



PERSONAL CARE ASSISTANCE SURVEY

- Courage Center is conducting this survey to evaluate how individuals who have been using Personal Care Assistance (PCA) services have been affected by cuts in PCA services passed by the Minnesota state legislature. The information you give may be used to influence future policy decisions pertinent to Personal Care Assistance.
- This survey consists of 11 questions and will take five minutes to answer.
- Participation in this survey is entirely voluntary. You need not answer any questions you consider inappropriate.
- This survey is completely anonymous and confidential.
- If you have any questions about this survey and your rights, please contact Leslie Nordgren, Courage Center Research Specialist, at 763-520-0440.
- This survey may be completed by anyone living in Minnesota who received PCA services under Minnesota Medical Assistance or County Waiver prior to June 2010. Family members, Personal Care Assistants, county social workers, parents of children receiving PCA services, and others who are aware of the impact of changes in PCA services may also complete the survey.
- The completion of this survey is your consent to participate in the research.

Please answer the following questions for the person in need of or receiving PCA services.

Which of the following would describe you? (Please indicate only one)

- I am currently receiving or am in need of publicly funded PCA services.
- I am a family member of the person in need of or receiving PCA services.
- I am a PCA.
- I am a social worker.
- I am a friend or neighbor.
- Other: (Please explain) _____

1. Has the number of weekly hours changed or have PCA services been lost since April, 2010?

- YES NO

2. If YES, have the number of weekly hours allocated decreased or increased?

- Decreased Increased

3. How many weekly PCA service hours were received in April, 2010?

_____ hours

4. How many weekly PCA service hours are currently received?

_____ hours

5. Which service needs were being met in April, 2010 but are no longer being met through Personal Care Assistance ?

- | | |
|-------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Performing essential household chores |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Planning and preparing meals |
| <input type="checkbox"/> Transferring to bed or chair | <input type="checkbox"/> Taking medications |
| <input type="checkbox"/> Moving around your home | <input type="checkbox"/> Shopping for groceries or clothes |
| <input type="checkbox"/> Changing positions | <input type="checkbox"/> Using the telephone or other media |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Managing money |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Getting around outside your home |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Other services no longer being met. |

Please explain: _____

- Services are the same now as in April, 2010 (SKIP TO QUESTION 8)
- Services have increased since April, 2010 (SKIP TO QUESTION 8)
- Don't know (SKIP TO QUESTION 9)

6. If there are services that are no longer being met by Personal Care Assistance, have other sources been found to meet these needs?

- No Yes I don't know

If yes, please indicate the services that have been replaced with the help of friends, family, churches, or social service agencies:

- | | |
|-------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Performing essential household chores |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Planning and preparing meals |
| <input type="checkbox"/> Transferring to bed or chair | <input type="checkbox"/> Taking medications |
| <input type="checkbox"/> Moving around your home | <input type="checkbox"/> Shopping for groceries or clothes |
| <input type="checkbox"/> Changing positions | <input type="checkbox"/> Using the telephone or other media |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Managing money |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Getting around outside your home |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Other services |

Please explain: _____

Please indicate the source that contributed the greatest amount of help with replacement of PCA services.

- Friends Family Church
- Other (Please explain) _____

7. If friends or family members have helped in replacing PCA services, what has been the effect on the family members or friends?

8. Please describe any changes since April, 2010.

a) Describe any change in living situation: _____

No changes in living situation

b) Describe change in medical services needed: _____

No changes in medical services needed:

c) Describe a change in hospital emergency room visits: _____

No changes in emergency room visits

d) Describe a change in the number of hospitalizations: _____

No change in number of hospitalizations

e) Describe any change in the type of secondary conditions: _____

No change in type of secondary conditions

f) Describe any change in the severity of secondary conditions: _____

No change in the severity of secondary conditions

Describe any other consequences due to the loss or reduction of PCA services: _____

Please answer the following questions for the person in need of or receiving PCA services:

9. Zip code: _____

10. Gender: Female Male

11. Age: _____

Mail to:

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WOULD YOU LIKE TO TELL YOUR STORY?

Your story may be helpful in the future for legislative and policy efforts that are outside this research study. If you would like be contacted for these purposes, please call us at 763-520-0440 or e-mail us at leslie.nordgren@couragecenter.org and type in “PCA Study” in the Subject line. Leave your name, phone number, and a brief description of your story when contacting us.

THANK YOU FOR PARTICIPATING IN THIS STUDY!