

POMP Final: Additional Services Received Module

(Mail Version)

The next questions are about additional help you may have received.

- | | <u>Yes</u> | <u>No</u> |
|---|----------------------------|----------------------------|
| AS1. In the past year, have you attended a lunch program at a senior center or other meal site? A lunch program, or Congregate Meals are meals provided in a group setting, such as at a senior center | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS2. In the past year, have you received Meals on Wheels? Meals on Wheels or Home-Delivered Meals are meals that are usually delivered to eat at home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS3. In the past year, have you received homemaker or housekeeping services? Homemaker or housekeeping services are services that may include help with doing light housework, laundry, preparing meals or shopping | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS4. In the past year, have you received case management services? When someone receives case management, they have a case manager who may set up in-home services, such as homemaker or personal care services for them. The case manager may also call to check on how they are doing, or how they like the services..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS5. In the past year, have you received transportation services? Transportation is a bus or other vehicle that picks people up and takes them places such as the doctor, the senior center, or shopping. Includes recreational trips | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS6. In the past year, have you received adult day care services? Adult day care or adult day health is when people go to a place and spend the day..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS7. In the past year, have you received personal care services? Personal care services are help with care like dressing or bathing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS8. In the past year, have you received chore services? Chore services help with heavier housecleaning and yard work..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS9. In the past year, have you received legal assistance? Legal assistance may help with making a will or understanding a bill and other legal matters. Remember, we are talking about services received from this agency | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Office Use Only:

Client ID: _____

Service Enrollment Date: _____

Date of Survey Administration: _____

- | | <u>Yes</u> | <u>No</u> |
|--|----------------------------|----------------------------|
| AS10. In the past year, have you received information and assistance services? Information and assistance helps people find out about services that are available to them. Remember, we are talking about services received from this agency | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS11. Do you have a nutrition counselor who gives individual advice on what you should eat based on general health, chronic conditions, medications, and your usual food choices? Remember, we are talking about services received from this agency..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS12. Have you received health screenings such as blood pressure checks or mammograms other than those from your own doctor? Remember, we are talking about services received from this agency | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS13. Have you received flu shots, pneumonia shots, or other immunizations other than those from your own doctor? Remember, we are talking about services received from this agency | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS14. Have you taken exercise or fitness classes or do you use the exercise equipment at a senior center or other program for older adults? Remember, we are talking about services received from this agency | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS15. Do you receive help managing your medications, understanding how much to take, how often and whether it works with your other medicines? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS16. In the past year, have you received help getting benefits, such as food stamps, Medicaid, SSI, or Social Security?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| AS17. Overall, how would you rate the group of services you receive? Would you say... | | |
| Excellent | <input type="checkbox"/> 1 | |
| Very good | <input type="checkbox"/> 2 | |
| Good | <input type="checkbox"/> 3 | |
| Fair | <input type="checkbox"/> 4 | |
| Poor | <input type="checkbox"/> 5 | |

AS18. Are you receiving any other types of assistance, such as...

	<u>Yes</u>	<u>No</u>
a. Food Assistance/Food Stamps/SNAP.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Energy Assistance	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Medicaid	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Housing Assistance	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Now, I would like to ask about how these services help you.

AS19. As a result of the services you receive, are you able to live independently?

Yes..... 1
No..... 2

AS20. As a result of the services you receive, are you better able to care for yourself?

Yes..... 1
No..... 2