you are at DME vendors or suppliers?
❑ *Yes* **(Continue.)** ❑ *No* **(Go to question 13b.)**

****

11. How often do you use your primary mobility device at DME vendors or suppliers?
❑ *Always* ❑ *Sometimes* ❑ *Never* **(Go to question 13)**

12. With your primary mobility device, is going to DME vendors or suppliers ...
❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult*

13. Without your primary mobility device, is going to DME vendors or suppliers ...
❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

****

13b. Without your own mobility device, is going to DME vendors or suppliers ...
❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

****

14. How much does pain limit your participation at DME vendors or suppliers? Would you say …
❑ *A great deal* ❑ *A moderate amount* ❑ *A little* ❑ *Not at all*

15. How much does fatigue limit your participation at DME vendors or suppliers? Would you say …
❑ *A great deal* ❑ *A moderate amount* ❑ *A little* ❑ *Not at all*

16. How important is it for you to go to DME vendors or suppliers? Is it …
❑ *Very important* ❑ *Important* ❑ *Unimportant* ❑ *Very unimportant*

17. When selecting a DME vendor or supplier, do you have …
❑ *A lot of choice* ❑ *Some choice* ❑ *Little choice* ❑ *No choice*

18. Overall, how satisfied are you with your participation in using services at DME vendors or suppliers? Are you …
❑ *Very satisfied* ❑ *Satisfied* ❑ *Dissatisfied* ❑ *Very dissatisfied*

THIS IS THE END OF THE
MISSOURI MEDICAID SURVEY INTERVIEW.
THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT!

DURABLE MEDICAL EQUIPMENT (DME) VENDORS AND SUPPLIERS

19. How <u>important</u> is it for you to go to DME vendors or suppliers? Is it …

❑ *Very important* ❑ *Important* ❑ *Unimportant* ❑ *Very unimportant*

20. For you, is <u>going to DME vendors or suppliers</u> ...

❑ *Very easy* ❑ *Easy* ❑ *Difficult* ❑ *Very difficult* ❑ *Impossible*

21. <u>Why</u> don't you go to DME vendors or suppliers? Is it because you … (Check all that apply.)

❑ *Do not need to go*
❑ *Do not have enough money*
❑ *Do not have paid personal assistance*
❑ *Do not have unpaid personal assistance*
❑ *Use home health care*
❑ *Do not have transportation*
❑ *Have no interest in going*
❑ *Are treated poorly by DME employees*
❑ ***None of these***

22. Is your participation in going to DME vendors or suppliers <u>limited</u> by … (Check all that apply.)

❑ *Pain* ❑ *Fatigue* ❑ ***Neither of these***

****

Skip the following question if "Are treated poorly by DME employees" is NOT marked in question #21.

23. Do you <u>choose not to go</u> because people working at DME vendors or suppliers … (Check all that apply.)

❑ Do not help you in a timely manner
❑ Do not look directly at you
❑ Do not speak directly to you
❑ Treat you as a child
❑ Avoid you
❑ Solve problems for you without asking
❑ Control the conversation
❑ Make decisions or choices for you
❑ ***None of these***

THIS IS THE END OF THE MISSOURI MEDICAID SURVEY INTERVIEW.

THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT!