

Provider	
Region	
TPI	
Project ID	
Contact Name	
Contact Phone	
Contact Email	
Category 3 IT Selection (select one only)	OD-6: OD-10: OD-11:

Instructions:

- Q1 - Q5 Required for all tools
- Q6 - Q7 Required for OD10 and OD11 tools
- Q8 - Q9 Required for OD10 and OD11 tools using Reporting Scenario 1 or 2
- Q10 - 12 Required if the answer to Q9 is "yes" (provider is using a pretest score boundary)

OD6, OD10, OD11	
<p>Q1. Survey Administration</p> <p>- Describe method of survey administration including who is issuing the tool and how the tool is issued (ex.: self-report via email, in person interview by an RN)</p> <p>- Describe any approved variations from tool administration specifications (ex. applying an adult tool to a pediatric population; inserting additional questions, or modifying questions)</p> <p>- For <u>OD6</u>, provider should specify the time between service delivery, and receipt of patient satisfaction survey.</p> <p>- For <u>OD10 & OD11</u>, describe when in the course of the DSRIP intervention the tool is issued (six weeks post-treatment; at the start and end of an eight week educational course, etc.)</p>	

<p>Q2. Version</p> <p>Indicate the specific version of the tool implemented.</p>	
<p>Q3. Licensing</p> <p>Describe any licensing acquired to issue the selected tool including type of license and volume if relevant.</p>	
<p>Q4. Training</p> <p>Describe specific training provided to individuals issuing and/or scoring the selected tool.</p>	
<p>Q5. Scoring</p> <p>Describe how the final score is calculated; domains that may be combined, how individual or aggregate scores are calculated, the type of score used (scaled, composite, etc.)</p>	
<p>OD10 & OD11 Only</p>	
<p>Q6. Selected Reporting Scenario</p>	
<p>Q7. Rationale for Reporting Scenario</p> <p>Describe why the selected reporting scenario is the best fit for demonstrating improvement in the defined Category 3 measurement population.</p>	
<p>OD10 & OD11 Scenario 1 & 2 Only</p>	
<p>Q8. Retest Period</p> <p>Specify the retest period (i.e. time between issuing pretest and posttest, and any subsequent retesting). If known, specify the maximum and minimum observed retest periods.</p>	

OD10 & OD11 Scenario 1 & 2 Only (excluding IT-10.1.h CDC-HQOL)

Q9. Is this measure using a pretest score boundary?

If No, do not answer Q10-Q12

Q10.a. Full Population Pretest Mean

Q10.b. Standard Deviation

Q11.a.. Number of individuals in Full Population

Q11.b. Number of individuals in pretest score boundary population.

Q12.a. Pretest Score Boundary Minimum Score

Q12.b. Pretest Score Boundary Maximum Score

Miscellaneous (any additional description necessary to understand how providers are using the specified tool)