

ASSISTED LIVING DISCHARGED RESIDENT 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 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. The Project Officer was Gavin Kennedy.

ASSISTED LIVING DISCHARGED RESIDENT TELEPHONE INTERVIEW

Respondent ID Label

Facility Name: _____

Interviewer Name: _____ Interviewer ID # _____

Date of Interview: ____/____/____
Month Day Year

Start Time: ____:____ am/pm

End Time: ____:____ am/pm

Paperwork Reduction Act Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate of any other aspect of this collection of information to the OS Reports Clearance Officer, ASMB/Budget/PIOM, Room 503H HHH Bldg., 200 Independence Avenue, SW, Washington, DC 20201.

INTERVIEWER INSTRUCTIONS:

Unless you know that the resident is deceased, ask to speak with the resident.

If the resident is deceased, 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 and use the Discharged Resident Proxy Interview Form.

Read introduction/consent 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 you in-person while you were a resident at _____. This is a follow-up interview for all residents in the study who subsequently left any of the several hundred facilities in the study.

As you may remember, this study is being conducted for the U.S. Department of Health and Human Services to learn more about the role that assisted living and residential care facilities can play in meeting the needs of older persons. Determining the experiences of residents who have left such facilities will help the government understand the role such facilities play in providing long-term care for older persons.

The follow-up study is being conducted for the government by Research Triangle Institute (RTI). RTI is a nonprofit university-affiliated research organization in North Carolina.

As before, your participation is voluntary. 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. The information you provide will not be reported in any way that identifies you or the facility. This interview will take about 10 minutes. It asks about your experience and views, including why you left the facility.

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 for older persons.

1. On what date did you leave _____ ?

 / / / / / / / / / /
 MO DAY YR

2. Which of the following best describes the place where you are currently staying?

- 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

3. Did you go anyplace else between leaving _____ [FACILITY] and where you currently are staying?

- YES 01
- NO 02 (SKIP TO Q. 5)

4. Which of the following best describes the place (or places) you 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

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

- Mainly mine or my family's decision 01
- Mainly the facility's decision 02
- Mutual 03
- DK 04

6. All in all, how much control did you have over the decision to leave _____ [FACILITY]? Would you say you had....

- Complete or almost complete control 01
- Some control 02
- Little or no control 03

7. Please tell me which of the following statements describe the reasons you 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 my resources and had to leave because of money .. 05
- Dissatisfied with the quality of care 06
- Dissatisfied with the price or charges 07
- Dissatisfied with some other aspect of the Facility 08
- It was the facility's request for unknown reason 09
- Is there any other reason not mentioned here?
(SPECIFY)_____ 10

8. Which of the following statements best describes your feeling about the timing of your departure from _____ [FACILITY]?

- Wish I had left sooner 01
- Wish I had been able to stay there longer 02
- Left at just the right time 03

9. When you moved into ____ [FACILITY], did you expect that you 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

10. When you entered _____ [FACILITY], did someone discuss with you the conditions under which you would be asked to leave or when the facility would NO longer be able to meet your care needs?

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

11. Which of the following 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. 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 need for personal assistance or health care?

- _____ Score
- DK -4

13. 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

14. Think back to when you moved in to _____ [FACILITY]. Which of the following were important to you? (CIRCLE ALL THAT APPLY) *(The facility selected may not have had all the things the resident wanted, but the responses should reflect preferences.)*

YES NO

- Having a private bedroom 01 02
- Having a private bathroom 01 02
- Being able to bring your own furniture to the facility 01 02
- Having access to a place to store and cook food 01 02
- The attractiveness and amenities of outside areas 01 02
- The attractiveness and amenities of the indoor public spaces 01 02
- The availability of monitoring, for example if you fell or needed help with medications 01 02
- 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 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
- Price 01 02
- NONE OF THE ABOVE 77

15. Did your opinion of what was most important to you change over time, as you lived in the facility?

YES 01

NO 02 (SKIP TO Q. 17)

16. Which of the following became *MORE* important to you as you lived at _____ [FACILITY]?
(CIRCLE ALL THAT APPLY) (If the facility did not offer something but the resident wanted it or
needed it, the response for that item should be a "YES.")

YES NO

Being able to have a private bedroom 01 02

Being able to have a private bathroom 01 02

Being able to bring your 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 outside areas 01 02

The attractiveness and amenities of the indoor
public spaces 01 02

The availability of monitoring, for example if you fell or
needed help with medications 01 01

The quality of the direct care staff (knowledge, training,
attitudes, staffing level) 01 02

Having a Registered Nurse on staff 01 02

The ability of the facility to provide more or different
services if my 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

Price 01 02

NONE OF THE ABOVE 77

17. 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

18. 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

19. 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

20. Overall, which of the following statements best describes your 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

21. Would you recommend this facility to a friend who had the same type of needs and interests you 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 Telephone Interview

PROBLEM SHEET

Item	Comments

Discharged Resident 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

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>