Oregon Community Based Care

2015 Resident & Community Characteristics Questionnaire
Assisted Living + Residential Care + Memory Care

CCMU/Provider # ________________________________ (ex., 70M123 or 50A123; see p. 2)
Name of Community ________________________________
Address of Community ________________________________
Management Company ________________________________
Administrator ________________________ Community Phone __________________________
1. Person Completing Report __________________________ Title __________________ Phone __________________
2. Person Completing Report __________________________ Title __________________ Phone __________________
3. Person Completing Report __________________________ Title __________________ Phone __________________
Email __________________________ Web address ________________________________

Your completed questionnaire is due by January 30th, 2016.

Once complete, please choose one of the following to return the questionnaire:

1. Scan and email to: cbcor@pdx.edu
   (Be sure to include both sides of paper, if printed double-sided)

2. Fax to: 503.725.9927
   (Be sure to include both sides of paper, if printed double-sided)

3. Mail to: CBC Project - Institute on Aging
   Portland State University
   PO BOX 751
   Portland, Oregon 97207

If you have questions concerning completing this questionnaire, please contact:
Jackie Kohon at 503-725-5236 or cbcor@pdx.edu.
**Questionnaire Instructions:**

This questionnaire is 8 pages – half the length of the one from last year!

The study results will be most accurate if every community completes all questions. If there is someone else at your organization that we should contact for the answer to any of the questions, please let us know and we will call that person.

Please provide your CCMU/Provider number* and other information on the previous page, then continue on to answer all questions in the questionnaire.

*The CCMU/Provider number is a six-digit code, which begins with a “7” or a “5” and includes at least one letter (for example, 70M123 or 50A123 or 50R123).

**A change from last year:** If your organization operates under more than one CCMU/Provider number, please complete **one separate questionnaire for each CCMU/Provider number. If you need an additional copy of the questionnaire, please contact Jackie Kohon at 503.725.5236.**

Please report resident characteristics in aggregate (total of all residents). Many questions will require accessing information contained in resident and employee files and totaling this information for all of your residents and employees. It may be helpful to have your Acuity Roster nearby when completing this questionnaire.

Please provide your best estimate for each question. For open answer boxes, if the answer is “none” or “zero”, please write “0”. If the question does not apply to your organization, please write “N/A”.

Most questions ask you to write the number based on your current residents, in a box like this: 35

Some questions ask you to mark a box like this: ☒

A few questions ask you to provide a percent “%”. For example, 80 out of 100 is 80%.

Some questions ask about averages. For example, question 3 on page 1 asks about the average age of your current residents. The average is the total of the ages of all of your current residents divided by the total number of residents.

We greatly appreciate your time and the work that you do on behalf of older adults and persons with disabilities. We look forward to hearing from you by **January 30th, 2016.**