



**NATIONAL CORE INDICATORS –
AGING AND DISABILITIES**

CONSUMER SURVEY

2015-2016

Background Information

NCI – AD

Background Information

State _____

Survey Code _____

DEMOGRAPHIC

BI-1. What is the person's age? _____

Source of data: () 1-records/administrative () 2-during interview

BI-2 What is the person's gender?

Source of data: () 1-records/administrative () 2-during interview

- __1 Male
- __2 Female
- __3 Other
- __98 Don't know

BI-3. What is the person's race and ethnicity? **(CHECK ALL THAT APPLY)**

Source of data: () 1-records/administrative () 2-during interview

- __1 American Indian or Alaska Native
- __2 Asian (Chinese, Filipino, Japanese, Korean, Vietnamese or Other Asian)
- __3 Black or African-American
- __4 Pacific Islander (Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander)
- __5 White
- __6 Hispanic or Latino
- __7 Other race not listed **(FILL IN)** _____
- __98 Don't know

BI-4. What is the person's marital status?

Source of data:	() 1-records/administrative	() 2-during interview
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- 1 Single, never married
- 2 Married or has domestic partner
- 3 Separated or divorced
- 4 Widowed
- 98 Don't know

BI-5. What is the person's primary language?

Source of data:	() 1-records/administrative	() 2-during interview
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- 1 English
- 2 Spanish
- 3 Other **(FILL IN)** _____
- 98 Don't know

BI-6. What is this person's preferred means of communication?

Source of data:	() 1-records/administrative	() 2-during interview
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- 1 Spoken
- 2 Gestures/body language
- 3 Sign language or finger spelling
- 4 Communication aid/device
- 5 Other **(FILL IN)** _____
- 98 Don't know

RESIDENCE

BI-7. What zip code does the person live in? **(THIS INFORMATION WILL BE RECODED INTO URBAN/RURAL CATEGORIES – PROJECT STAFF WILL NOT SEE THE ZIP CODE ITSELF)**

Source of data:	() 1-records/administrative	() 2-during interview
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BI-8. Where does the person currently live?

Source of data:	() 1-records/administrative	() 2-during interview
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- 1 Own or family house or apartment (owned or rented)
- 2 Group home
- 3 Adult Family Home, Foster Home, Host Home (round-the-clock services provided in a single family residence where one or more individuals receiving services live with a person or family who furnishes services)
- 4 Assisted living facility, residential care facility (housing that may provide some nursing and personal care in addition to housekeeping and other basic help)
- 5 Nursing facility, nursing home
- 6 Homeless or temporary shelter
- 7 Other **(FILL IN)** _____
- 98 Don't know

BI-9. Who does the person live with? **(CHECK ALL THAT APPLY)**

Source of data:	() 1-records/administrative	() 2-during interview
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- 1 Lives alone
- 2 With spouse or partner
- 3 With other family (e.g. child, sibling, parent, etc)
- 4 With friend/s
- 5 With live-in personal care assistant/ worker
- 6 With others who are not family, friends, or PCAs
- 7 Other **(FILL IN)** _____
- 98 Don't know

BI-10. Has the person's address changed in the past 6 months?

Source of data:	() 1-records/administrative	() 2-during interview
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- 1 No – **GO TO QUESTION BI-12**
- 2 Yes
- 98 Don't know – **GO TO QUESTION BI-12**

BI-11. Where did the person move from? **(IF "YES" TO QUESTION BI-10)**

Source of data:	() 1-records/administrative	() 2-during interview
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- 50 DID NOT MOVE IN THE PAST 6 MONTHS**
- 1 Own or family house or apartment (owned or rented)
- 2 Group home
- 3 Adult Family Home, Foster Home, Host Home (round-the-clock services provided in a single family residence where one or more individuals receiving services live with a person or family who furnishes services)
- 4 Assisted living facility, residential care facility (housing that may provide some nursing and personal care in addition to housekeeping and other basic help)
- 5 Nursing facility, nursing home
- 6 Other **(FILL IN)** _____
- 98 Don't know

SELF-DIRECTION

BI-12. Is this person currently participating in a self-directed supports option? *"Self-directed" or "participant-directed" supports options offer individuals (and their representatives, including family members) the opportunity to manage some or all of their services. They may hire & fire their own support workers and/or control how their budget is spent.*

Source of data:	() 1-records/administrative
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- 2 Yes
- 0 No
- 98 Don't know

BI-13. Does the person have a formal diagnosis of any of the following conditions? *Has the person been told that he/she have any of the following?*

	<u>2</u> Yes	<u>0</u> No	<u>98</u> Don't Know	Source of data
Physical disability (total or partial loss of a person's bodily function or part of body with no possibility of recovery which substantially limits one or more major life activities)				() 1-Records/administrative () 2- During interview
Alzheimer's disease or other dementia				() 1-Records/administrative () 2-During interview
Acquired brain injury, traumatic brain injury				() 1-Records/administrative () 2- During interview
Intellectual or other developmental disability (diagnosed before the age 22)				() 1-Records/administrative () 2- During interview
Mental Health diagnosis (anxiety, depression, bipolar disorder, schizophrenia, manic-depressive disorder)				() 1-Records/administrative () 2- During interview

BI-14. What is the person's level of hearing impairment (*uncorrected*)?

Source of data: () 1-records/administrative () 2-during interview

- 1 None
- 2 Some/moderate
- 3 Complete or almost complete
- 98 Don't know

BI-15. What is the person's level of vision impairment (*uncorrected*)?

Source of data: () 1-records/administrative () 2-during interview

- 1 None, or completely corrected with glasses or contacts
- 2 Some/ moderate, partially corrected, or blind in one eye, or has glaucoma or cataracts
- 3 Complete or almost complete, legally blind
- 98 Don't know

FUNCTIONING

BI-16. What is the person's level of mobility? **(CHECK ALL THAT APPLY)**

Source of data:	<input type="checkbox"/> 1-records/administrative	<input type="checkbox"/> 2-during interview
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- 1 Non-ambulatory
- 2 Moves self with wheelchair
- 3 Moves self with other aids
- 4 Moves self without aids
- 98 Don't know

BI-17. Does the person have a history of frequent falls (more than two falls in a six-month period)?

Source of data:	<input type="checkbox"/> 1-records/administrative	<input type="checkbox"/> 2-during interview
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- 1 No
- 2 Yes
- 98 Don't know

SERVICES and SUPPORTS

BI-18. What is the person's **primary source of funding for long-term care services?**

Source of data: <input type="checkbox"/> 1-records/administrative

CHECKLIST _____

BI-19. What type of paid long-term care supports is the person receiving? **(CHECK ALL THAT APPLY)**

Source of data: () 1-records/administrative

- 1 **Round-the-clock services** (services by a provider that has round-the-clock responsibility for the health and welfare of residents)
- 2 **Home-based habilitation** (assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills provided in the person's home when the provider does NOT have round-the-clock responsibility for the person's health and welfare)
- 3 **Personal care services** including attendant care, personal assistance, PCA (assistance with activities of daily living (ADLs) and/or health-related tasks provided in a person's home and possibly other community settings, NOT including services required to be provided by a licensed home health agency or under a supervision of a licensed nurse or therapist. Does NOT include assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills)
- 4 **Homemaker services** (performance of light housekeeping tasks provided in a person's home)
- 5 **Chore services** (performance of heavy household chores provided in a person's home)
- 6 **Home health aide services** (assistance with ADLs and/or health-related tasks provided in a person's home and possibly other community settings that are supervised by a registered nurse or licensed therapist and provided by a licensed home health agency. Does NOT include assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills)
- 7 **Companion services** (supervision and/or social support provided in a person's home and possibly other community settings. Does NOT include assistance with ADLs or assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills)
- 8 **Adult day health care services** (services other than supported employment usually provided on a regularly scheduled basis at a site specifically established to provide such services. Included skilled health services and other support services, NOT including assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills)
- 9 **Adult day habilitation services** (services other than supported employment usually provided on a regularly scheduled basis at a site specifically established to provide such services. Focus on assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills, NOT including habilitation and not including skilled health services)
- 10 **Supported employment** (assistance to help a person obtain or maintain paid employment or self-employment)
- 11 **Personal emergency response system** (devices that enable participants to signal a response center to secure help in an emergency)
- 12 **Home and/or vehicle modifications** (physical changes to a private residence, automobile, or van, to accommodate the participant or improve his or her ability to function)
- 13 **Assistive technology, specialized medical equipment** (the purchase or rent of items, devices, or product systems to improve or maintain a person's functional status)
- 14 **Transportation** not provided as part of another category such as round-the-clock services or a day services. May include transportation to and from other waiver services, transportation to community activities, and/or the purchase of public transit tokens or passes
- 15 **Case management**
- 16 **Peer specialist, peer support** (mental health support services provided by a trained and credentialed person with a mental illness)
- 17 **Caregiver support, respite** (assistance to people who provide ongoing support to the person with a disability - individual's caregiver is benefiting from respite)
- 18 **Home delivered meals**(prepared meals sent to a person's home)
- 19 **Congregate meals** (a meal provided in a congregate or group setting)
- 20 **Other (fill in)** _____
- 100 **None**

BI-20. Does the person receive Medicare?

Source of data:	<input type="checkbox"/> 1-records/administrative	<input type="checkbox"/> 2-during interview
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- 2 Yes
- 0 No
- 98 Don't know

BI-21. How long has the person been receiving **long-term care supports** through his or her **primary current program**? (*the latest episode of receiving long-term care supports through the current program*)

Source of data:	<input type="checkbox"/> 1-records/administrative
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- 1 1 - 6 months
- 2 6 months – 1 year
- 3 1 year – 3 years
- 4 More than 3 years
- 98 Don't know