

Evaluation Additional Questions Results thru March 5, 2013

Question	Responses
1. Not including medical appointments, can you get to the places that you want to go? Yes No Don't Know Refused 1a. If no, is this because transportation is not available? Yes No Don't Know	N = 136 112, 82% 22, 16% 1, 1% 1, 1% N = 20 15, 75% 4, 20% 1, 5%
2. Do you currently live with family or friends? Yes No Don't Know Refused	N = 136 33, 24% 101, 74% 1, 1% 1, 1%
3. Would you say that you are able to communicate with friends and family when you want to? Yes No Don't Know Refused	N = 136 120, 88% 9, 7% 6, 4% 1, 1%
4. Are there restrictions or requirements which affect your ability to eat what you want? Yes No Refused	N = 136 65, 48% 70, 51% 1, 1%
5a. How would you describe your current living situation? Skilled Nursing Facility, Nursing Home, or Hospital Host Home Group or personal care home of <4 (not to include host home) Group or personal care home of 5+ An Apartment A House (or condominium) Other Refused	N = 124 9, 7% 20, 16% 48, 39% 3, 2% 16, 13% 25, 20% 2, 2% (Personal care home; Community living arrangement) 1, 1%

5b. Is this where you want to live?	N = 136
Yes	116, 85%
No	13, 10%
Don't Know	5, 4%
Refused	2, 1%
5b1. If no, where do you want to live?	N = 13
An Apartment	2, 15%
A House (or condominium)	10, 77%
Not Applicable	1, 8%
6. If the respondent is a proxy, what is their relationship to the participant?	N = 136
Family	34, 25%
Friend	1, 1%
Service/Care Provider	70, 51%
Not Applicable	31, 23%
7. In general, would you say your health is:	N = 59
Excellent	10, 17%
Good	27, 46%
Fair	17, 29%
Poor	3, 5%
Don't Know	1, 2%
Refused	1, 2%
8. Do you have a doctor or clinic that you go to regularly?	N = 59
Yes	58, 98%
Refused	1, 2%
8a. Why? (Probe: Please describe the barriers you've experienced).	N = 0
9. How do you describe your <u>primary</u> disability or limitation:	N = 52
Cognitive/Language	22, 42%
Mental/Emotional	7, 13%
Physical	21, 40%
Don't Know	1, 2%
Refused	1, 2%
10. Is there an area of your life at home where you would like to increase your independence?	N = 59
Yes	20, 34%

No	30, 51%
Not Applicable	2, 3%
Don't Know	6, 10%
Refused	1, 2%
10a. What area? (Prompts – getting around inside your home, bathing, dressing, toileting, communicating, preparing meals.)	<p>N = 20</p> <p>Preparing/Eating meals (6)</p> <p>Getting around the house (5)</p> <p>All areas (4)</p> <p>Walking (3)</p> <p>Communication (2)</p> <p>*participants able to choose multiple options</p>
11. Are there any devices or special equipment that could assist you to remain as independent as possible in your home?	N = 58
Yes	26, 45%
No	29, 50%
Not Applicable	2, 3%
Refused	1, 2%
11a. What type of device or special equipment:	N = 48
Home modifications	11
Mobility Devices	16
Communication Aids	5
Vision Devices	4
Environmental Controls	3
Lifeline or 24hour alert system	1
Transportation Aids	5
Other	3(Breathing equipment; Dentures; Physical therapy)
	*participants able to choose multiple options
12. What keeps you from working for pay or doing volunteer work?	<p>N = 12</p> <p>Client's condition- Physical/Mental (8)</p> <p>Transportation (2)</p> <p>Medicaid/Medicare Limitations (1)</p> <p>No opportunity presented (1)</p> <p>*participants able to choose multiple options</p>