

# **ASSISTED LIVING DISCHARGED RESIDENT PROXY RESPONDENT TELEPHONE INTERVIEW**

Research Triangle Institute

This instrument was developed for the National Study of Assisted Living for the Frail Elderly. The project was conducted by the Research Triangle Institute under contracts #HHS-100-94-0024 and #HHS-100-98-0013 for the Department of Health and Human Services' Office of Disability, Aging and Long-Term Care Policy. Additional funding was provided by American Association of Retired Persons, the Administration on Aging, the National Institute on Aging, and the Alzheimer's Association. For additional information about this project, visit the DALTCP home page at [http://aspe.hhs.gov/\\_/office\\_specific/daltcp.cfm](http://aspe.hhs.gov/_/office_specific/daltcp.cfm) or contact the office at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. The e-mail address is: [webmaster.DALTCP@hhs.gov](mailto:webmaster.DALTCP@hhs.gov). The Project Officer was Gavin Kennedy.

### ASSISTED LIVING DISCHARGED RESIDENT PROXY RESPONDENT TELEPHONE INTERVIEW

Respondent ID Label

\_\_\_\_\_

Facility Name:

Name of Discharged Resident: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interviewer ID # \_\_\_\_\_

Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Start Time: \_\_\_\_:\_\_\_\_ am/pm

End Time: \_\_\_\_:\_\_\_\_ am/pm

#### Public Reporting Burden Statement

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#### INTERVIEWER INSTRUCTIONS:

Unless you know that the resident is deceased, ask to speak with the resident and use the Discharged Resident Interview.

If the resident is deceased or too physically ill or cognitively impaired to respond, ask to speak with a family member who has the most information about the resident's experience in the assisted living facility/residential care home.

Read introduction below before you begin with the questions.

## INTRODUCTION

You are being asked to participate in a national study of assisted living and residential care for the frail elderly. About six months ago, we interviewed one of your family members, \_\_\_\_\_ [RESIDENT]. This is a follow-up interview about all residents in the study who have left the facility or who are deceased.

This study is being conducted for the U.S. Department of Health and Human Services,. This agency is sponsoring the study to learn more about the role that assisted living and residential care facilities can play in meeting the needs of the elderly. Determining the experiences of residents who have left such facilities or who died while a resident there will be very helpful in understanding the role such facilities play in providing long-term care to elders. Research Triangle Institute (RTI) is conducting the study on behalf of the government. RTI is a nonprofit university-affiliated research organization in North Carolina.

Your participation is voluntary, and you may refuse to answer any question we ask. In addition, all your responses are confidential and will not be disclosed except as required by law. Your responses will also not be reported in any way that identifies you or your family member. This interview will take about 12 minutes. It asks about the experience of your family member in the facility and your views of the care HE/SHE received.

We hope you will agree to participate, since your views and experiences are important in helping us learn more about how to provide good care to elders.

1. What is/was your relationship to \_\_\_\_ [RESIDENT]? Are you his/her...
- Spouse ..... 01
  - Child ..... 02
  - Child-in-law ..... 03
  - Sibling ..... 04
  - Grandchild ..... 05
  - Niece/nephew ..... 06
  - Other (SPECIFY) \_\_\_\_\_ ..... 07

2. Reason for not conducting the interview with resident?

(IF POSSIBLE, CODE WITHOUT ASKING BASED ON INFORMATION PROVIDED BY TELEPHONE SURVEY LOCATORS)

- Resident had proxy respondent in original interview ..... 01
- Resident is deceased ..... 02
- Resident is too cognitively impaired to respond ..... 03 (SKIP TO Q.3)
- Resident is too physically ill to respond ..... 04 (SKIP TO Q. 3)
- Resident is too hard of hearing to respond to a telephone interview ..... 05 (SKIP TO Q. 3)
- Other (e.g., language) (SPECIFY) \_\_\_\_\_ ..... 06 (SKIP TO Q. 3)

2a. On what date did \_\_\_\_ [RESIDENT] die/pass on?

/ /	/ /	/ / / /
MO	DAY	YR

2b. Did \_\_\_\_ [RESIDENT] die/pass on at \_\_\_\_ [FACILITY]?

- Yes ..... 01 (SKIP TO Q. 2e)
- No ..... 02

2c. On what date did \_\_\_\_\_ [RESIDENT] leave \_\_\_\_\_ [FACILITY]?

/ /	/ /	/ / / /
MO	DAY	YR

Discharged Resident Proxy Respondent Telephone Interview

2d. Which of the following describe where \_\_\_\_\_ [RESIDENT] went between leaving \_\_\_\_\_ [ FACILITY] and when he/she died? (CIRCLE ALL THAT APPLY)

- Hospital (*acute care hospital*) ..... 01
- Nursing home ..... 02
- Rehabilitation facility or subacute care unit ..... 03
- Another residential care or assisted living facility ..... 04
- Own home or apartment ..... 05
- Home or apartment of a relative ..... 06
- Some other place (SPECIFY) \_\_\_\_\_ ..... 07

2e. Did he/she receive hospice care while living at \_\_\_\_\_ [FACILITY]?

- Yes ..... 01 (SKIP TO Q. 9)
- No ..... 02 (SKIP TO Q. 9)

3. On what date did \_\_\_\_\_ [RESIDENT] leave \_\_\_\_\_ [FACILITY]?

    /  /    /  /    /  /  /  /  
    MO    DAY    YR

4. Which of the following best describes the place where \_\_\_\_\_ [RESIDENT] is currently staying?

- Hospital (*Acute care hospital*) ..... 01
- Nursing home ..... 02
- Rehabilitation facility or subacute care unit ..... 03
- Another residential care or assisted living facility ..... 04
- Own home or apartment ..... 05
- Home or apartment of a relative ..... 06
- Some other place (SPECIFY) \_\_\_\_\_ ..... 07

5. Did \_\_\_\_\_ [RESIDENT] go anyplace else between leaving \_\_\_\_\_ [FACILITY] and where he/she is currently staying?

- YES ..... 01
- NO ..... 02 (SKIP TO Q. 7)

6. Which of the following best describes the place (or places) he/she went between leaving \_\_\_\_\_ [FACILITY] and where you are currently staying? (CIRCLE ALL THAT APPLY)

- Hospital (*acute care hospital*) ..... 01
- Nursing home ..... 02
- Rehabilitation facility or subacute care unit ..... 03
- Another residential care or assisted living facility ..... 04
- Own home or apartment ..... 05
- Home or apartment of a relative ..... 06
- Some other place (SPECIFY) \_\_\_\_\_ ..... 07

7. Which of the following best describes the decision to leave the facility? Would you say the decision was:

- Mainly relative or our family's decision ..... 01
- Mainly the facility's decision ..... 02
- Mutual ..... 03
- DK ..... 04

8. Please tell me which of the following statements describe the reasons your relative left \_\_\_\_ [FACILITY]: (CIRCLE ALL THAT APPLY)

- Required hospital care ..... 01
- Needed nursing home care ..... 02
- Required more care than the facility could provide ..... 03
- Preferred location closer to family or friends ..... 04
- Exhausted his/her resources and had to leave because of money ..... 05
- Dissatisfaction with the quality of care ..... 06
- Dissatisfaction with the price or charges ..... 07
- Dissatisfaction with some other aspect of the facility ..... 08
- It was the facility's request for unknown reason ..... 09
- Relative died/passed on ..... 10
- Is there any other reason not mentioned here? (SPECIFY) \_\_\_\_\_ 11

9. When \_\_\_\_\_ [RESIDENT] moved into \_\_\_\_ [FACILITY], did you expect that he/she would be able to remain in that facility as long as you wanted to? Sometimes this is called being able to "age in place."

- YES ..... 01
- NO ..... 02

Discharged Resident Proxy Respondent Telephone Interview

10. When your relative entered \_\_\_\_\_ [FACILITY], did someone discuss with you the conditions under which he/she would be asked to leave or when the facility would no longer be able to meet his/her care needs?

- YES ..... 01
- NO ..... 02 (SKIP TO Q. 12)
- DK ..... -4 (SKIP TO Q. 12)

11. Which of the following statements best describes the facility's policies about discharge?

- Very unclear - what the facility promised and what it actually did were very different ..... 01
- Unclear - you didn't know what to expect because the terms were very vague ..... 02
- Adequate - you had a general idea of what to expect ..... 03
- Very Clear - facility policies were clear, and the facility lived up to what it promised ..... 04

12. Which of the following statements best describes your feeling about the length of your relative's stay in \_\_\_\_\_ [FACILITY]?

- Wish he/she had left sooner, for example to go to a nursing home ..... 01
- Wish he/she had been able to stay there longer ..... 02
- Left at just the right time ..... 03

13. Use any number on a scale from zero to ten, with zero being the worst and 10 being the best. How would you rate the facility's performance in terms of meeting your relative's need for personal assistance or health care?

- \_\_\_\_\_ Score
- DK ..... -4

14. Did you help your relative select \_\_\_\_\_ [FACILITY]?

- YES ..... 01
- NO ..... 02 (SKIP TO Q. 18)

15. Think back to when your relative moved into \_\_\_\_\_ [FACILITY]. Which of the following were important to you? (CIRCLE ALL THAT APPLY) *(The facility selected may not have had all the things the family member or resident wanted, but the responses should reflect preferences.)*

	Yes	No
Private bedroom .....	01	02
Private bathroom .....	01	02
Ability to bring his/her own furniture to the facility .....	01	02
Having access to a place to store and cook food .....	01	02
The attractiveness and amenities of the outdoor areas .....	01	02
The attractiveness and amenities of the indoor public spaces .....	01	02
The availability of monitoring, for example if your relative fell or needed help with medications .....	01	01
The quality of the direct care staff (knowledge, training, attitudes, staffing level) .....	01	02
Whether the facility had a Registered Nurse on staff .....	01	02
The ability of the facility to provide more or different services if your relative's needs changed .....	01	02
The availability of a nursing home on the same campus .....	01	02
The activities that were available .....	01	02
Location .....	01	02
Total Cost (Price plus any extra charges) .....	01	02
All were equally important .....		77

16. Did your opinion of what was most important change over time, as your relative lived in the facility?

- YES ..... 01
- NO ..... 02 (SKIP TO Q. 18)



17. Which of the following became *MORE* important to you over time? (CIRCLE ALL THAT APPLY)

	Yes	No
Private bedroom .....	01	02
Private bathroom .....	01	02
Ability to bring his/her own furniture to the facility .....	01	02
Having access to a place to store and cook food .....	01	02
The attractiveness and amenities of the outdoor areas .....	01	02
The attractiveness and amenities of the indoor public spaces .....	01	02
The availability of monitoring, for example if your relative fell or needed help with medications .....	01	01
The quality of the direct care staff (knowledge, training, attitudes, staffing level) .....	01	02
Whether the facility had a Registered Nurse on staff .....	01	02
The ability of the facility to provide more or different services if your relative's needs changed .....	01	02
The availability of a nursing home on the same campus .....	01	02
The activities that were available .....	01	02
Location .....	01	02
Total cost (Price plus any extra charges) .....	01	02
NONE OF THE ABOVE, All were equally important .....		77

18. In the two months before your relative left the facility/dies, how often were you able to go to \_\_\_\_ [FACILITY] and visit?

Daily .....	01
Several times a week (3 or more times) but not daily .....	02
1-2 times a week .....	03
2-3 times a month .....	04
Once a month or less .....	05

19. Did you have any knowledge about the charges at \_\_\_\_ [FACILITY]?

YES .....	01
NO .....	02 (SKIP TO Q. 22)

Discharged Resident Proxy Respondent Telephone Interview

20. Did you find that charges at \_\_\_\_ [FACILITY] increased at a faster rate than you expected or that there were additional, unexpected charges, over and above the monthly rate?
- YES ..... 01
- NO ..... 02
21. Use any number on a scale from 0 to 10, with 0 being the worst and 10 being the best. How would you rate the facility's performance in terms of meeting your expectations about how much it would cost on a monthly basis?
- \_\_\_\_\_ Score
- DK ..... -4
22. Which of the following were better than you expected at \_\_\_\_\_ [FACILITY]? (CIRCLE ALL THAT APPLY)
- The accommodations ..... 01
- The price ..... 02
- The activities ..... 03
- The transportation that was offered ..... 04
- The staff (quality and number) ..... 05
- The availability of services or assistance you needed ..... 06
- None of the above ..... 07
23. Which of the following were worse than you expected at \_\_\_\_\_ [FACILITY]? (CIRCLE ALL THAT APPLY)
- The accommodations ..... 01
- The price ..... 02
- The activities ..... 03
- The transportation that was offered ..... 04
- The staff (quality and number) ..... 05
- The availability of services or assistance you needed ..... 06
- None of the above ..... 07
24. Overall, which of the following statements best describes your feelings about your relative's experience at \_\_\_\_\_ [FACILITY]? Would you say it was ....
- Better than you expected ..... 01
- Worse than you expected ..... 02
- About the same as you expected ..... 03

Discharged Resident Proxy Respondent Telephone Interview

25. Would you recommend this facility to a friend who had the same type of needs and interests that your relative had?

YES ..... 01

NO ..... 02

**END**

Thank you for your assistance in helping us understand the role of assisted living and other residential care settings in providing care to older persons.

Discharged Resident Proxy Respondent Telephone Interview

## PROBLEM SHEET

Item	Comments

Discharged Resident Proxy Respondent Telephone Interview

To obtain a printed copy of this report, send the full report title and your mailing information to:

U.S. Department of Health and Human Services  
Office of Disability, Aging and Long-Term Care Policy  
Room 424E, H.H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
FAX: 202-401-7733  
Email: [webmaster.DALTCP@hhs.gov](mailto:webmaster.DALTCP@hhs.gov)

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**RETURN TO:**

Office of Disability, Aging and Long-Term Care Policy (DALTCP) Home  
[\[http://aspe.hhs.gov/office\\_specific/daltcp.cfm\]](http://aspe.hhs.gov/office_specific/daltcp.cfm)

Assistant Secretary for Planning and Evaluation (ASPE) Home  
[\[http://aspe.hhs.gov\]](http://aspe.hhs.gov)

U.S. Department of Health and Human Services Home  
[\[http://www.hhs.gov\]](http://www.hhs.gov)

# **NATIONAL STUDY OF ASSISTED LIVING FOR THE FRAIL ELDERLY**

## **Reports Available**

A National Study of Assisted Living for the Frail Elderly: Discharged Residents Telephone Survey Data Collection and Sampling Report

HTML  
PDF

<http://aspe.hhs.gov/daltcp/reports/drtelesy.htm>  
<http://aspe.hhs.gov/daltcp/reports/drtelesy.pdf>

A National Study of Assisted Living for the Frail Elderly: Final Sampling and Weighting Report

HTML  
PDF

<http://aspe.hhs.gov/daltcp/reports/sampweig.htm>  
<http://aspe.hhs.gov/daltcp/reports/sampweig.pdf>

A National Study of Assisted Living for the Frail Elderly: Final Summary Report

HTML  
PDF

<http://aspe.hhs.gov/daltcp/reports/finales.htm>  
<http://aspe.hhs.gov/daltcp/reports/finales.pdf>

A National Study of Assisted Living for the Frail Elderly: Report on In-Depth Interviews with Developers

Executive Summary  
HTML  
PDF

<http://aspe.hhs.gov/daltcp/reports/indpthes.htm>  
<http://aspe.hhs.gov/daltcp/reports/indepth.htm>  
<http://aspe.hhs.gov/daltcp/reports/indepth.pdf>

A National Study of Assisted Living for the Frail Elderly: Results of a National Study of Facilities

Executive Summary  
HTML  
PDF

<http://aspe.hhs.gov/daltcp/reports/facreses.htm>  
<http://aspe.hhs.gov/daltcp/reports/facres.htm>  
<http://aspe.hhs.gov/daltcp/reports/facres.pdf>

Assisted Living Policy and Regulation: State Survey

HTML  
PDF

<http://aspe.hhs.gov/daltcp/reports/stasvyes.htm>  
<http://aspe.hhs.gov/daltcp/reports/stasvyes.pdf>

Differences Among Services and Policies in High Privacy or High Service Assisted Living Facilities

HTML  
PDF

<http://aspe.hhs.gov/daltcp/reports/alfdiff.htm>  
<http://aspe.hhs.gov/daltcp/reports/alfdiff.pdf>

Family Members' Views: What is Quality in Assisted Living Facilities Providing Care to People with Dementia?

HTML  
PDF

<http://aspe.hhs.gov/daltcp/reports/fmviews.htm>  
<http://aspe.hhs.gov/daltcp/reports/fmviews.pdf>

## Guide to Assisted Living and State Policy

HTML <http://aspe.hhs.gov/daltcp/reports/alspguide.htm>  
PDF <http://aspe.hhs.gov/daltcp/reports/alspguide.pdf>

## High Service or High Privacy Assisted Living Facilities, Their Residents and Staff: Results from a National Survey

Executive Summary <http://aspe.hhs.gov/daltcp/reports/hshpes.htm>  
HTML <http://aspe.hhs.gov/daltcp/reports/hshp.htm>  
PDF <http://aspe.hhs.gov/daltcp/reports/hshp.pdf>

## National Study of Assisted Living for the Frail Elderly: Literature Review Update

Abstract HTML <http://aspe.hhs.gov/daltcp/reports/ablitrev.htm>  
Abstract PDF <http://aspe.hhs.gov/daltcp/reports/ablitrev.pdf>  
HTML <http://aspe.hhs.gov/daltcp/reports/litrev.htm>  
PDF <http://aspe.hhs.gov/daltcp/reports/litrev.pdf>

## Residents Leaving Assisted Living: Descriptive and Analytic Results from a National Survey

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2000/alresdes.htm>  
HTML <http://aspe.hhs.gov/daltcp/reports/2000/alresid.htm>  
PDF <http://aspe.hhs.gov/daltcp/reports/2000/alresid.pdf>

## State Assisted Living Policy: 1996

Executive Summary <http://aspe.hhs.gov/daltcp/reports/96states.htm>  
HTML <http://aspe.hhs.gov/daltcp/reports/96state.htm>  
PDF <http://aspe.hhs.gov/daltcp/reports/96state.pdf>

## State Assisted Living Policy: 1998

Executive Summary <http://aspe.hhs.gov/daltcp/reports/1998/98states.htm>  
HTML <http://aspe.hhs.gov/daltcp/reports/1998/98state.htm>  
PDF <http://aspe.hhs.gov/daltcp/reports/1998/98state.pdf>

## **Instruments Available**

### Assisted Living Discharged Resident Telephone Interview

HTML <http://aspe.hhs.gov/daltcp/instruments/ALDRTI.htm>  
PDF <http://aspe.hhs.gov/daltcp/instruments/ALDRTI.pdf>

Assisted Living Discharged Resident Proxy Respondent Telephone Interview

HTML

<http://aspe.hhs.gov/daltcp/instruments/ALDRPRTI.htm>

PDF

<http://aspe.hhs.gov/daltcp/instruments/ALDRPRTI.pdf>

Facility Screening Questionnaire

HTML

<http://aspe.hhs.gov/daltcp/instruments/FacScQ.htm>

PDF

<http://aspe.hhs.gov/daltcp/instruments/FacScQ.pdf>