

2011 NURSING HOME TRANSITION (NHT) SURVEY

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| 1. Where do you currently live? |
| a. At home
b. Assisted Living Facility
c. Nursing home: Terminate survey: Thank you for your answer. We have no more questions for you since this survey is for persons who moved back to the community only. Good bye.
d. Other_____
e. Don't know/refused/unclear |
| 2. Why were you most recently admitted to a NH, i.e., what events in your life led up to the point of your NH admission? [read all answers and check all that apply] |
| a. Health related reason
b. Functional challenges, such as difficulty with bathing, getting dressed, eating, or walking
c. Caregiver no longer able to help
d. Other_____
e. Don't know/ refused/unclear |
| 3. How did you learn about the opportunity to move back home or to an Assisted Living Facility? [read all answers and check all that apply] From . . . |
| a. The CARES assessor
b. Case manager
c. Department of Elder Affairs staff
d. Staff at the nursing home (social worker, nurse)
e. Ombudsman
f. Family member, friend, acquaintance
g. Obtained printed material about the program
h. Other_____
i. Don't know/refused/unclear |
| 4. What helped you decide to leave the NH and move back home or to an Assisted Living Facility? Would you say [read all answers and check all that apply] |
| a. Support from family and friends
b. Program services in the community
c. Housing outside the NH
d. NH was too expensive compared to living at home or in an ALF
e. Could not afford NH
f. Dissatisfaction with life in the NH
g. Other_____
h. Don't know/ refused/unclear |
| 5. Who was (were) the key person(s) who helped you move back home or to an Assisted Living Facility from the NH? [read all answers and check all that apply] |
| a. Family members
b. Friends, acquaintances, neighbors
c. Community volunteers (e.g. members from a church, temple, mosque, fraternity or other social club)
d. Staff at the NH
e. CARES assessor
f. Case manager
g. Social worker
h. Program workers, personal care worker(s)
i. Other_____
j. Don't know/ refused/unclear |

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| 6. Did you receive services once you returned home/to an Assisted Living Facility, such as assistance with bathing, dressing, help around the house and eating or getting meals? |
| a. Yes
b. No [GO TO #8]
c. Don't know/ refused/unclear [GO TO #8] |
| 7. Would you have been able to move back to the community without the program services you have received upon returning home? |
| a. Yes
b. No
c. Don't know/ refused/unclear |
| 8. About how long have you been back home or in an Assisted Living Facility? Would you say [read all answers and check all that apply] |
| a. Less than 1 month
b. 1-2 months
c. 3 months or more
d. Other __
e. Don't know/ refused/unclear |
| 9. What major or most important benefit(s) do you get from living at home/at an ALF compared to living in a nursing home? Would you say [read answers and check all that apply] |
| a. Quality of life in general is better
b. Your health is better
c. More personal contacts
d. In-home services
e. More personal care
f. Better medical care
g. Feel more secure, safe
h. More independence
i. Less costly than NH
j. Feel happier, more content
k. Other __
l. Don't know/ refused/unclear
m. There are no benefits |
| 10. What major or most important benefits did you have living at a NH compared to living at home/at an ALF? Would you say [read answers and check all that apply]. |
| a. Quality of life was better
b. Health was better
c. Had more personal contacts
d. Had more personal care
e. Medical care was better
f. Felt more secure, safer
g. Felt more independent
h. Life was less costly
i. Felt happier, more content
j. Other _____
k. Don't know/ refused/unclear
l. There were no major benefits |
| 11. Do you regret having moved back home or to the Assisted Living Facility? |
| a. Yes
b. No
c. Don't know/ refused/unclear |

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12. Have you been hospitalized or have you had a major medical emergency since you have returned home/to an Assisted Living Facility?
a. Yes b. No c. Don't know/ refused/unclear
13. Are you currently receiving any services (such as getting assistance with bathing, dressing, help around the house and eating or getting meals?)
a. Yes b. No – GO TO #17 c. Don't know/ refused/unclear - GO TO #17
14. Could you remain home or in the Assisted Living Facility without the services you are receiving?
a. Yes b. No c. Don't know/ refused/unclear
15. To what extent do the services you receive help you in your daily life? Would you say...? [read all answers and check all that apply].
a. They help a lot b. They help a little c. They do not help d. They make things worse e. Don't know/ refused/unclear
16. Overall, how would you rate the quality of services you are receiving? [read all answers and check all that apply].
a. Excellent b. Very good c. Good d. Fair e. Poor f. Don't know/ refused/unclear
17. Who mostly helps you with your daily living needs? [read answers and check all that apply].
a. Family members b. Friends, acquaintances, neighbors c. Community volunteers (e.g. members from a church, temple, synagogue, mosque, fraternity or other social club) d. CARES assessor e. Case manager f. Social worker g. Program workers, personal care worker h. Other _____

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<p>18. Do you feel you will be able to remain at home/in the Assisted Living Facility?</p> <ul style="list-style-type: none">a. Yesb. Noc. Don't know/refused/unclear
<p>19. Do you have any major concerns or worries about your ability to live and stay in the community? Would you say [[read all answers and check all that apply]].</p> <ul style="list-style-type: none">a. Not enough help/support with daily needs (such as with bathing, dressing, etc.)b. Fear of abuse, neglect or exploitationc. Living arrangement is not safe [e.g. home is not equipped for special needs of elders]d. Problem with housing (may not be able to keep it)e. Physical limitations (e.g. problem getting up, walking around)f. Health problemsg. Lack of moneyh. Lack of transportationi. Don't know/unclearj. Other_____k. There are no major problems [go to 21]
<p>20. How are you managing these concerns? Do you... [read all answers and check all that apply].</p> <ul style="list-style-type: none">a. Rely on program helpb. Rely on family, friendsc. Rely on help from community volunteersd. Other_____
<p>21. What would mostly help you to stay in the community? Would you say [read all answers and check all that apply].</p> <ul style="list-style-type: none">a. More personal care servicesb. Help to prevent abuse, neglect or exploitationc. More home adaptations (for example, grab bars)d. Day caree. More financial helpf. More health servicesg. A different place to liveh. Other (Describe) _____i. I don't need any more help
<p>22. <i>Is there anything else that you would like to tell me about your move back home or to an ALF?</i></p>
<p>23. Interviewer Notes</p>

Thank you very much for your time and feedback.