

**SUPPLEMENTARY MATERIAL:  
BENEFICIARY SURVEY QUESTIONNAIRE**

## Survey of Program Participants (English)

(12-11-2013)

### <State Program Name> Survey of Program Participants (12-13-13)

This survey is about a special program for Medicaid beneficiaries in <state>, called the <statewide name> program. You might also know this special program as:

- <specific name>
- <specific name>
- <specific name>

When you answer these questions, please think about your experience in this special program. You could be participating in the program now, or you could have finished the program already.

Some questions ask about the program staff. The **program staff** can be anyone who helps you as part of the <State Program Name>, such as a [tailored for state: e.g., lifestyle coach, wellness coach, incentives counselor, educator, counselor, nurse, or other health care provider].

The special program could be about different kinds of health issues, such as diabetes prevention, diabetes control, tobacco use, weight management, blood pressure, or cholesterol. The program could be about one health issue or about more than one health issue.

Please follow the instructions in the survey for answering the questions.

**Thank you for your time!**

### ***Tips for Filling out the Questionnaire***

- Please share your honest opinions. All of your answers are kept private. The information is not reported back to program staff
- Please use a **BLACK** or **DARK BLUE** ink pen to mark your answers.
- Be sure to read all of the answer choices before marking your answer.
- Sometimes the instruction will say to skip one or more questions. Look for notes telling you whether you should skip a question. If there is no note, go to the next question.
- Answer all questions by putting an “X” in the box next to your answer, like this:

#### **Example**

1. In the past month, did you have any headaches?

- ☒ Yes → **Go to next question**
- ☐ No → **Go to Question 3**
- ☐ Don't know → **Go to Question 3**

2. In the past month, how many times did you have a headache?

- ☒ 1–2 times
- ☐ 3–5 times
- ☐ 6 times or more
- ☐ Don't know

## Section A. Satisfaction with the Program

*These questions ask about your satisfaction with this special program for Medicaid beneficiaries.*

1. How would you rate this program? Choose a number between 1 and 10, where 1 is the worst program possible and 10 is the best program possible.

Worst program possible											Best program possible
	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Would you recommend this program to your family and friends?

- ☐ Yes, definitely  
☐ Yes, probably  
☐ No

3. Overall, how satisfied were you with this program?

- ☐ Very satisfied  
☐ Somewhat satisfied  
☐ Somewhat dissatisfied  
☐ Very dissatisfied

## Section B. Experiences with the Program

*These questions ask about your experiences with this special program. When you answer these questions, please think about your experiences over the past few months.*

*Some of the questions ask about the program staff. The program staff can be anyone who helped you as part of this program.*

4. How often were you able to contact program staff when you wanted to?
- ☐ Always  
☐ Usually  
☐ Sometimes  
☐ Never \_\_\_\_\_ ☐ I did not try to contact program staff.

5. The following statements are about the program. *[Please answer “yes” or “no” for each.]*

	Yes	No	
a. I was able to start the program as soon as I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	
b. The amount of time I spent on the program was about right.	<input type="checkbox"/>	<input type="checkbox"/>	
c. The program schedule was convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	
d. The program location was convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	
e. The program staff spoke my language.	<input type="checkbox"/>	<input type="checkbox"/>	
f. I was able to get child care when I needed it to attend the program.	<input type="checkbox"/>	<input type="checkbox"/>	I did not need child care. <input type="checkbox"/>
g. I was able to get transportation when I needed it to attend the program.	<input type="checkbox"/>	<input type="checkbox"/>	I did not need transportation. <input type="checkbox"/>

6. How often were you able to get the help you wanted from the program staff?
- ☐ Always  
☐ Usually  
☐ Sometimes  
☐ Never
7. Did the program give you any educational materials or information about your health issue(s) (for example, written materials or a website)?
- ☐ Yes  
☐ No → **Go to Question 9**
8. How helpful were these materials or information?
- ☐ Very helpful  
☐ Somewhat helpful  
☐ Not helpful
9. The following statements are about ways the program may have helped you. *[Please mark how much you agree or disagree with each statement]*

The program....

	<b>Strongly agree</b>	<b>Somewhat agree</b>	<b>Somewhat disagree</b>	<b>Strongly disagree</b>
a. helped me understand my health issue(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. helped me learn ways to take better care of my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. encouraged me to make lifestyle changes to improve my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. The following statements are about your communication with program staff. *[Please mark how much you agree or disagree with each statement.]*

The program staff.....

	<b>Strongly agree</b>	<b>Somewhat agree</b>	<b>Somewhat disagree</b>	<b>Strongly disagree</b>
a. explained things in a way I can understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. listened carefully to what I have to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. encouraged me to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. encouraged me to talk about my health concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. seemed to care about me as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section C. Program Rewards or Incentives

*These questions ask about any rewards, incentives, or anything else you may have received for participating in this special program. Rewards or incentives could be cash or a debit card, a gift card, points you can use to pick something from a catalog, membership in a gym or health program, or something else.*

*The program you participated in may not offer all these different types of rewards or incentives.*

11. Did you get (or do you expect to get) any rewards or incentives for participating in the program?

- ☐ Yes  
☐ No  
☐ Unsure

12. Which kinds of rewards or incentives did you get (or do you expect to get) for participating in the program?

[Please mark **Yes** or **No** for each one.]

	Yes	No
a. Cash or debit card	<input type="checkbox"/>	<input type="checkbox"/>
b. Gift card	<input type="checkbox"/>	<input type="checkbox"/>
c. Spending wellness account (for example, a bank account that you can spend on items)	<input type="checkbox"/>	<input type="checkbox"/>
d. Points you can use to pick something from a catalog	<input type="checkbox"/>	<input type="checkbox"/>
e. Supplies or medicines that can help you improve your health (for example, a scale, exercise or cooking equipment, nicotine replacement patch)	<input type="checkbox"/>	<input type="checkbox"/>
f. Activities that can help you improve your health (for example, a gym membership or a Weight Watchers membership, or counseling sessions)	<input type="checkbox"/>	<input type="checkbox"/>
g. Transportation assistance, child care, or other support to help you participate in the program	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (please specify): _____		
i. <b>None. → Go to Section D</b>		



13. These statements are about the rewards or incentives for participating in the program.  
*[Please mark how much you agree or disagree with each statement.]*

	<b>Strongly agree</b>	<b>Somewhat agree</b>	<b>Somewhat disagree</b>	<b>Strongly disagree</b>
a. Rewards or incentives helped me (or will help me) set goals and work toward them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rewards or incentives helped me (or will help me) make positive changes in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I like getting rewards or incentives for taking good care of my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am happy with the rewards or incentives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am happy with how often I got (or will get) the rewards or incentives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The rewards or incentives are fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Questions about Different Health Issues

*The special program could be about different kinds of health issues, such as diabetes prevention, diabetes control, tobacco use, weight management, blood pressure, or cholesterol. The program could be about one health issue or about more than one health issue.*

*You may be participating in the program now or you could have finished the program already.*

### Section D. Diabetes Prevention Program

*A diabetes prevention program is for people who have a risk of getting diabetes. The purpose of the program is to help people so they don't get diabetes.*

*Please answer these questions if the special program you participated in was about diabetes prevention. The program could be about other health issues, too.*

14. Was the program you participated in about diabetes prevention?

☐ Yes

☐ No → **Go to Section E**

15. Did program staff...

	Yes	No
a. help you learn ways to prevent diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
b. help you set goals to prevent diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
c. help you deal with problems that might come up with reaching your goals?	<input type="checkbox"/>	<input type="checkbox"/>
d. give you medicines to help prevent diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
e. give you supplies or equipment to help prevent diabetes?	<input type="checkbox"/>	<input type="checkbox"/>

## Section E. Diabetes Management Program

*A diabetes management program is for people who have been told by a doctor that they have diabetes. The purpose of the program is to help people manage their diabetes.*

*Please answer these questions if the special program you participated in was about diabetes management. The program could be about other health issues, too.*

16. Was the program you participated in about diabetes management?

☐ Yes

☐ No → **Go to Section F**

17. Did program staff...

	Yes	No
a. help you learn ways to manage your diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
b. help you set goals to manage your diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
c. help you deal with problems that might come up with reaching your goals?	<input type="checkbox"/>	<input type="checkbox"/>
d. give you medicines to help manage your diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
e. give you supplies or equipment to help manage your diabetes?	<input type="checkbox"/>	<input type="checkbox"/>

## Section F. Tobacco Program

*A tobacco program can help people quit smoking or using other kinds of tobacco.*

*Please answer these questions if the special program you participated in was about quitting smoking or using other kinds of tobacco. The program could be about other health issues, too.*

18. Was the program you participated in about quitting smoking or using other kinds of tobacco?

☐ Yes

☐ No → **Go to Section G**

19. Did program staff...

	Yes	No
a. help you learn ways to quit using tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
b. help you set goals to quit using tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
c. help you deal with problems that might come up reaching your goals?	<input type="checkbox"/>	<input type="checkbox"/>
d. give you medicines to help you quit using tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
e. give you supplies or equipment to help you quit using tobacco?	<input type="checkbox"/>	<input type="checkbox"/>

## Section G. Weight Management Program

*A weight management program can help people manage their weight or help them lose weight.*

*Please answer these questions if the special program you participated in was about weight management. The program could be about other health issues, too.*

20. Was the program you participated in about weight management?

☐ Yes

☐ No → **Go to Section H**

21. Did program staff...

	Yes	No
a. help you learn ways to manage your weight or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
b. help you set goals to manage your weight or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
c. help you deal with problems that might come up with reaching your goals?	<input type="checkbox"/>	<input type="checkbox"/>
d. give you medicines to help with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
e. give you supplies or equipment to help with your weight?	<input type="checkbox"/>	<input type="checkbox"/>

## Section H. Blood Pressure Program

*A blood pressure program can help people manage or lower their blood pressure.*

*Please answer these questions if the special program you participated in was about blood pressure. The program could be about other health issues, too.*

22. Was the program you participated in about blood pressure?

☐ Yes

☐ No → **Go to Section I**

23. Did program staff...

	Yes	No
a. help you learn ways to manage your blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
b. help you set goals to manage your blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
c. help you deal with problems that might come up with reaching your goals?	<input type="checkbox"/>	<input type="checkbox"/>
d. give you medicines to help you with your blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
e. give you supplies or equipment to help you with your blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>

## Section I. Cholesterol Program

*A cholesterol program can help people manage their cholesterol or lower their cholesterol.*

*Please answer these questions if the special program you participated in was about managing your cholesterol. The program could be about other health issues, too.*

24. Was the program you participated in about cholesterol?

☐ Yes

☐ No → **Go to Section J**

25. Did program staff...

	Yes	No
a. help you learn ways to lower your cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
b. help you set goals to lower your cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
c. help you deal with problems that might come up with reaching your goals?	<input type="checkbox"/>	<input type="checkbox"/>
d. give you medicines to help lower your cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
e. give you supplies or equipment to help lower your cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION J. ABOUT YOU

*These questions ask about your background.*

26. In general, how would you rate your overall health?
- ☐ Excellent
  - ☐ Very good
  - ☐ Good
  - ☐ Fair
  - ☐ Poor
27. In general, how would you rate your overall mental or emotional health?
- ☐ Excellent
  - ☐ Very good
  - ☐ Good
  - ☐ Fair
  - ☐ Poor
28. What year were you born?
- \_\_\_\_\_
29. What is your sex?
- ☐ Male
  - ☐ Female
30. What is your marital status?
- ☐ Now married or living with a partner
  - ☐ Widowed
  - ☐ Divorced
  - ☐ Separated
  - ☐ Never married
31. What is the highest grade or level of school that you completed?
- ☐ 8<sup>th</sup> grade or less



- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year college degree
- ☐ 4-year college degree
- ☐ More than 4-year college degree

32. What is your current employment status? *[Mark all that apply.]*

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Unemployed and looking for work
- ☐ Student
- ☐ Homemaker
- ☐ Retired
- ☐ Other (please specify): \_\_\_\_\_

33. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

34. What is your race? [Mark all that apply.]

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

35. Did someone help you complete this survey?

- ☐ Yes
- ☐ No → **Go to Question 37**

36. How did that person help you? *[Mark all that apply.]*

- ☐ Answered some or all of the questions for me
- ☐ Read the questions to me

- ☐ Explained the questions to me
- ☐ Wrote down the answers I gave
- ☐ Translated the questions into my language
- ☐ Helped in some other way, please specify: \_\_\_\_\_

37. If you have more comments about the program, please write them here.

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**Thank you!**