

---

---

**Performance Outcomes Measures Project  
for the Administration on Aging**

**IMPLEMENTATION GUIDE:  
SAMPLING GUIDE**

---

---

**I. PERIOD OF COVERAGE**

The Master Client List should contain all clients who have received any service in the past year. More specifically, all service recipients in 1999 and in 2000.

**II. CLIENTELE INFORMATION**

For each client, several types of information must be recorded in the Master Client List. There are six general topic areas to be covered:

- A. Client Identification
- B. Client Contact Data
- C. Client Demographics Data
- D. Caregiver Contact Data
- E. Assessment Results
- F. Title III-funded Services Received

These six parts can be gathered individually although it is usually easier to compile at one time. The first priority should be the compilation of all the names of the clientele, Topic A, as well as Topics C and F, which contain necessary information in determining the sample of clients to be interviewed during the data collection phase. Tasks B and D, which list contact information, will be used to contact clients selected to be interviewed. Contact information can be gathered for the subset of clients and caregivers to be interviewed in person, instead of the entire master list if the grantee does not have the resources to compile this information. Task E is also an important task, but is only needed for the sample of clients and caregivers to be interviewed during the data collection phase.

**A. *Client Identification***

The client identification includes two items: the client's name and a client identification number. Since an agency may have clients with the same name, the client's name cannot be used as a unique identifier. A unique identification code or number must be associated with each client. This could be the client's social security number or another number or code. It will be left to the discretion of each agency how to generate the unique identification code.

**B. Client Contact Data**

Contact information on how to reach the client (and the client's caregiver if appropriate) must be available in the database. At a minimum, this should include the client's address and phone number. This information will be used in the data collection effort to contact selected clients.

**C. Client Demographics Data**

The client demographic information needs to include at a minimum: (a) date of birth, (b) sex. Other demographic information is optional, such as race/ethnicity, living arrangements, number of children within 30 miles, social support variables (e.g., person who can assist client within 30 minutes of request for help), income/assets, Medicaid eligibility, or SSI (proxy for poverty).

**D. Caregiver Contact Data**

Caregiver information should also be recorded in the list. At a minimum, this should include the caregiver name, address, and phone number.

**E. Assessment Results**

The recent Activities of Daily Living (ADL and IADL) assessment results and the Nutritional Screening Initiative (NSI) results should be provided.

The ADL assessment results should included information on the following 6 items, with a yes/no response to each item:

- i. Bathing
- ii. Dressing or Undressing
- iii. Eating
- iv. Using the Toilet
- v. Getting In or Out of Bed or Chair
- vi. Getting around the House (This is a new measure, not in the original Katz ADL assessment.)

The IADL assessment results should included information on the following 7 items, with a yes/no response to each item:

- i. Can you use the telephone
- ii. Can you get to places out of walking distance
- iii. Can you go shopping for groceries or clothes
- iv. Can you prepare your own meals
- v. Can you do your housework
- vi. Can you take your own medicine
- vii. Can you handle your own money

The NSI results should contain information on the following 10 items, with a yes/no response to each item:

- i. I have an illness or condition that made me change the kind and/or amount of food I eat.
- ii. I eat fewer than 2 meals per day.
- iii. I eat few fruits or vegetables or milk products.
- iv. I have 3 or more drinks of beer, liquor or wine almost every day.
- v. I have tooth or mouth problems that make it hard for me to eat.
- vi. I don't always have enough money to buy the food I need.
- vii. I eat alone most of the time.
- viii. I take 3 or more different prescribed or over-the-counter drugs a day.
- ix. Without wanting to, I have lost or gained 10 pounds in the last 6 months.
- x. I am not always physically able to shop, cook, and/or feed myself.

#### ***F. Title III-funded Services Received***

Information about Title III-funded services received by the client during the specified period of coverage needs to be recorded. Specifically, it should be determined if the client received any of the following services: nutritional guidance, home-delivered meals, congregate meals, care management, information and referral, personal services, and transportation. These services are related to the performance measures being evaluated in this project. However, other services may be missing from this list and should be included.

For each type of service identified, the Master Client List should contain a yes or no response as to whether this service was received by the client. Also of importance is (a) the date that the client first received this service, which will be used to determine the duration that this service has been provided to this client, (b) termination date, if appropriate, since some clients may no longer be receiving the service, (c) an In/Out service code, (d) a frequency of service in terms of number of days in a month or week depending on service, and (e) the intensity of the service in terms of number per day.

### **III. STRUCTURE AND FORMAT OF MASTER CLIENT LIST**

The Master Client List should be stored in a table format, such that each row of the table is associated with one client. The same client should not appear more than once in the table and measures should be taken to insure that this does not occur. The columns of the Master Client List table will be associated with all of the items identified under the client information section and which is summarized at the end of this document.

The Master Client List should be stored electronically in either a spreadsheet, such as Excel or Lotus, or a database, such as Access or Paradox. The computer application used to store the data in is left to the discretion of the grantee. The only requirement that is asked is that the application have the capability to export the data into a dBASE III (DBF) format or a comma delimited text (CVS) format.

A database is recommended for storing the information in. There is more flexibility in linking data from multiple sources when using a database application. Also, some databases, such as Access, have fairly easy-to-use tools to check for duplicate records.

#### **IV. ASSISTANCE IN GENERATING THE MASTER CLIENT LIST**

The Master Client List should be generated locally by each grantee using the previous guidelines. After generating a list of clients, a sample of clients can be identified for collecting current or historical data from. Each performance measure will have its own sample of clients to survey. More detail on the sampling process will be discussed later.

Grantees requiring clarification or assistance in generating the Master Client List should contact Carina Tornow from Westat at (301) 610-4986 or [tornowc1@westat.com](mailto:tornowc1@westat.com).

**SUMMARY OF CONTENT  
OF MASTER CLIENT LIST**

<b>A. Client Identification</b>	
Identification Number	
Client's Last Name	
Client's First Name	
Client's Middle Initial	
<b>B. Client Contact Data</b>	
Street Address	
City	
State	
Zip Code	
Home Phone Number	
<b>C. Client Demographics Data</b>	
Date of Birth	
Sex	
<b>D. Caregiver Contact Data</b>	
Street Address	
City	
State	
Zip Code	
Home Phone Number	
Work Phone Number	

<b>E. Assessment Results</b>		
Activities of Daily Living	Date Administered	
	i. Bathing	
	ii. Dressing	
	iii. Eating	
	iv. Toilet	
	v. In/Out Bed/Chair	
	vi. Around House	
Instrumental ADL	Date Administered	
	i. Telephone	
	ii. Travel	
	iii. Shopping	
	iv. Meals	
	v. Housework	
	vi. Medicine	
	vii. Money	
Nutritional Screening Initiative (NSI)	Date Administered	
	i. Illness	
	ii. 2-Meals	
	iii. Fruit	
	iv. Alcohol	
	v. Mouth	
	vi. Money	
	vii. Alone	
	viii. Drugs	
	ix. Weight	
	x. Physical	

<b>F. Title III-funded Services Received</b>		
Nutritional Guidance	Yes/No	
	Date Service Began	
	Termination Date	
	In/Out Service	
	Frequency	
	Intensity	
Home-Delivered Meals	Yes/No	
	Date Service Began	
	Termination Date	
	In/Out Service	
	Frequency	
	Intensity	
Congregate Meals	Yes/No	
	Date Service Began	
	Termination Date	
	In/Out Service	
	Frequency	
	Intensity	
Care Management	Yes/No	
	Date Service Began	
	Termination Date	
	In/Out Service	
	Frequency	
	Intensity	

Information and Referral	Yes/No	
	Date Service Began	
	Termination Date	
	In/Out Service	
	Frequency	
	Intensity	
Personal Services	Yes/No	
	Date Service Began	
	Termination Date	
	In/Out Service	
	Frequency	
	Intensity	
Transportation	Yes/No	
	Date Service Began	
	Termination Date	
	In/Out Service	
	Frequency	
	Intensity	