

Performance Outcome Measurement Project

Administration on Aging

Performance Measurement Toolkit

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1. Introduction

Introduction

The Administration on Aging (AoA), U.S. Department of Health and Human Services, supported the Performance Outcome Measurement Project (POMP) to develop tools and procedures to measure the impact of programs funded under the Older Americans Act (OAA). POMP was a collaborative effort between AoA and grantees that represented State Units on Aging (SUAs) and Area Agencies on Aging (AAAs), with their providers and university research partners, from across the country. The Performance Measurement Toolkit is the culmination of the grantees' development efforts and provides step-by-step instructions on how to use POMP survey instruments to measure the performance of key AoA-funded services and use the results for program improvement.

The POMP tools represent an effective combination of scholarly research and practical experience. Professional researchers provided conceptual models of performance measurement to assist in the planning and design of service recipient surveys by agencies participating in POMP. Over several years, service system professionals have reviewed, tested, and revised these survey instruments, tools, and procedures.

In addition to providing individual State and Area Agencies on Aging with performance measures, many of the items in the POMP survey instruments are also included in the AoA National Surveys of Older Americans Act Participants (NSOAAP). This makes it possible to compare findings on the state and local level to those of the National Surveys. The National Survey data and other benchmarks for comparison are located on the AGing Integrated Database (AGID) website at http://www.data.aoa.gov.

This Toolkit is divided into several chapters, each covering an important step in the process of measuring the performance of state and community programs on aging, as illustrated in the **Performance Measurement Process Diagram**.

Performance Measurement Process Diagram



2. Measure Program Performance Through Survey Data

Performance measurement data is useful for:

- monitoring and improving the quality of services;
- · examining the effect of services on recipients; and
- providing empirical evidence on which to base program improvements and funding decisions.

The Older Americans Act (OAA) services system consists of many components with complex interrelationships. While a simple, linear model captures only some of this complexity, the diagram on page 2-3 illustrates several aspects of the OAA network that are important to measure. This network logic model consists of inputs, or the underlying mission, enabling funding and other resources on which the network relies. The resources support a range of activities, specifically the **process** of program operations and service delivery. **Outputs** consist of those initial results, such as the numbers and characteristics of persons receiving services, the amount of services these individual receive (such as the number of home-delivered meals or other service units), or successful completion of such initiatives as improvement in the efficiency of program operations. Most important is measuring the **outcomes** or the **impact** that services have on the well-being of older persons such as remaining in the community and avoiding (or delaying) nursing home placement. This is the primary focus of the performance measures and guidance in this Toolkit.

The findings from performance measurement can help refine and improve many aspects of the service delivery system, as illustrated by the **feedback** loop in the diagram. Finally, the OAA services system operates in an **environment** that has a substantial influence on the development and delivery of services for the aging, such as nursing home pre-admission screening requirements and the emphasis on home- and community-based services in state long-term care plans. Considering these contextual factors is essential when interpreting and applying the findings from performance measurement. For example, increasing the length of time older persons live independently in the community can be a function of OAA home- and community-based services. But also influential are the care transition systems of hospitals that may affect post-acute and long-term care placement options and decisions for older persons.

Monitor Quality and Improve Services

Recipient assessment of services, the primary focus of this Toolkit, is a very important part of measuring program and service quality. The results of surveys provide information on the extent to which people use the service, the quality of the service itself, and self-reported outcomes. For instance, homedelivered meals recipients are able to assess the food in terms of temperature, taste, and smell as well as the timeliness of the delivery, all of which are indicators of the service quality.

The results of recipient surveys can document the impact of services from the service recipients' perspective, and they may also identify areas in which a change in services would better meet the needs of the recipients.

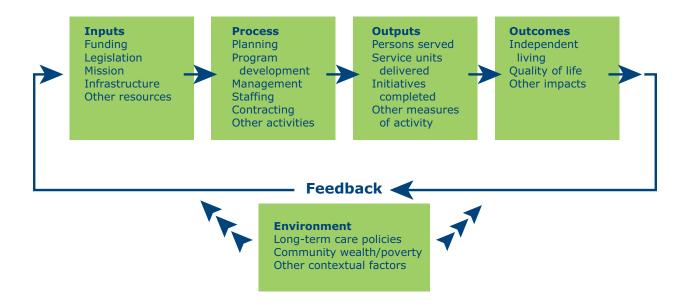
Document the Effect of Services on Service Recipients

Most people who work in the field of aging want to know the effect their work has on service recipients' lives in addition to the number and characteristics of the people served. They want to know if the services have helped older Americans remain in the community, or whether receiving services has helped caregivers support their elderly family members. Selected survey items in the Toolkit ask for self-reported outcomes; for instance, the Transportation Survey instrument includes the item: "Do you get around more than you did before you had this service?"

Provide Evidence of Effectiveness

An increasing number of funding agencies require periodic reporting of performance measurement data, including program inputs, activities, outputs, and outcomes. A measure of service recipient outcomes (i.e., how those services actually helped the people who received them) along with program outputs (e.g., the number of meals, the number of rides that have been provided, etc.) are often required of funding agencies. The results of surveys will assist agencies to respond to the accountability requirements that often accompany their budget requests. For example, the AoA uses a combination of survey results, incorporating many of the Toolkit measures, and output data in its Congressional budget requests.

Performance Measurement Logic Model



3. Select the Survey Instrument

This Toolkit contains nine survey instruments to assess programs and to learn about service recipients. The survey instruments are designed to be administered by telephone; however, it is possible to administer them by mail, or, in the case of congregate meals, in person. The POMP grantees field-tested and refined these survey instruments over several years, and they conducted reliability and validity testing to ensure they were psychometrically sound.

Table 3-1. POMP Survey Instruments

Types	Names
Field-Tested Survey	Caregiver Services
Instruments for Five Services*	Case Management
	Congregate Meals
	Home-Delivered Meals
	Transportation
Cross-Cutting Modules	Additional Services Received
Instruments about Service Recipients'	Demographics
Characteristics that Can Accompany the Service-Specific	Physical Functioning and Health
Instruments	 Social and Emotional Well-Being

^{*}The workgroup also developed survey instruments for additional services that did not have the benefit of complete testing. These covered information and referral/assistance and senior centers.

For the information and referral assistance report see http://elderaffairs.state.fl.us/doea/evaluations_0003.php

For the senior center report please see http://elderaffairs.state.fl.us/doea/sc_toolkit.php

Assessing Specific Programs and/or Services

Caregiver Services Survey Instrument

The core Caregiver Services Survey Instrument has 16 questions. The topics covered are services received, service quality, and service impact on the caregiver and care recipient. In addition, the survey instrument includes seven optional modules.

(To view the Caregiver Services Survey Instrument, see Appendix A.)

Table 3-2. Comprehensive Survey Modules on Caregiver Satisfaction and Outcomes

Modules	Names	Number of Questions				
А	Care Provided	5				
В	B Burdens and Rewards of Caregiving					
С	Impact on Employment	4				
D	Health of Caregiver	2				
Е	Demographics	14				
F	Health and Physical Functioning of Care Recipient	15				
G	Service and Information Needs	2				

Case Management Survey Instrument

The Case Management Survey Instrument has 20 questions. The topics covered are quality of service and the extent to which the case management service helped the service recipient receive needed care.

(To view the Case Management Survey Instrument, see Appendix A.)

Congregate Meals Survey Instrument

The Congregate Meals Survey Instrument has 51 questions about frequency of program participation, food intake, service quality, self-reported outcomes, nutrition education and food security.

(To view the Congregate Meals Survey Instrument, see Appendix A.)

Home-Delivered Meals Survey Instrument

The Home-Delivered Meals Survey Instrument has 47 questions about the frequency of program participation, food intake, service quality, selfreported outcomes, and food security.

(To view the Home-delivered Meals Survey Instrument, see Appendix A.)

Transportation Survey Instrument

The Transportation Survey Instrument has 27 questions. The topics covered are frequency of and reason for use, overall experience with service, service quality, self-reported outcomes, and ease of access to transportation.

(To view the Transportation Survey Instrument, see Appendix A.)

Cross-Cutting Modules

The cross-cutting modules focus on service recipient characteristics and well-being. These instruments allow agencies to make comparisons between service recipients' characteristics at the local level with AoA National Survey data or to see if responses to self-reported service outcomes vary by demographic, frailty, or other factors. These modules may be used in conjunction with any of the previously discussed survey instruments and are administered by telephone, mail, or in-person.

(To view the Cross-Cutting Modules, see Appendix A.)

Demographics Module

The Demographics Module has ten questions related to gender, age, race, marital status, and income, and they follow standard wording used in many national surveys.

(To view the Demographics Module, see Appendix A.)

Physical Functioning and Health Module

The Physical Functioning and Health Module has 21 questions. The topics covered are self-assessment of health, limitations in activities of daily living and instrumental activities of daily living, and use of one or more assistive devices (e.g., walker, wheelchair, hearing aid).

(To view the Physical Functioning and Health Module, see Appendix A.)

Social and Emotional Well-Being Survey Module

The Social and Emotional Well-Being Module has seven questions. The topics covered are frequency of contact with other people, frequency of leaving home for social activities, self-assessment of emotional well-being, and frequency of negative feelings (e.g., stress, grief, worry) and their impact on participation in social activities.

(To view the Social and Emotional Well-Being Module, see Appendix A.)

Additional Services Received Module

The Additional Services Received Module has 20 questions. The topics covered are receipt of other services and self-reported outcomes associated with the receipt of these services.

(To view the Additional Services Received Module, see Appendix A.)

4. Determine the Data Collection Method

Introduction

Selecting the appropriate mode of data collection for a survey is dependent on three factors: (1) the objectives of the survey, (2) the concepts to be measured, and (3) the population. In addition, the timeframe available for data collection and the budget influence the mode of data collection. Survey instruments can be either self-administered or interviewer-administered. Data collection modes range from in-person, telephone, mail, to the Internet.¹

The response rates often differ markedly by mode. In-person surveys usually produce the highest response rates, followed by telephone and mail, respectively. If a high response rate is desired, in-person or telephone surveys are the best data collection modes, but the costs are higher than for mail surveys.

When selecting the mode of data collection, it is also important to remember that the majority of respondents are older persons. For mail surveys, ensure that written questionnaires have a font size that is readable for older persons who may have vision problems. For in-person and telephone surveys, it is necessary for interviewers to speak clearly and to make sure that respondents are able to hear the questions. Additional information on interviewing older persons is in chapter 7.

An excellent resource for conducting telephone, mail, internet, and mixed mode surveys is Dillman, D., Smyth, J. & Melani, L. (2008). *Internet, Mail and Mixed Mode Surveys*. Hoboken, New Jersey: John Wiley.

In-Person Surveys

In-person surveys allow the interviewer to build rapport with the respondent. Often, respondents may feel ill at ease, and a well-trained interviewer can make them feel comfortable by clearly explaining the purpose of the study and the specific topics covered. Complex interviews are best administered in-person. Interviewers are able to probe for more complete responses when necessary and observe body language during the interview.

In-person surveys require interviewers who are trained on how to administer questionnaire items, their meaning, when to probe and how to respond to frequently asked questions. One limitation of in-person surveys is that respondents may give socially desirable responses, especially to questions on sensitive topics. Another consideration is that in-person surveys take time to administer, especially when respondents are not located in close proximity. Therefore, budgeting for an in-person survey should include costs for not only interviewer time for administering the questionnaire, but also for traveling and for travel expenses, such as gas and vehicle upkeep.

Telephone Surveys

Using telephone surveys allows multiple interviewers to conduct the survey in a relatively short period of time. Additionally, computerassisted telephone surveys accommodate complicated skip patterns. Moreover, interviewers are available to respond to frequently asked questions and probe according to the data collection protocol. Quality control measures, such as monitoring interviewers during survey administration, ensure that interviewers adhere to the study protocol.

The optimal length of telephone interviews is 20 to 30 minutes. As with in-person surveys, telephone interviewers need training on how to administer the questionnaire, answer respondents' questions, and how to handle difficult situations. Having to deal with missing or inaccurate phone numbers may increase the level of effort needed to complete a telephone survey. In recent years, there has been a diminishing return rate for telephone surveys due to screening calls. This is an important limitation that reduces the cost effectiveness of telephone surveys.

Mail Surveys

Mail surveys are less intrusive than in-person or telephone surveys, especially when asking for sensitive information. Respondents are able to answer at a convenient time for them. Mail surveys are less expensive than in-person and telephone surveys. Telephone numbers are not necessary, but accurate lists of addresses are needed. With a mail survey, there is no interviewer support, but mail surveys often include a toll-free number for respondents to call for additional information. If doing a mail survey, insure that you provide time for respondents to return their completed interviews. In addition, nonrespondents can be called or sent postcard reminders to participate.

Some limitations of mail surveys include the following: they are not conducive to complex questions; there is no control over who really completes the questionnaire; and the turnaround time for completion is much longer than for in-person and telephone surveys. The response rates for mail surveys are often dramatically lower than for in-person and telephone surveys.

Internet Surveys

Internet surveys have become more popular in the last few years. They have some advantages, such as the ability to handle complex skip patterns, the use of visual stimuli to guide respondents, and elimination of data entry. While increasing numbers of older adults are using the internet, Older Americans Act clients who tend to be older, poorer, and frailer may be less likely than their healthier and wealthier counterparts to have such access.

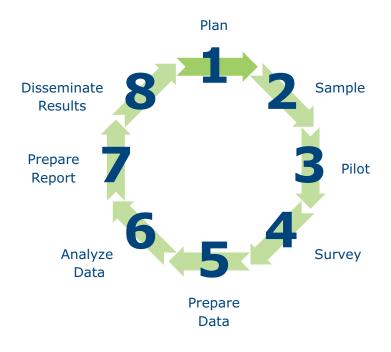
5. Develop the Work Plan and Budget

The survey planning process involves developing a schedule and budget to ensure that the survey is completed on time and within the allocated resources. Prior to conducting a survey, identify specific dates for the period of performance for each task. This will ensure that the survey is completed within the allowed timeframe. Tables A and B contain samples of schedules for a telephone and mail survey, respectively.

Most agencies that conduct surveys of clients have a specific budget allocation for sampling, data collection, data entry, analysis, and report preparation. There is always a tradeoff between the desired procedures and the available funds. Prior to finalizing the design of a survey, develop a budget with a line item for each task. Ensure that costs are realistic. For instance, if an agency is conducting a telephone survey, make sure that the interviewer hours include enough time to contact service recipients more than once in case the sampled person is not at home on the first or second try. That will ensure that the agency is able to implement the survey design and procedures within the allocated funds. Tables C and D contain samples of spreadsheets for estimating costs for each line item. Tables E and F contain samples of budget sheets for conducting telephone and mail surveys, respectively.

Clear Steps at the Survey Planning Stage

Survey Planning Process:



Clear Steps to a Successful Telephone Survey

Telephone Survey Work Plan:

1. Plan

- Determine purpose of the survey
- Select appropriate survey instrument
- Determine the methodology
- Design data collection procedures
- Develop cost estimate
- Determine staff needs

2. Sample

- Identify population
- Specify sample selection criteria
- Identify sampling procedure
- Identify source of information for sampling
- Draw sample

3. Pilot

 Test procedures and revise according to the results of testing

4. Survey

- Notify selected agencies (if sample is drawn from another agency)
- Prepare materials: client pre-notification letter
- Prepare call sheets
- Select interviewers
- Train interviewers
- Conduct telephone survey

5. Prepare Data

- Enter data
- Check for accuracy of data entry
- Review database for outliers and anomalies in the data
- Code responses to openended questions

6. Analyze Data

- Run descriptive statistics
- Analyze responses to openended questions

7. Prepare Report

- Prepare draft report
- Submit report to reviewers
- Revise report

8. Disseminate Results

- Develop plan for sharing results
- Disseminate report

Clear Steps to a Successful Mail Survey

Mail Survey Work Plan:

1. Plan

- Determine purpose of the survey
- Select appropriate survey instrument
- Determine the methodology
- Design data collection procedures
- Develop cost estimate
- Determine staff needs

2. Sample

- Identify population
- Specify sample selection criteria
- Identify sampling procedure
- Identify source of information for sampling
- Draw sample

3. Pilot

 Test procedures and revise according to the results of testing

4. Survey

- Notify selected agencies (if sample is drawn from another agency)
- Prepare materials: cover letter, copies of survey instruments, envelopes for mailing and returning survey instruments

- Mail survey materials
- Enter data into an electronic data entry utility as completed instruments are returned
- Contact nonrespondents at designated time periods

5. Prepare Data

- Enter remaining data
- Check for accuracy of data entry
- Review database for outliers and anomalies in the data
- Code responses to open-ended questions

6. Analyze Data

- Run descriptive statistics
- Analyze responses to open-ended questions

7. Prepare Report

- Prepare draft report
- Submit report to reviewers
- Revise report

8. Disseminate Results

- Develop plan for sharing results
- Disseminate report

Se De De De De De De De	Key Tasks Determine purpose of the survey Select appropriate survey instrument Determine the methodology Design data collection procedures Develop cost estimate Determine staff needs dentify population Specify sample selection criteria dentify sampling procedure dentify source of information for sampling Draw sample Sest procedures and revise according to the	Lead	1	2	3	4	5	6	7	8	9	10	11	12
Se De De De De De De De	Select appropriate survey instrument Determine the methodology Design data collection procedures Develop cost estimate Determine staff needs dentify population Specify sample selection criteria dentify sampling procedure dentify source of information for sampling Draw sample													
Plan De De De De De Sample Id Id Id	Determine the methodology Design data collection procedures Develop cost estimate Determine staff needs dentify population Specify sample selection criteria dentify sampling procedure dentify source of information for sampling Draw sample													
Plan De De De De Id Sample Id Id Id Dr Id	Design data collection procedures Develop cost estimate Determine staff needs dentify population Specify sample selection criteria dentify sampling procedure dentify source of information for sampling Draw sample													
De De De De De De De De	Develop cost estimate Determine staff needs dentify population Specify sample selection criteria dentify sampling procedure dentify source of information for sampling Draw sample													
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	est procedures and revise according to the													
Pilot Te re	esults of testing													
No fr	lotify selected agencies (if sample is drawn rom another agency)													
Pr	repare materials: client prenotification letter													
Survey	repare call sheets													
•	Select interviewers													
Tr	rain interviewers													
Co	Conduct telephone survey													
Er	nter data													
Prepare	Check for accuracy of data entry													
Data Re	Review database for outliers and anomalies in he data													
Co	Code responses to open-ended questions													
Analyses Date	Run descriptive statistics													
Analyze Data Ar	analyze responses to open-ended questions													
Prepare and Pr	repare draft report													
Disseminate Su	Submit report to reviewers													
Report	Revise report													
Do	Develop plan for sharing results													
Disseminate Di	Disseminate report													

Step	Key Tasks	Lead	ead Time Frame in Weeks											
	-		1	2	3	4	5	6	7	8	9	10	11	12
	Determine purpose of the survey													
	Select appropriate survey instrument													
Plan	Determine the methodology													
	Design data collection procedures													
	Develop cost estimate													
	Determine staff needs													
	Identify population													
	Specify sample selection criteria													
Sample	Identify sampling procedure													
	Identify source of information for sampling													
	Draw sample													
Pilot	Test procedures and revise according to the results of testing													
	Notify selected agencies (if sample is drawn from another agency)													
	Prepare materials: cover letter, copies of survey instruments, envelopes for mailing and returning survey instruments													
Survey	Mail survey													
	Enter data into an electronic data entry utility as survey instruments are returned													
	Contact nonrespondents at designated time periods													
	Enter remaining data													
Prepare	Check for accuracy of data entry													
Data	Review database for outliers and anomalies in the data													
	Code responses to open-ended questions													
Analysis Date	Run descriptive statistics													
Analyze Data	Analyze responses to open-ended questions													
Prepare and	Prepare draft report													
Disseminate	Submit report to reviewers													
Report	Revise report													
	Develop plan for sharing results													
Disseminate	Disseminate report													

C. Cost Estimates for Collecting Data by Telephone

	TEL	EPHONE SU	RVEY - COST EST	IMATES
Step	Item/Activity	Sub-Com- ponents	Estimating the Cost	Notes
Plan	Staff time		days @ \$ per day	Staff involvement will vary depending on size of agency.
Sample	Staff time		days @ \$ per day	If data is in a centralized database, allot time for preparing the code for data extraction. If data needs to be obtained from local providers, allot time for that type of activity and for creating a combined database.
		Paper	packages @ \$ per ream	While it is not absolutely necessary to send a pre-survey letter, it does improve the response rate and create trust.
		Printer cartridge/ toner	packages @ \$ per package	If not a part of agency overhead.
Mailouts		Address Labels	packages @ \$ per package	Labels are unnecessary if you are using window envelopes and properly fold the letter.
		Envelopes	packages @ \$ per package	Be sure they accommodate all materials being enclosed.
		Mail out preparation	hours @ per hour	Include folding, stuffing, stamping, labeling and mailing activities.
		Postage	Surveys @ \$ per package	You will need to send out about four times the number of completed surveys you need for your analysis.
	Staff time		hours (or days) @ \$ per hour (or days)	Include time for preparation, mailout, and analysis.
Pilot Test	Materials	Use mailout budget items above	See Above (Mailout) Items	Limited materials for small survey mailout.
Revise	Staff time		hours @ per hour	Update plan based on pilot test.
	Notify service recipients	Staff time for mailout	hours @ per hour	
	Notify clients - materials	Use mailout budget items above	See Above (Mailout) Items	Include all items in (Mailouts) section above.
	Call sheet preparation	Staff time	days @ \$ per day	Lists of clients for interviewers to call.
Survey	Survey calls	Interviewer training	Calls per hour	Training time will depend on the experience of the interviewers. Even experienced interviewers need training for specific surveys.
	Survey calls	Interviewer call time	Calls per hour	During the Pilot, you can determine the length of the call. Estimates are also provided on the Toolkit you choose. Be sure to build in time for calls that are attempted but not completed.
	Data entry		hours @ per hour	Separate data entry is needed only if you do not have data entry being completed while the call is made.
Prepare Data	Data cleaning		hours @ per hour	Proof read and check for accurate coding.
	Merge files, verify data		hours @ per hour	Merge if data are in multiple files. Verify that all data are correct.

C. Cost Estimates for Collecting Data by Telephone (continued)

	TEI	EPHONE SU	IRVEY - COST EST	IMATES
Step	Item/Activity	Sub-Com- ponents	Estimating the Cost	Notes
Analyze Data	Staff time			The cost of the analysis will depend upon what level of detail is needed for the report. Allow 2 – 4 weeks for a brief analysis and up to 1-2 months for a very detailed report.
-	Materials	Purchase data analysis software		Access, Excel, SPSS, or SAS
	Preparing the report	Staff time	hours @ per hour	Once the analysis is complete, the report can be prepared in approximately 2 weeks.
Report	Reviewing the report	Staff time	hours @ per hour	Include staff time for editing.
-	Printing the	Staff time	hours @ per hour	
	report	Materials		The cost of in-house printing varies greatly from a commercial printer.
	OPTIONS			
	Website			
	Email			
Disseminate	Interoffice			Costs will vary dramatically depending
	Postal Service	Postage	Reports @ s per package	upon how the information is shared.
	Group meetings			
	Conferences			
Additional Costs				

D. Cost Estimates for Collecting Data by Mail

		MAIL SURVE	YS - COST ESTIM	ATES
Step	Item/Activity	Sub-Com- ponents	Estimating the Cost	Notes
Plan	Staff time		days @ \$ per day	The survey plan includes selecting service, determining method to survey, and evaluating resources. Staff involvement will vary depending on size of agency.
Sample	Staff time		days @ \$ per day	If client information is in a centralized database, allot time for selecting sample. If client information must be obtained from local providers, include time for obtaining information and creating a combined database.
		Paper	packages @ \$ per ream	
		Printer cartridge/ toner	packages @ \$ per package	If not a part of agency overhead.
		Address labels	packages @ \$ per package	Labels are not needed if you are using window envelopes and properly fold the letter.
Mailouts		Envelopes	packages @ \$ per package	Be sure they accommodate all materials being enclosed. Remember return envelopes for mail surveys.
	Survey	Scan forms	packages @ \$ per package	This option is only for those who are considering using scannable forms as a means to enter the data rather than manual data entry.
		Mail out preparation	hours @ per hour	Include folding, stuffing, stamping, labeling, and mailing activities.
	Follow-up	Postage	Surveys @ \$ per package	An agency will need to send out about four times the number of surveys needed for its analysis. Remember to include postage paid return envelopes for mail surveys.
	Staff time		hours (or days) @ \$ per hour (or days)	Include time for preparation, mail out, and analysis.
Pilot	Materials	Use mail		Limited materials for small survey mail out.
Revise	Staff time		hours @ per hour	Update plan based on Pilot.
	Survey - staff	Staff time for mail out	hours @ per hour	
	Survey - materials	Use mail out budget items above	See above (mail out) items	Include all items in (mail outs) section above.
Survey	Follow-up/staff	Staff time for mail out	hours @ per hour	This step is unnecessary if response rate from the initial survey is sufficient.
	Follow-up/ materials	Use mail out budget items above	See above (mail out) items	Include all items in (mail outs) section above.
	Follow-up telephone calls	Interviewer Call time	Calls per hour	In many cases, a followup phone call after a mailing can increase the response rate of a survey.

D. Cost Estimates for Collecting Data by Mail (continued)

	ı	MAIL SURVE	YS - COST ESTIM	ATES
Step	Item/Activity	Sub-Com- ponents	Estimating the Cost	Notes
	Data entry		hours @ per hour	Enter data into spreadsheet or statistical software. If using scanning software, the cost is for managing the scanning process.
Prepare Data	Data cleaning		hours @ per hour	Proofread and check for accurate coding.
	Merge files, verify data		hours @ per hour	Merge data if entered into multiple spreadsheets or databases. Verify that all data are correct.
Analyze Data	Staff time		hours @ per hour	The cost of the analysis will depend upon what level of detail is needed for the report. Allow 2–4 weeks for a brief analysis and up to 1–2 months for a very detailed report.
,	Materials	Purchase data analysis software?	Item cost	Access, Excel, SPSS, or SAS
	Preparing the report	Staff time	hours @ per hour	Once the analysis is complete, the report can be prepared in approximately 2 weeks.
	Reviewing the report	Staff time	hours @	An agency may want to include the staff time for editorial or content review.
Prepare Report		Staff time	hours @ per hour	
	Printing the report	Materials		If preparing a formal, printed report, and the agency does not have inhouse capacity, request a bid from a professional printer. In-house printing will be sufficient for most reports, especially if a color printer is available.
	Web site			
	Email			
	Interoffice			Costs will yang depending upon how the
Disseminate	Postal service	Postage	Reports @ \$ per package	Costs will vary depending upon how the information is shared.
	Group meetings			
	Conferences			
Additional Costs				

E. Develop a Budget for Collecting Data by Telephone

			Insert	Cost per	Total
Step	Item/Activity	Sub-Components	Number or Count Here	Unit or Hour	(Formula Cells Do no Overwrite)
Plan	Staff time				\$0.00
Sample	Staff time				\$0.00
Sample	Outsourced sampling				\$0.00
	Staff time				\$0.00
Pilot	Notifications, pilot	Paper			\$0.00
		Printer cartridge/toner			\$0.00
		Address Labels			\$0.00
	test and survey	Envelopes			\$0.00
		Mail out preparation			\$0.00
		Postage			\$0.00
Revise	Staff time				\$0.00
	Notify clients - staff	Staff time for mailout			\$0.00
		Paper			\$0.00
		Printer cartridge/toner			\$0.00
	Notifications -	Address Labels			\$0.00
	mail out	Envelopes			\$0.00
Survey		Mail out preparation			\$0.00
Survey		Postage			\$0.00
	Call sheet Preparation	Staff time			\$0.00
	Survey calls	Interviewer training			\$0.00
	Survey calls	Interviewer call time			\$0.00
	Cost for telephone charges				\$0.00
	Data entry				\$0.00
Prenare Data	Data cleaning				\$0.00
Prepare Data	Merge files, verify data				\$0.00
	Staff time				\$0.00
Analyze Data	Materials	Purchase data analysis software			\$0.00
	Preparing the report	Staff time			\$0.00
	Reviewing the report	Staff time			\$0.00
Report		Staff time			\$0.00
	Printing the report	Materials			\$0.00
Disseminate	Website				\$0.00
	Email				\$0.00
	Interoffice				\$0.00
	Postal service	Postage			\$0.00
	Group meetings	-			\$0.00
	Conferences				\$0.00
Additional Costs					\$0.00

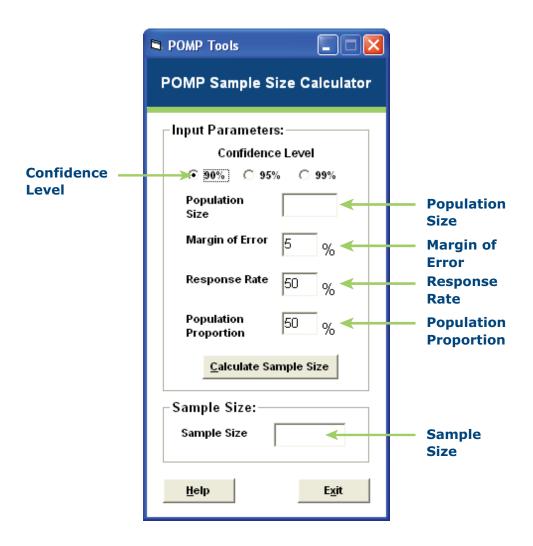
F. Develop a Budget for Collecting Data by Mail

Step	Item/Activity	Sub-Components	Insert Number or Count Here	Cost per Unit or Hour	Total (Formula Cells Do no Overwrite)
Plan	Staff time				\$0.00
Sample	Staff time				\$0.00
•	Staff time				\$0.00
	Mail pilot test	Paper			\$0.00
		Printer cartridge/toner			\$0.00
Pilot		Address Labels			\$0.00
		Envelopes			\$0.00
Revise		Mail out preparation			\$0.00
		Postage			\$0.00
Revise	Staff time				\$0.00
	Survey - staff	Staff time for mailout			\$0.00
	, , , , , , , , , , , , , , , , , , , ,	Paper			\$0.00
		Printer cartridge/toner			\$0.00
	Full Survey -	Address Labels			\$0.00
	Materials for mail out	Envelopes			\$0.00
		Mail out preparation			\$0.00
		Postage			\$0.00
Survey	Follow-up - staff	Staff time for mailout			\$0.00
	Follow-up - materials for Mail Out (Optional)	Paper			\$0.00
		Printer cartridge/toner			\$0.00
		Address Labels			\$0.00
		Envelopes			\$0.00
		Mail out preparation			\$0.00
		Postage			\$0.00
	Data entry				\$0.00
Prepare Data	Data cleaning				\$0.00
Frepare Data	Merge files, verify data				\$0.00
_	Staff time				\$0.00
Analyze Data	Materials	Purchase data analysis software			\$0.00
	Preparing the report	Staff time	Count Here		\$0.00
Report	Reviewing the report	Staff time			\$0.00
.topo.t	Printing the report	Staff time			\$0.00
	Trinking the report	Materials			\$0.00
	Website				\$0.00
	Email				\$0.00
Disseminate	Interoffice				\$0.00
2.556	Postal Service	Postage			\$0.00
	Group meetings				\$0.00
	Conferences				\$0.00
Additional Costs					\$0.00
				Grand Total	\$0.00

6. Select the Service Recipient Sample

The Toolkit contains a Sample Size Calculator to help agencies determine the number of service recipients out of the population of interest that need to complete a survey instrument (see Table 6-1). The sample size needs to be large enough to provide sufficient accuracy for results that can be generalized to the entire population. The sample size program is based upon a common method used by statisticians to determine a sample size, yet is easy enough for anyone to use. (Please note: The confidence interval calculation procedure below applies only to percentage estimates and not to means.)

Sample Size Calculator



Instructions for Using the Sample Size Calculator

Sample Size Calculator

Population Size: The exact number of people in the population that you are studying and from which the sample will be drawn.

Margin of Error: Indicates the desired degree of precision attached to an estimate computed from the survey. It indicates the range into which the estimate would fall if the entire population was surveyed. For example, if a 5 percent margin of error is acceptable to the researcher and the survey estimate of the measured characteristic is 48 percent, then if the entire population were surveyed, one would expect the true value of the characteristic of interest to lie between 43 percent and 53 percent.

Confidence Level: An indicator of how often the true percentage of the population would pick an answer lying within the confidence interval. For example, 95 percent confidence level means you can be 95 percent certain. Most researchers use the 95 percent confidence level.

Estimated Response Rate: This is an estimate of the percent of the sample that will complete the survey and is usually based on previous experience. For example, 95 percent response rate assumes that 5 percent of the people in the sample will not complete the survey because they refused or couldn't be located for other reasons.

Population Proportion: This is an estimate of the percentage of your sample that will pick a particular response. For example, based on previous experience 40 percent will respond "Yes" and 60 percent will answer "No" to the question. It is best to assume the worst case percentage (50 percent) when determining a sample size.

Table 6-1 illustrates the increase in the variability of the estimates as the population proportion estimate approaches 50 percent. For example, for a sample of size 1,000, for a target characteristic of around 10 percent, the confidence interval (CI) would be the estimate 2.12 percent. For a sample of size 1,000, for a target characteristic of 50 percent, the CI would be the estimate 3.53 percent.

Sample Size: This is the number of people out of the entire population of interest that will be selected for the administration of the survey. It is NOT the number of completed surveys to be gathered. Depending on the response rate selected, the sample size estimate includes the number of completed surveys and a percentage of refusals or no contacts.

Table 6-1. Half-widths of 95 percent confidence intervals (or margins of error) by various sample sizes and estimates of target characteristics (computed for a two-stage design with a design effect of 1.30)

Samula	Estimates of Target Characteristics					
Sample size	10 percent			40 percent	50 percent	
1,000	2.12	2.83	3.24	3.46	3.53	
750	2.45	3.26	3.74	4.00	4.08	
500	3.00	4.00	4.58	4.90	5.00	
400	3.35	4.47	5.12	5.47	5.59	
300	3.87	5.16	5.91	6.32	6.45	
250	4.24	5.65	6.48	6.92	7.07	
200	4.74	6.32	7.24	7.74	7.90	
100	6.70	8.94	10.24	10.95	11.17	

7. Administer the Survey

At this point, the agency has completed all the steps necessary to administer the survey:

- Identified which program or services to assess;
- Selected the appropriate survey instrument;
- · Determined the best method to collect data;
- Selected a service recipient sample; and
- Developed a work plan and budget.

The following sections provide a step-by-step guide to administering the survey instrument by telephone or mail.

The Telephone Survey

Pilot the Data Collection Procedures

The POMP Survey Instruments and procedures have undergone reliability and validity testing and have been successfully administered over the past ten years. An Agency, however, may want to conduct a pilot (i.e. administer the survey in the proposed manner to a small number of recipients) to refine its data collection procedures.

Notify the Involved Agencies and the Sampled Service Recipients

The agency sponsoring the survey sends correspondence to organizations such as AAAs or providers that have direct contact with service recipients who are sampled for the survey. The correspondence introduces the survey and its purpose, explains the survey process, and includes the study timeline. The correspondence ensures that agencies are aware of the survey and are able to answer questions from sampled service recipients. After the correspondence is distributed, the agency sponsoring the survey may want to schedule a conference call with agencies to answer any questions.

Notify the Service Recipients

The agency sends advance notification correspondence to inform service recipients of the survey to reduce the likelihood that they will think that it's a telemarketing call. The correspondence includes a description of the purpose of the survey, the requirements of participation, notification that participation is voluntary, and contact information for obtaining additional information about the survey. Include a statement that participation in the survey will not affect services in any way. The correspondence should be distributed 3-5 days prior to data collection.

(See Appendix B for the Catawba Council on Aging Sample Letter of Invitation.)

Select Interviewers

The agency selects interviewers who are not agency employees. Agency staff members may bias the results of the survey by inhibiting the service recipients' responses. If it is impossible to use outside interviewers, the agency should select staff members who do not work directly with service recipients. The characteristics of good interviewers are listed below:

- Good interpersonal skills An interviewer needs to have a clear and reasonably loud speaking voice with good projection. This is very important when interviewing older persons who may have some hearing loss.
 Interviewers may need to speak slowly to older people.
 However, it is important to show sensitivity to the service recipients and tailor the approach to the individual.
- A positive attitude toward aging Interviewers should have a positive attitude toward aging.
 Interviewers should show respect and sensitivity to the service recipients. They need to refer to the service recipients by their last names unless invited to use their first names.
- Dependability Interviewers often work without supervision, so it is important to hire people who are dependable. Interviewers will often conduct interviews in evenings and on weekends, especially when interviewing caregivers who may work during regular office hours. This often means that interviewers work after regular office hours and have irregular schedules.

Interviewer Training

The topics to include in interviewer training include:

- 1. the background and purpose of the survey,
- 2. survey ethics,
- 3. survey materials and procedures, and
- 4. general office procedures.

An important part of interviewer training is providing opportunities to practice administering the survey and the responses to frequently asked questions.

Background and Purpose of the Survey

At the beginning of the training, the trainer explains the background and purpose of the study; including the sponsoring agency, the reason for the study, the potential uses of the results, and the timeline.

Ethics

Confidentiality. Collecting data from service recipients to assess programs or services involves human subjects. Therefore, data collection is subject to a number of legal and ethical requirements. The agency should instruct interviewers to protect the names, telephone numbers, and other personal information of the people they are calling. This is especially true if interviewers call from locations other than an agency's office building because identifying information may be disseminated via email attachments (most likely with encryption and password protections) or transported—on paper forms or by electronic devices such as laptops or data storage devices—in cars or on public transit. Agencies typically require interviewers to sign a confidentiality agreement.

(See Appendix B for a confidentiality agreement.)

The agency must adopt special procedures to protect the confidentiality of data in transport or sent via email. If the agency has a confidentiality form that employees must sign, include it in the discussion of agency policies. Protect information from unauthorized disclosure and use. This includes information that is stored outside of locked file cabinets and locked rooms (i.e., data that are transported by laptop, CD, DVD,

or memory stick). End the discussion of confidentiality by asking each interviewer to sign the agency's confidentiality form. The exception to confidentiality is the disclosure of elder abuse/neglect or the intent to harm self or others. Interviewers should inform respondents beforehand that they are required to report abuse or neglect to the appropriate parties. The agency needs to have a plan in place for interviewers to follow in the event that this happens.

(See Appendix B for a sample confidentiality form.)

Train interviewers to assure service recipients that their responses are confidential and will in no way affect their services. This sets the stage for service recipients to feel free to give honest responses. If interviewers are employed by the agency that provides services, service recipients may worry that their responses are not confidential and may feel less inclined to honestly respond to items about consumer assessment of services. Service recipients may also hesitate to give an honest response for fear of "hurting the feelings" of service providers or fear that they will get the service provider in trouble.

Respondents' right to refusal. It is important for interviewers to understand that respondents may skip any question for any reason. Interviewers are provided with a script to read to respondents before administering the survey that informs them of this right. If the agency is under the authority of a human subjects institutional review board (IRB), this disclaimer likely will be mandatory. Interviewers should encourage people to participate, but never put any type of pressure on them to do so.

Respondents requiring services. Sometimes respondents may reveal the need for additional services. When this happens, instruct interviewers on how to handle this information.

Interviewer bias. Train interviewers to avoid introducing bias. Interviewers may introduce bias by showing empathy or a change in tone of voice. Interviewers are advised not to interview persons they already know. It is important that the interviewers understand that they cannot interpret a question for the service recipient because doing so will introduce bias.

Training Agenda

The majority of the interviewer training covers the content of the survey, procedures for conducting the survey, and record keeping.

The survey instrument. The training is a good opportunity to carefully review the survey instrument. This ensures that interviewers are familiar with the survey items and that their questions are answered.

Introductory script. The introductory script establishes contact with the service recipient and ensures that he/she understands the informed consent information in the cover letter. As with the survey items, interviewers are required to read the introductory script verbatim.

(See Appendix B for a Script on Establishing Contact.)

Answering machine/voice mail protocol. When attempting to reach the respondent, the interviewer may encounter voice mail. Since it is not known whether the respondent is the only person with access to the voice mail, instruct interviewers to avoid leaving any personal service recipient information, including the fact that he/she receives services. Using an agreed-upon voice mail protocol ensures that the interviewers do not reveal any identifying information.

(See Appendix B for a Script for Interviewers to Use for Answering Machines or Voice Mail.)

Recording and survey tracking materials. Instruct interviewers on how to track the number of respondents contacted and the outcomes of the contacts. There are many options to track this information. One option is to maintain a master logbook with all of the respondent contact information to record all the statuses. Each interviewer is provided with "call sheets" copied from the master logbook that contain the respondents' names and contact information.

(See Appendix B for a Caregiver Sample List and Results/Telephone

Interviewer Caller Log.)

Another option is to issue individual respondent information sheets paired with a notebook for keeping track of which interviewer has the information sheet for each respondent, time of check out and return of the information sheet, and disposition of the attempts to contact the respondents. The advantage of this option is that the information sheets are easily transferred from one interviewer to another.

(See Appendix B for a POMP Survey Contact Sheet.)

Regardless of which option is selected, interviewers must maintain a log to record each attempt to reach a respondent, including the date and the disposition of the contact. A general guideline is for interviewers to attempt to contact respondents at least five times. When respondents are difficult to reach, instruct interviewers to vary the times of the call attempts. The service recipient may have a standing appointment or activity that takes him/her from home. Schedule calls from 9:00 a.m. to 8:00 p.m.

Survey instructions. Interviewer trainees have different learning styles. While the most important lessons are taught and practiced in training, provide written instructions. When a question arises, it is helpful to refer interviewers to the written instructions on interviewing techniques.

(See Appendix B for the Sample Instructions for POMP Survey Interviewers.)

Practice administering the survey. At the end of the training, interviewers are provided with an opportunity to practice the survey administration procedures (introductory script and interview). The trainer should pair interviewers with a senior member of the survey team who is familiar with the survey instrument and procedures. Practicing with a senior member of the survey team provides an opportunity to reinforce good skills and correct any mistakes in a helpful and supportive manner. Another option is to let interviewers practice interviewing each other and listen for strengths and weaknesses. Give feedback individually and discuss any common mistakes with the entire group. A standard practice is to monitor the first few calls made by each interviewer to identify additional training needs.

The Mail Survey

The initial mailing includes the following components: an envelope addressed to the recipient, a cover letter, the survey with a cover sheet and instructions, and an agency's self-addressed, stamped return envelope. After the initial mailing, send nonrespondents a reminder card and a second mailing of the survey instrument. If the agency's response rate is still inadequate after sending the reminder postcard and the second mailing, the agency might consider calling nonrespondents to ask them if they are willing to complete the survey over the telephone. The following paragraphs discuss this approach more thoroughly.

Mailing envelope. The size of the mailing envelope should accommodate all materials and include the agency's return address preprinted on the envelope or on a label in the upper left-hand corner. Include any special instructions to the post office regarding special services required such as a change of address or return requests. The recipient address label must be properly placed for postal scanning and sufficient postage must be printed, stamped, or affixed to the envelope.

Cover letter. Similar to the advance notification letter, the cover letter explains the purpose and importance of the survey and encourages participation. In addition, the cover letter explains how the agency plans to use the results. Print the cover letter on agency letterhead and include the agency director's signature. Include a "please return by" date. A due date 10-14 days from the day of the mailing provides service recipients sufficient time to respond. Include a telephone number to call if there are any questions and thank the service recipient in advance for his/her participation.

(See Appendix B for the New York State Office on Aging cover letter.)

Processing survey returns. Develop a protocol for processing completed survey instruments. Adhering to the protocol ensures that survey instruments are not misplaced and that each service recipient returns only one completed survey instrument. Some of the completed survey instruments may arrive later than the deadline stated on the cover letter. Establish a set of rules regarding what constitutes the closing date for accepting returned surveys. For example, will the closing date be the actual calendar date, the postmarked date, or some specified number of days after the actual calendar date?

Survey instrument with instructions. Include a cover page with instructions on how to complete the survey. Proxy respondent instructions for people authorized to respond on behalf of service recipients are also included on the cover page. The survey instrument itself has instructions for responding to each item or set of items.

Stamped self-addressed envelope. Include a stamped, pre-addressed envelope with sufficient postage for the service recipient to return the completed survey instrument.

Reminder postcard. The reminder postcard should be mailed to nonrespondents approximately 1 week after the initial mailing. The reminder postcard may help increase the response rate. It reminds service recipients of the survey and provides them with a contact number if the original survey instrument did not arrive.

(See Appendix B for a Reminder/Thank You Postcard.)

Follow-up letter with survey instrument. Mail a follow-up letter with the survey instrument to nonrespondents after the completion deadline. It is important to include a second copy of the survey instrument for those who may have thrown out or misplaced the original survey. Depending on the response rate, an agency may consider sending additional rounds of the follow-up letter with the survey instrument to encourage participation.

(See Appendix B for a New York State Office on Aging reminder letter.)

Follow-up telephone call. A follow-up telephone call can be made to nonrespondents to give them the option of completing the survey over the telephone. Providing service recipients with another way to participate in the agency's survey may increase the response rate.

Mailing Surveys



8. Enter, Review and Analyze the Data

The purpose of converting responses from the survey to data files is to compile the responses in a single place for use during analysis. However, regardless of the survey method:

- record responses in an electronic database,
- check the accuracy of recorded responses and records (data),
- reduce responses to manageable units for analysis,
- analyze and interpret the data, and
- address data storage and security.

While generally conducted sequentially, these steps will likely overlap if the survey is administered over a period of time.

Recording and Coding Responses into the Data Entry Utilities

The POMP website contains a data entry utility for each of the five service-specific survey instruments, with the databases for the crosscutting modules embedded in each of the service-specific utilities. The database utilities are posted on the POMP website and are easily downloaded.

After administering the survey, the responses from each question are entered into the customized data entry utilities for each survey instrument. The data entry utilities have drop down menus for the user to enter the responses to the close-ended questions. There are fields in the database to enter verbatim responses to the open-ended questions.

Once all of the responses are entered into the data entry utility, the responses from each open-ended question are collated. This provides an opportunity for the data analyst to review the responses and to identify codes. The codes are textual or numerical representations of themes. For instance, there is an open-ended question on the caregiver survey instrument that asks how the service has helped the caregiver. When all of the survey instruments have been entered into the database, and all of the responses to the open-ended question have been collated, the analyst then examines the responses to the question for themes. After a theme is identified, it is given a specific code. Use of the new code gives the analyst an opportunity to identify groups of responses that reflect a particular theme.¹

A good guide to quantitative analysis is Miles, M, & Huberman, A.M. (1994). Qualitative Analysis: An Expanded Sourcebook, Thousand Oaks, CA: Sage Publications.

Check Data Accuracy

Before analyzing and interpreting the data, ensure the accuracy of the data entered. First make sure that the respondents answered each question properly and that responses in the database are correct.

- Check all responses from all returned survey instruments.
- Confirm that the number of respondent records in the data set is the same as the number of returned surveys to ensure that no data were omitted or duplicated.
- Check the accuracy of all numeric codes for each variable name in the data file. For example, if only codes 1-4 are applicable for question 1, ensure that a code of 6 is not inadvertently entered into the data file.
- 4. A basic frequency run for each variable name will reveal data entry errors by showing whether the values are within the parameters.

Analyze Data and Interpret Results

Data Analysis

Once the responses are converted into a data file and checked for accuracy, analysis of the data can begin. Some basic statistical measures to consider for analysis include measures of central tendency, frequencies and percentages, and crosstabulations. As an introduction, it is good to summarize key demographic characteristics of the respondents to give readers an understanding of who completed the survey. For example, include the mean and range of the age of respondents, the percentage of males and females, and different races.

Measures of Central Tendency

Measures of central tendency give an indication of where the center of the response distribution is located. The most common measure of central tendency is the mean (or average). Another measure of central tendency is the median. The median is the middle value when data are arranged from the lowest value to the highest value. Last, the mode is the value that appears most frequently in the data set. For example, suppose you asked five service recipients their age, and these were their responses:

68, 72, 75, 82, 82.

Based on these responses, the mean is 75.8, the median is 75, and the mode is 82.

Frequencies and Percentages

Frequencies and percentages are useful statistics to analyze the responses to items that ask service recipients to rate programs and services. These statistics will tell how many and what percentage of people responded with each answer. For example, if a person conducted a survey of congregate meals, calculate the number and percentage of service recipients who rated the program excellent, very good, good, fair, and poor. For simplicity, group certain responses together. In the above example, rather than report on the five possible answers, provide statistics on the number and percentage who rated the service excellent, very good, and good and the percentage who rated the service fair and poor.

Cross-Tabulations

Analyze two or more variables simultaneously by running cross-tabulations. Cross-tabulations allow a comparison of the responses of different groups of service recipients. For example, do men and women rate the services similarly? With a cross-tabulation table, an analyst can see the distribution of respondents' ratings by sex. If the sample size is sufficient, the analyst may opt to conduct statistical tests to ascertain if differences did not occur by chance alone.

Data Storage and Security

Survey staff need to ensure that the completed survey instruments and electronic data files are properly stored to protect the confidentiality of service recipients. A data storage and security protocol is determined before obtaining IRB approval to conduct the survey. The protocol includes clear instructions on where to store the completed survey instruments and data files and who can have access to this information. Any additional security measures must be detailed in the protocol, including the use of locked file cabinets to store completed survey instruments and password-protected data files, to ensure that only those with permission can access confidential information. The data storage and security protocol includes guidelines on the use of portable devices such as laptop computers and flash drives.

In addition, check with the legal department or other appropriate department regarding how long data files and paper questionnaires must be kept. Public document retention laws differ by state, but five to seven years is a general "rule of thumb." If the completed survey documents have been scanned, shred the paper version because the scanned documents are generally considered the "legal entity."

9. Prepare the Report and Disseminate the Results

Writing and disseminating survey results allow an agency to share findings with others in a meaningful way. Sharing the results can help increase program effectiveness, advocate for additional funding, and publicize programs.

The first step in writing the report of survey results is to consider the audience. Who would be interested in the results? Results can be shared with program staff, board members, community members, agency or funding administrators, and policy and decision makers.

Writing the Report

The purpose of the report is to summarize and interpret the findings, provide conclusions, and make recommendations for program changes and enhancements as needed.

Make reports informative and easy to understand. Keep the language simple and avoid using technical language or jargon. Presenting findings in different ways through visual displays, quotes, and narrative comments will make the report interesting to read. Visual displays such as graphs and tables can highlight information in a concise and interesting manner. Choose the type of graph (e.g., bar, pie, line) that best conveys the results.

(See Appendix B for Ohio Department of Aging, Analysis of Surveys: Senior Farmers Market Nutrition Program.)

To help stakeholders locate key information quickly, the report should contain several components. A sample report outline that describes the purpose of each section is on the next page.

Sample Report Outline

- **I. Executive Summary**—Provide a short summary of the report.
- **II. Background**—Include information about the programs and services being studied and the local agency or agencies involved.
- **III. Purpose**—Explain the purpose of the survey and the report.
- **IV. Methodology**—Describe the process of sampling, data collection and data analysis. Include the response rate, etc.
- V. Findings—Detail the findings from the survey(s) conducted. Include charts and graphs to highlight key points.
- **VI. Conclusions**—Summarize the findings and draw conclusions.
- **VII. Recommendations**—List recommendations for program improvement, as appropriate.

Creating Other Documents

There is more than one way to share survey findings. Agencies can create documents that present survey findings for diverse stakeholders. For example, funding authorities may prefer a report that details the survey process and results, while people receiving services may favor an informal overview of the key findings. Below are other types of documents to consider when disseminating survey results.

 Newsletters. Short, non-technical articles that summarize the key findings and the "bottom line" message from the survey.

(See Appendix B for North Carolina's Pass it On Newsletter.)

2. Handouts and Fact Sheets. A one-page handout or fact sheet that conveys key information gleaned from the survey is another effective method to share findings. Brief handouts allow an agency to present findings in a concise and easy to understand manner. For example, a transportation fact sheet from POMP survey data introduces information funded by the OAA to a human services transportation council. The same handout was used at a public listening session discussing transportation issues for older adults.

(See Appendix B for the Report to NCDOT Public Transportation Division's Human Services Transportation Council.)

3. Annual Reports. Many AAAs and service providers produce an annual report for current and potential funders. Annual reports typically include data on the agency's outputs, such as number of meals delivered or number of older adults receiving in-home aide services.

(See Appendix B for the Amber River Area Agency on Aging Annual Report.)

4. Service Provider In-House Memos. If an agency's survey includes a large enough sample from specific subpopulations, it will allow comparisons among subpopulations (e.g. counties, providers). The agency will want to use these for discussing quality issues.

(See Appendix B for a sample Memo to In-Home Aide Providers – this is an example of a memo from an AAA director to county agencies within her region. The director uses findings from the survey to raise questions prior to a meeting with providers to discuss quality issues. Notice that the findings are used as a launching point for discussion.)

Disseminating the Findings

Consider the target audience when disseminating findings and choose a mix of dissemination methods to reach different audiences. The suggestions below are by no means exhaustive. Agency staff may have other ideas for sharing the survey findings.

- 1. Presentations. Use presentations to share findings at office meetings, agency or regional sessions, public gatherings, or at professional association meetings. PowerPoint slides are an effective tool to present findings. PowerPoint presentations are most effective when they highlight key points of the survey findings. However, observe the adage "less is more." If too much information is placed in the presentation, the audience may be focused on reading the slides rather than listening to the speaker.
- 2. Handouts or fact sheets. These can be used to supplement a PowerPoint presentation or can be used independently. One benefit of handouts is that users can easily reference the information. The type of presentation delivered and the resources incorporated depend on the audience.
- 3. Web Posting. Post reports, newsletters, or PowerPoint slides on the agency's website. If posting documents on the Internet, ensure that documents meet the agency's information technology (IT) requirements (e.g. Section 508-compliance). Also, consider posting documents in several electronic formats (PDF, Word, etc.) to ensure accessibility for all those interested in the agency's findings. Notify stakeholders that survey findings are available on the agency's website.
- 4. Mail/Email. Mail or email are direct methods of data distribution. If mailing the report or other documents to stakeholders, make sure that funds are budgeted for supplies and mailing costs. If emailing, ensure accurate contact information (e.g., addresses, email addresses) for all those on the agency's distribution list.

10. Compare the Results to Other National Surveys

Using several illustrative sources, this chapter identifies data sets and methods for comparing an agency's performance results with those found in national surveys and other benchmarks. Interpreting the findings from your performance measurement surveys can occur in several ways, including tracking changes among the same service recipients over time (longitudinal or panel studies), observing changes in response patterns across multiple cross-sectional service recipient surveys, and comparing your results to those from national surveys. This chapter also provides links to many sources of national survey data on aging for comparative purposes. Several of these sources include national surveys that use the same measures as the Performance Outcome Measurement Project (POMP) and, therefore, provide opportunities for direct comparison.

As a caveat, it is important to ensure that the national data you select for comparison purposes comes from geographic areas that are similar to yours. For example, if your agency serves exclusively a rural service recipientele, then you will want to sub-set the national data for non-metropolitan areas. The AoA National Survey, for example, can be sub-setted according to urban or rural locations, as well as other stratifies that allow comparisons (see following paragraph).

Comparing Consumer-Reported Quality and Outcomes Using the AoA National Surveys of Older Americans Act Participants

Many of the measures in this Toolkit are also part of the AoA National Surveys of OAA Participants. This provides state or local agencies an opportunity to compare their service recipients' assessments of service quality and outcomes with national figures. For example, both the AoA National Survey and the Tookit's home-delivered meals survey instruments ask respondents to rate the quality of home-delivered meals, using a five-point scale from "Excellent" to "Poor." The AoA survey responses are available at www.agidnet.org/

Comparing Demographic Characteristics and Functioning

Several national data sets are available for comparing the characteristics of service recipients to nationally representative samples. These characteristics include:

- characteristics (e.g., age and income);
- physical functioning (e.g., activities of daily living [ADL] and instrumental activities of daily living [IADL] limitations) and;
- social functioning (e.g., adequacy of social activities).

The AoA National Surveys

The National Surveys use the same physical functioning battery of questions as POMP, which provides another basis for comparison with an agency's data. The survey results are available on AoA's data website (**www.agidnet.org**) that links visitors to all the previous AoA National Surveys results via a user-friendly query system. Click on "Data Files," National Survey of OAA Participants, the survey year, and service of interest. Next, select the ADL or IADL option as a "stratifier" variable. This query system gives the agency two categories of ADL or IADL limitations: 0-2 and 3+.

The National Surveys also show income information for each of several services, as another basis for comparison. It is likely that an agency's ADL, IADL, and income percentages will be similar to the National Surveys results, which are averages across a representative sample of agencies and service recipients for each of several services. If there are significant differences, it may make sense to explore why this is occurring. For example, there may be one among several providers of a service that is causing another agency's average ADL/ IADL limitation or low-income figures to be higher or lower than the national average. This could mean that this provider is targeting services to frail service recipients to a greater or lesser degree than is the case for others providing this service. It is important to keep in mind that such differences may have logical explanations and are not necessarily indicative of high versus low performance. These variations from the norm simply provide a focus for monitoring activities.

The National Health Interview Survey, Supplement on Aging

The National Health Interview Survey, Supplement on Aging, which was last conducted in 1994/95, provides another basis for comparison. Figures from this survey pertain to the 70+ household population and can provide a basis for comparison with an agency's service recipient responses to these same questions. Social functioning is an important quality-of-life measure and a major indicator of well-being among the elderly. In addition to promoting physical functioning, in terms of ADL and IADL activities, Older Americans Act services have a goal of reducing social isolation. For example, among the U.S. household population age 70+, 24.3 percent reported that they would like to be doing more social activities, compared to 46.3 percent for homedelivered meals service recipients, showing considerable targeting of services to those who are socially isolated (see Table 10-1).

Table 10-1. Social Well-Being Among Persons Age 70+: Comparing OAA Home-Delivered Meals Service recipients and the U.S. Household Population

Present Social Activities	OAA Service recipients* (percent)	U.S. Population** (percent)
About enough	51.7	73.1
Too much	2.0	2.6
Would like to do more	46.3	24.3

^{*}Original tabulations from the 2005 AoA National Survey of OAA Participants

^{**} Original tabulations from the 1994/95 Supplement on Aging to the National Health Interview Survey

The Survey of Income and Program Participation (SIPP), Disability Topical Module

The U.S. Census Bureau (Census Bureau) periodically conducts the SIPP Survey, which is an excellent source of information about the characteristics of persons living in the community, including the elderly. The POMP physical functioning questions came from the SIPP Disability Topical Module, which means the SIPP provides a good basis for comparison using an agency's service recipient data. The most readily available SIPP disability data come from Census Bureau published reports. The most recent report, Americans with Disabilities: 2005, was published in December 2008 and is available at

http://www.census.gov/prod/2008pubs/p70-117.pdf.

In Table B-1 (pages 16-18) of the Americans with Disabilities report, there are frequencies and percents of elderly persons (65+) based on the individual ADL and IADL questions in the POMP survey, as well as a composite measure for one or more ADL limitations. (See copy of this table beginning on the following page) .The same information is available for IADL limitations. Consulting this table will allow an agency to compare between the ADLs and IADLs of its service recipients and the ADLs and IADLs of the elderly population as a whole. This can show, for example, how much more frail an agency's service recipients are compared to the general elderly population. In particular, a service provider can compute the percentage of its service recipients (those age 65+) who have one or more ADL limitations versus the U.S. household population 65+ with this level of frailty using the *Americans* with Disabilities report.

As Table 2 illustrates, it is likely that the percentage for an agency's service recipients with ADL or IADL limitations will be much higher than for the 65+ population, thereby demonstrating that the agency's programs are targeting the frailest of elderly. When making these comparisons, be sure to use the same ADL or IADL items for an agency's service recipientele that are in the SIPP Disability Topical Module. For example, the POMP IADL items include more activities than the SIPP (e.g., the ability to use available transportation) to be

consistent with AoA's State Program Report categories. To illustrate how to compare the data between an agency and the SIPP Survey, see Table 10-2 below, which uses the 2005 AoA National Surveys service recipients in lieu of the agency's own data (see the description of the National Surveys below). For example, this table shows that OAA home-delivered meals service recipients

65+ are six times more likely to have at least one ADL limitation than the U.S. household population 65+ (75 percent versus 12.5 percent), documenting a high level of targeting of OAA programs to a frail elderly constituency. This table also compares several other characteristics as described below.

Table 10-2. Percent of Persons Age 65+ with Selected Characteristics: Older Americans Act Home-delivered Meals Service recipients, Compared to the U.S. Household Population, 2005

Selected Characteristics	OAA Service recipients* (percent)	U.S. Population** (percent)
1+ ADL Limitations	75.0	12.5
Household Income < \$10,000	39.8	4.7
Less Than a High School Education	41.6	16.8

^{*}Original tabulations from the 2005 AoA National Survey of OAA Participants

^{**} http://www.census.gov/prod/2008pubs/p70-117.pdf

The SIPP also collects data on income and poverty among older persons. Table B-2 (page 19) of the Americans with Disabilities report presents household incomes in \$1,000 increments through \$10,000 and above, as well as the number below the poverty level, all of which appear by level of disability (for persons 65+). This shows the strong correlation between disability (as an indicator of need for services) and poverty, which is likely apparent among home care service recipients in state and community programs on aging. The income and poverty figures in this table are percents for each of three levels of disability. In order to construct a total count and percent of persons 65+ by these income categories and the poverty threshold, multiply the percents by their corresponding total person counts at the top of the table. Summing the results will allow one to compute total income and poverty levels for persons 65+, regardless of level of disability. It is important to note that poverty levels among older persons in general are quite low (8.2 percent), but this is a small consolation to those frail older persons who need in-home supports and have few financial resources to pay for them. Table 10.2 shows that among OAA home-delivered meals service recipients age 65+, 39.8 percent have annual household incomes below \$10,000, compared to just 4.7 percent for the U.S. household population 65+. This means that OAA service recipients are 8.5 times more likely to have incomes below \$10,000 than the elderly population, overall, also demonstrating a high degree of targeting to low income persons.

Another demographic risk factor associated with service needs is a low level of formal education. Both the SIPP and the National Surveys collect this information, as Table 10.2 also shows. Among OAA homedelivered meals service recipients age 65+, 41.6 percent have less than a high school education (compared to just 16.8 percent of the U.S. household population 65+). This means that OAA service recipients are 2.5 times more likely to have less than a high school education than their counterparts in the general population, another indication of effective targeting.

Appendix A: Mail and Telephone Surveys

Mail and Phone Survey Introduction & Summary

Appendix A contains both mail and telephone versions of each survey instrument and cross cutting module. The mail versions are self-administered. The mail version of the congregate meals survey instrument has the flexibility for administering at meal sites.

The mail and telephone survey instruments are posted on the POMP Website in PDF and Word formats. The Word format is provided for agencies that want to develop additional items or tailor existing ones to a particular location.

POMP Final: Caregiver Services Survey Instrument

(Mail Version)

This survey is about the caregiver services that you receive. We are interested in the length of time you have received caregiver services and whether the caregiver services have been helpful. Your answers will help us make sure that the services meet your needs. Participation in the survey is voluntary and you may skip any question. Your answers will be kept confidential and will not influence the services that you receive.

CR1.	ou still caring for a person age 60 years or older?
CR	What happened to change your caregiving situation? Check all that apply. a. The person you care for died

Office Use Only:	
Client ID:	
Service Enrollment Date:	
Date of Survey Administration:	
	_

CR2.	When was the last time you received caregiver support services?
	Today or yesterday
CR3.	How long have you been receiving caregiver services?
	6 months or less
CR4.	What is your relationship to the person you care for? Are you his or her
	Husband 1 Wife 2 Domestic partner 3 Father 4 Mother 5 Grandfather 6 Grandmother 7 Brother 8 Sister 9 Uncle 10 Aunt 11 Son 12 Son-in-Law 13 Daughter 14 Daughter-in-Law 15 Other relative (not mentioned above) 16 Friend or neighbor or another person 17
CR5.	Has someone from the agency helped you or given you information to connect you to the services and resources that you need as a caregiver?
	Yes

CR6.	Have you received respite care, which allows you a brief break while temporary care is provided, either in your home or someplace else?
	Yes
CR7.	Have you received caregiver training or education, including participation in support groups, to help you make decisions and solve problems in your role as a caregiver?
	Yes
CR8.	Has the agency provided you with any supplemental services to help you provide care, such as home modifications, nutritional supplements such as Ensure or Boost, assistive devices such as canes or walkers, personal emergency response system, specialized equipment such as sleep apnea machines or hospital beds, stipends, etc.?
	Yes
CR9.	Of the caregiver services you received, which one service was the most helpful? Check only one.
	Help or information connecting you to services and resources
CR10.	As a result of the caregiver services, do you
	a. Have more time for personal activities

CR11.	Would the person you care for have been able to continue to live in the same home if caregiver services had not been provided?					
CF	R11a.	Where would the person you care for be living? Check only one answer.				
		In your (caregiver's) home				
CR12.		king about the caregiver services that you have received, how would you these services? Would you say				
	Very Good Fair	Ilent				
CR13.	Wou	ld you recommend these services to a friend?				
CR14.		e the caregiver services enabled you to provide care for a longer period of than would have been possible without these services?				
CR15.	In ge	eneral, would you say that the caregiver service has helped you?				

CF	R15a. How has the caregiver service helped you?	
_		
_		
_		
CR16.	Do you have any recommendations to improve the caregiver se	ervice?
	YesNo	
CF	R16a. What recommendations do you have for improving the se	ervice?
_		
_		
_		

Thank you very much for your time and cooperation. Your answers are very important to us in improving the caregiver services.

M	odu	le	A:	Care	Prov	/id	ed
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In this section of the survey, we would like to obtain some basic information about how much care you provide for the person you care for.

CRA1.	How long have you been caring for this person?
	Years Months
CRA2.	Thinking about all the family members or friends who provide help, care, or supervision for the person you care for, what proportion of the care do you provide during a typical week? Check only one. Would you say
	Less than one-quarter
CRA3.	Does the person you care for live with you?
	Yes
CRA4.	Does the person you care for live alone?
	Yes $\square_1 \rightarrow$ Thank you. This concludes \square Module A.
	No.

CRA5.		our judgment can not require 24 hou					ning he/she	
	Yes, the person you care for can be left alone for extended periods with no concerns							
CR	RA5a.	Are you responsi care for on a 24-h		ing help or su	upervisio	on to the	person you	
							Thank you. This concludes this portion of the survey.	
CF	RA5b.	D. Please tell me how you would rate the intensity level of the 24-hour care you currently provide:						
	1 =	= The care provided over a 24-hour period is not very intense.						
	5 = The care provided over a 24-hour period is very intense.							
	Le	1 east intensity	2	3	4	5 Greatest	intensity	

Module B: Burdens and Rewards of Caregiving

The next group of questions ask about the rewards and burdens you may feel as a caregiver.

CRB1. The following questions ask about the positive aspects of caregiving and give you some choices for answers. Please choose the answer that best tells how you feel.

		<u>Always</u>	<u>Usually</u>	Some- <u>times</u>	<u>Rarely</u>	Never
a.	As a caregiver, how often do you feel that you are helping the person you care for continue to live at home	1	2	<u></u> 3	4	5
b.	How often does being a caregiver for the person you care for give you the joy of spending time with someone you care about	1	2	3	4	5
c.	How often does being a caregiver provide you with a sense of accomplishment	1	2	3	4	5
d.	How often does providing care for the person you care for give you the satisfaction of knowing that they are receiving the care and attention they need	1	2	3	4	5
e.	How often do you feel that the person you care for appreciates the care that you are providing for them	1	2	3	4	5
f.	As a caregiver, how often do you feel you are fulfilling your duty by caring for the person you care for		2	3	4	5

	CRB2.	In your experience as a caregiver, caregiving? Check only one.	what is	the one	most p	ositive	aspect o	f	
		Helping the person you care for live at Spending time with someone you care Feeling a sense of accomplishment Satisfaction that care and attention are Being appreciated, or	about	ed		2 3 4 5 6			
	CRB3. Now we would like to ask you about potential difficulties you may face in caring for the person you care for. Please respond to each of the following questions with one of the options provided. In your experience as a caregiver, how ofter do you feel that								
			Always	Usually	Some- times	Rarely	<u>Never</u>		
a.		ving creates a financial burden for		2	3	4	5		
b.		rself	1	2	3	4	5		
c.		ving does not leave enough time for mily	1	2	3	4	5		
d.	Caregiving interferes with your work \square_1 \square_2 \square_3 \square_4 \square_5						5		
e.	Caregiv	Caregiving negatively affects your health \square_1 \square_2 \square_3 \square_4 \square_5							
f. Caregiving conflicts with your social life \square_1 \square_2 \square_3 \square_4					4	5			
g.	Caregiv	ving causes you stress	1	2	3	4	5		
	CRB4.	What is the greatest difficulty you have Check only one.	e faced	in your ca	aregiving	j ?			
		Would you say caregiving:							
	Creates a financial burden								

Module C: Impact on Employment

CRC1.	Have you ever been employed?	
	Yes	Thank you. This concludes Module C.
CRC2.	What is your current employment status? Are you	
	Working full time. \Box_1 Working part time \Box_2 Retired \Box_3 Not working \Box_4	GO TO CRC3
CR	.C2a. Did your caregiving responsibilities cause you to quit work or reti	re early?
	Yes	Thank you. This concludes Module C.
CRC3.	Has providing care for the person you care for ever interfered employment?	with your
	Yes	Thank you. This concludes Module C.

CRC4.	Because of providing care for the person you care for, have you Check all that apply.							
		,	<u>Yes</u>	<u>No</u>				
	a.	Taken a less demanding job	1	2				
	b.	Changed from full-time to part-time work	1	2				
	c.	Reduced your official working hours		2				
	d.	Lost some of your employment fringe benefits	1	2				
	e.	$\label{thm:conflicts} \mbox{ Had time conflicts between working and caregiving} \dots$	1	2				
	f.	Used your vacation time to provide care	1	2				
	g.	Taken a leave of absence to provide care	1	2				
	h.	Lost a promotion	1	2				
	i.	Worked less than your normal number of hours last month	1	2				
	j.	Other	1	2				
		Describe:						

Module D: Health of Care	egiver
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CRD1.	Do you have any kind of health problem, physical condition, or disability that affects the kind or amount of care that you can provide to the person you care for?					
	Yes					
CR	D1a. What is that problem, condition, or disability? Check all that apply.					
	1. Back problems and other joint problems/Arthritis					
CRD2.	Have your caregiving activities created or worsened any of these conditions, problems, or disabilities?					
	Yes					

Module E: Demographics

We are interested in knowing more about the demographic characteristics of our clients. We would appreciate if you would answer a few questions about yourself. All this information will be kept confidential.

CRE1.	What is your sex?
	Male
CRE2.	In what year were you born?
	Year
CRE3.	What is your highest education level?
	Less than high school diploma
CRE4.	Are you Spanish, Hispanic, or Latino?
	Yes
CRE5.	What is your race? Check all that apply.
	a. American Indian or Alaskan Native

CRE6.	What is your marital status?
	Now married 1 Widowed 2 Divorced 3 Separated 4 Never married 5
CRE7.	Where is your home located? Would you say
	In a city
CRE8.	How many people live in your household, including yourself?
	Number of Household Members
CRE9.	How many persons total are you caring for, not counting the person you care for?
	Number of Persons
CRE10.	Thinking about the total combined income from all sources for all persons in this household, was your total household annual income during the past year above or below \$20,000? (IF NEEDED: including income from jobs, Social Security, retirement income, public assistance, and all other sources)
	Below \$20,000
CRE11.	Which category best describes your total household annual income during the past year?
	\$10,000 or less

CRE12.	Which category best describes your total household annual income during the past year?
	\$20,001 to \$30,000
CRE13.	What is the sex of the person you care for?
	Male
CRE14.	What is the age of the person you care for?
	Years

Module F: Health and Physical Functioning of the Person You Care For

CRF1	Does the person you care for have difficulty getting around inside the home?		
		es	
	CRF1	a. Does the person you care for need the help of another person to perform this activity?	
		Yes	
CRF2		bes the person you care for have difficulty going outside the home, for example shop or visit a doctor's office?	
		es	
	CRF2	a. Does the person you care for need the help of another person to perform this activity?	
		Yes 1 No 2	
CRF3	. Do	pes the person you care for have difficulty getting in or out of bed or a chair?	
		es	
	CRF3	a. Does the person you care for need the help of another person to perform this activity?	
		Yes 1 No 2	
CRF4	. Do	pes the person you care for have difficulty when taking a bath or shower?	
		\square_1 $\square_2 \rightarrow GO$ TO CRF5	

	CRF4	4a.	Does the person you care for need the help of another person to perform this activity?
			Yes
CRF5	5. C	oes	the person you care for have difficulty when dressing?
			$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
	CRF!	5a.	Does the person you care for need the help of another person to perform this activity?
			Yes 1 No
CRF6	5. C	oes	the person you care for have difficulty when walking?
			$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
	CRF	5a.	Does the person you care for need the help of another person to perform this activity?
			Yes
CRF7	7. C	oes	the person you care for have difficulty eating?
			$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
	CRF	7a.	Does the person you care for need the help of another person to perform this activity?
			Yes 1 No 2

CRF8.	Does	s the person you care for have difficulty using the toilet or getting to the t?
	Yes.	
CF	RF8a.	Does the person you care for need the help of another person to perform this activity?
		Yes
CRF9.	Does	the person you care for have difficulty keeping track of money or bills?
	Yes.	\Box_1 $\Box_2 \rightarrow$ GO TO CRF10
CF	RF9a.	Does the person you care for need the help of another person to perform this activity?
		Yes
CRF10.	Does	the person you care for have difficulty preparing meals?
		\square_1 $\square_2 \rightarrow GO \ TO \ CRF 11$
CF	RF10a.	Does the person you care for need the help of another person to perform this activity?
		Yes
CRF11.	Does wash	the person you care for have difficulty doing light housework, such as ning dishes or sweeping a floor?
		\Box_1 $\Box_2 o$ GO TO CRF12

	CR	F11a.	Does the person you care for need the help of another person to perform this activity?
			Yes
CRF1	2.		the person you care for have difficulty doing heavy housework, such as bing floors or washing windows?
		Yes No	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
	CR	F12a.	Does the person you care for need the help of another person to perform this activity?
			Yes
CRF1	3.		the person you care for have difficulty taking the right amount of cribed medicine at the right time?
		Yes No	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
	CR	F13a.	Does the person you care for need the help of another person to perform this activity?
			Yes
CRF1	4.	Does	the person you care for have difficulty using the telephone?
			\Box_1 $\Box_2 \rightarrow GO \; TO \; CRF15$
	CR	F14a.	Does the person you care for need the help of another person to perform this activity?
			Yes

CRF15.	Does the person	you care for h	ave difficulty	driving an au	itomobile?

Module G: Service and Information Needs

The next two questions ask you to think about what additional services and information may be helpful to you as a caregiver.

CRG1.	In addition to the kinds and amounts of services you are receiving, (and the services that the person you care for is receiving), what additional or new kinds of help would be valuable to you as a caregiver?						
			<u>Yes</u>	No			
	a.	$\label{thm:constraints} \mbox{Housekeeping assistance for the person you care for.}$	1	2			
	b.	Shopping assistance for the person you care for	1	2			
	c.	Transportation assistance for the person you care for $\ensuremath{\boldsymbol{.}}$	1	2			
	d.	Assistance in making meals for the person you care for	1	2			
	e.	Assistance in bathing, dressing, grooming, toileting, feeding, and other personal care for the person you care for	1	2			
	f.	Adult daycare for the person you care for	1	2			
	g.	Assistance in getting other family members involved in caring for the person you care for		2			
	h.	Assistance in administering and monitoring side effects of medicine for the person you care for, etc		2			
	i.	In-home respite care	1	2			
	j.	Help with money management and financial advice	1	2			
	k.	Other services	1	2			
		Describe:					
	I.	No additional help needed	□.				
		To additional holy necessarian	ш +	L -			

CRG2.		nat additional or new kinds of information would be regiver? Check yes or no for each one.	e valu	uable to you as a
			<u>Yes</u>	No
	a.	A help line/central place to call to find out what kind of help is available and where to get it	1	2
	b.	Someone to talk to/counseling services or support groups		2
	c.	Information about how to care for the condition or disability of the person you care for		2
	d.	Information about changes in laws that might affect your situation	1	2
	e.	Information about how to select a nursing home, group home, assisted living facility, or other care facility	1	2
	f.	Information on how to pay for nursing homes, assisted living facilities, adult day care, and other services	1	2
	g.	Information on how to deal with agencies (bureaucracies) to get services		2
	h.	Information on health insurance and/or long-term care insurance	1	2
	i.	Other information not listed above	1	2
		Describe:		
	j.	No additional information needed	1	

POMP Final: Case Management Survey Instrument

(Mail Version)

This survey is about the case management services you receive. Your case manager is the person who sets up in-home services, such as homemaker or personal care services for you. The case manager also calls to check on how you are doing, or how you like your services. We would like to ask you a few questions about the person who coordinates/manages your services. It will take between 15 and 30 minutes to complete the questionnaire. We are interested in the length of time you have received case management services and if the service has helped you. Your answers will help the agency make sure that the service meets your needs. Participation in the survey is voluntary and you may skip any question. Your answers will be kept confidential and will not influence the services that you receive.

			,
Γ	he first qu	uestic	ons are about the case management service you receive from the agency.
	CS1.	Whe	n was the last time you received the case management service? Was it
		More More	Thank you, but the focus of this survey is on people than 1 day, but not more than a week ago
	CS2.	Do y	ou know how to contact your case manager when you need to?
	CS	2a.	Are you the one who usually speaks to your case manager?
			Yes
	Office Use	e Only	r:
	Client ID:		
			nent Date: Administration:

			<u>Always</u>	<u>Usually</u>	Some- <u>times</u>	Rarely	Never
CS3.		your case manager return your e calls in a timely manner?	1	2	3	4	5
CS4.	servi	your case manager explain your ces in a way that you can rstand?	1	2	3	4	5
CS5.		your case manager treat you with ect?	1	2	3	4	5
CS6.		your case manager involve you in ssing and planning your services?	1	2	3	4	5
CS7.		your case manager do a good job ng up care for you?	1	2	3	4	5
CS8. Does your case manager help you get services that you did not have before? Yes						fore?	
CS9. Is your situation better because of your case manager's help?							
		Yes				=	
	The next questions ask a few additional questions about the services you received through the case management program.						
CS10. How long have you been receiving the case management services?							
		6 months or less	ear			2 3 4	

CS11.	How would you rate the overall quality of the case management services you have received? Would you say
	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5
CS12.	Does your case manager help coordinate all the services you receive?
	Yes
CS13.	Are you able to select the services you receive?
	Yes
CS14.	As a result of receiving the case management services, do you have a better idea of where to get information about other services?
	Yes
CS15.	In general, would you say that the case management service has helped you?
	Yes
CS	S15a. How has the case management service helped you?
CS16.	Do you have any recommendations to improve the case management service?
	Yes $\ \ \ \ \ \ \ \ \ \ \ \ \ $

CS	S16a. What recommendations do you have for improving the case management service?
CS17.	Other than case management, what services do you receive? Check all that apply.
	a. Transportation
CS18.	Are you satisfied with the services you receive? Yes
CS19.	Do the services you receive help you continue to live at home? Yes
CS20.	Are you receiving any other types of assistance such as $\underline{\text{Yes}} \underline{\text{No}}$
	Food Assistance/Food Stamps/SNAP

Thank you very much for your time and cooperation. Your responses have been very helpful to us.

POMP Final: Congregate Meals Survey Instrument

(Mail Version)

This survey is about the meals program in which you participate. The agency would like to find out about the meals you receive. It will take about 15 to 30 minutes to complete the survey. We are interested in the length of time you have attended the meal program, what you like about the meals, and if the meals have helped you. Your answers will help us make sure that the service meets your needs. Participation in the survey is voluntary and you may skip any question. Your answers will be kept confidential and will not influence the services that you receive.

The first few questions are about the meal program you attend at (AGENCY/PROVIDER NAME).

VAITE).	
CM1.	When was the last time you ate at the senior center or meal site?
	Today or yesterday
CM2.	How long have you been attending the meal program? Would you say
	6 months or less
CM3.	How many <u>days each week</u> do you eat at the senior center or meal site?
	Number of Days
The follow	ing questions are about your eating habits.
CM4.	On the days when you eat at the meal site or senior center, how many meals do you usually eat?
	II
CM5.	On the days when you don't eat at the meal site or senior center, how many meals do you usually eat?
	lI
Office Us	se Only:
Client ID	
	Enrollment Date:
Date of S	Survey Administration:

CM6.	Please consider all the food you eat in a day on the days you attend the meal program or senior center. What percentage of all the food you eat in a day is eaten at the meal program or senior center? Would you say
	Less than one-third
group of f	xt set of questions, we describe the standard serving size for a particular food or oods. Please fill in the blank to show how many total servings of each food or oods you <u>usually</u> eat <u>each day</u> .
CM7.	One serving of fruit is one small piece of fruit, about one-half cup of chopped fruit, or one-half cup of juice.
	How many servings of fruit do you <u>usually</u> eat every day?
	lll
CM8.	One serving of potatoes is one small baked potato or one-half cup mashed or boiled potatoes.
	How many servings of potatoes do you <u>usually</u> eat every day?
	ll
CM9.	One serving of vegetables is about one cup raw vegetables, one-half cup of cooked vegetables, or one-half cup of juice.
	Other than potatoes, how many servings of $\textbf{vegetables}$ do you $\underline{\textbf{usually}}$ eat every day?
	ll
CM10.	One serving of milk or yogurt, including soy milk or yogurt, is one cup of milk or yogurt. One serving of cheese is 1.5 slices or 1.5 ounces of cheese.
	How many servings of milk, cheese, yogurt, or soy milk, soy cheese, or soy yogurt do you <u>usually</u> eat every day?
	l

CM11.	Beans, nuts, eggs, and tofu are sources of protein in the diet. One serving of beans or tofu is about one-half cup; one serving of peanut butter is two tablespoons; one serving of nuts is one ounce, and a serving of eggs is two eggs.
	How many servings of beans, nuts, tofu, or eggs do you <u>usually</u> eat every day?
	<u> </u>
CM12.	One serving of meat, chicken, turkey, or fish is a two to three ounce hamburger patty, chicken breast, or fish fillet.
	How many servings of meat, chicken, turkey, or fish do you <u>usually</u> eat every day?
	II
CM13.	One serving of bread is one piece of bread, one tortilla, or one small pancake.
	How many servings of bread, tortillas, or pancakes do you <u>usually</u> eat every day?
	<u> </u>
CM14.	Cereal, rice, pasta, and noodles are sources of grains in the diet. A serving of cereal is one cup of cold cereal or one-half cup hot cereal; a serving of rice, pasta, or noodles is one-half cup.
	How many servings of cereal, rice, pasta, or noodles do you <u>usually</u> eat every day?
	II
CM15.	A serving of dessert is one-half slice of pie or cake or two medium cookies.
	How many servings of dessert do you <u>usually</u> eat every day?
	II

The following questions ask about foods or groups of foods that you eat when you attend the meal program at the senior center or meal site.

CM16.	When you eat at the senior center or meal site, do you usually eat the fruit when it is provided?
	Yes
CM17.	When you eat at the senior center or meal site, do you usually eat the potatoes when they are provided?
	Yes
CM18.	When you eat at the senior center or meal site, do you usually eat the vegetables that are provided?
	Yes
CM19.	When you eat at the senior center or meal site, do you usually eat or drink the milk, cheese, yogurt, or soy milk, soy cheese, or soy yogurt that are provided?
	Yes
CM20.	When you eat at the senior center or meal site, do you usually eat the beans , nuts , eggs , or tofu when they are provided?
	Yes
CM21.	When you eat at the senior center or meal site, do you usually eat the meat , turkey , chicken , or fish that is provided?
	Yes
CM22.	When you eat at the senior center or meal site, do you usually eat the bread , tortillas , or pancakes that are provided?
	Yes

			ou usuall	ly eat th	e cereal,
When you eat at the senior center or when it is provided?	meal si	te, do yo	u usually	y eat the	dessert
				_	
questions are about the services you red	ceive at	the meal	program	١.	
How would you rate the meal program	n overall	? Would y	ou say		
Very good Good Fair				2 3 4	
out all the foods that you receive from t satisfied	he meal	program	. Please	tell us,	how often
	Λίννονο	Haually	Some-	Daroly	Novor
ith the way the food smells					Never 5
ith the way the food looks	1	2	3	4	5
ith the way the food tastes	1	2	3	4	5
ith the variety of foods	1	2	3	4	5
nat the hot foods are hot and cold ods are cold	1	2	<u></u> 3	4	5
ith the way the food is cooked	1	2	3	4	5
	rice, pasta, or noodles when they a Yes	rice, pasta, or noodles when they are provided? Yes	rice, pasta, or noodles when they are provided? Yes	rice, pasta, or noodles when they are provided? Yes	rice, pasta, or noodles when they are provided? Yes

	swer the following questions about the meal program. Do services received at the program is the properties of the program is a service of the program of the program is a service of the program of the p	ıe
incai prog	Yes No	
CM32.	Eat healthier foods 1 2	
CM33.	Achieve or maintain a healthy weight \square_1 \square_2	
CM34.	Improve your health \square_1 \square_2	
CM35.	Feel better	
CM36.	See your friends more often \square_1 \square_2	
CM37.	Continue to live at home \square_1 \square_2	
	<u>Yes</u> <u>No</u>	
CM38.	Do you like the meals you get from the meal program? \square_1 \square_2	
CM39.	Would you recommend the meal program to a friend? \square_1 \square_2	
CM40.	As a result of attending the meal program, do you have a better idea of where to get information about other services? \Box_1 \Box_2	
CM41.	While you are there, do you learn food safety tips for cooking and storing food?	
	Yes	
CM42.	While you are there, do you learn how to eat more healthful and nutrition foods?	JS
	Yes	
The next	questions are about resources.	
CM43.	Do you know that the congregate meal donation is voluntary?	
	Yes	

CM44.	How do you get to the meal program or senior center?
	Public Transportation
CM45.	Are there times when you have not been able to attend the meal program or senior center because you have no way to get there?
	Yes
CM46.	Do you always have enough money or food assistance/food stamps/SNAP to buy the food you need?
	Yes
CM47.	During the past month, did you have to choose between buying food or buying medication?
	Yes 1 No
CM48.	During the past month did you have to choose between buying food or paying your rent or utility bills?
	Yes
CM49.	On one or more days during the past month, did you skip meals because you had no food and no money or food assistance/food stamps/SNAP to buy food?
	Yes 1 No 2
CM50.	In general, would you say that the meal program has helped you?
	Yes

С	M50a. How has the meal program helped you?	
CM51.	Do you have any recommendations to improve the meal program?	
	Yes	1
С	M51a. What recommendations do you have for improving the servic	e?

Thank you very much for your time and cooperation. Your answers are very important to us in improving the meal program.

POMP Final: Home-Delivered Meals Survey Instrument

(Mail Version)

This survey is about the home-delivered meals program. The survey contains questions about the meals that you receive. The survey should take 15 to 30 minutes to complete. We are interested in the length of time you have received home-delivered meals, what you like about the meals, and if the meals have helped you. Your answers will help us make sure that the service meets your needs. Participation in the survey is voluntary and you may skip any question. Your answers will be kept confidential and will not influence the services that you receive.

The first few questions are about the home-delivered meals you receive from (A

	PROVIDER NAME).
HDM1.	When was the last time you received a home-delivered meal?
	Today or yesterday
HDM2.	How long have you been receiving home-delivered meals? Would you say
	6 months or less
HDM3.	How many days each week do you receive home-delivered meals?
	Number of Days
НС	DM3a. How many meals do you receive during an average week?
	Number of Meals
The followi	ing questions are about your eating habits.
HDM4.	On the days that you eat the home-delivered meal, how many meals do you usually eat?
	Number of Meals
Office Use	e Only:

Office Use Only:	
Client ID:	
Service Enrollment Date:	
Date of Survey Administration:	
	_

HDM5.	On the days you don't eat the home-delivered meal, how many meals do you usually eat?
	Number of Meals
HDM6.	Think about the amount of food you eat from home-delivered meals. On the days you eat a meal from home-delivered meals, what proportion of all the food you eat in a day does this meal represent? Would you say
	Less than one-third
group of f	xt set of questions, we describe the standard serving size for a particular food or cods. Please fill in the blank to show how many total servings of each food or cods you <u>usually</u> eat <u>each day</u> .
HDM7.	One serving of fruit is one small piece of fruit, about one-half cup of chopped fruit, or one-half cup of juice.
	How many servings of fruit do you <u>usually</u> eat every day?
	l <u> </u>
HDM8.	One serving of potatoes is one small baked potato or one-half cup mashed or boiled potatoes.
	How many servings of potatoes do you <u>usually</u> eat every day?
	II
HDM9.	One serving of vegetables is about one cup raw vegetables, one-half cup of cooked vegetables, or one-half cup of juice.
	Other than potatoes, how many servings of vegetables do you <u>usually</u> eat every day?
	III

HDM10.	One serving of milk or yogurt, including soy milk or yogurt, is one cup of milk or yogurt. One serving of cheese is 1.5 slices or 1.5 ounces of cheese
	How many servings of milk, cheese, yogurt, or soy milk, soy cheese, or soy yogurt do you <u>usually</u> eat every day?
	l <u> </u>
HDM11.	Beans, nuts, eggs, and tofu are sources of protein in the diet. One serving of beans or tofu is about one-half cup; one serving of peanut butter is two tablespoons; one serving of nuts is one ounce, and a serving of eggs is two eggs.
	How many servings of beans, nuts, tofu, or eggs do you <u>usually</u> eat every day?
	l <u> </u>
HDM12.	One serving of meat, chicken, turkey, or fish is a two to three ounce hamburger patty, chicken breast, or fish fillet.
	How many servings of meat, chicken, turkey, or fish do you $\underline{\text{usually}}$ eat every day?
	l <u> </u>
HDM13.	One serving of bread is one piece of bread, one tortilla, or one small pancake.
	How many servings of bread, tortillas, or pancakes do you <u>usually</u> eat every day?
	l <u> </u>
HDM14.	Cereal, rice, pasta, and noodles are sources of grains in the diet. A serving of cereal is one cup of cold cereal or one-half cup hot cereal; a serving of rice, pasta, or noodles is one-half cup.
	How many servings of cereal, rice, pasta or noodles do you <u>usually</u> eat every day?
	ll

HDM15.	A serving of dessert is one-half slice of pie or cake or two medium cookies.
	How many servings of dessert do you <u>usually</u> eat every day?
	II
The next for delivered n	ew questions ask about foods or groups of foods that you eat from your homeneals.
HDM16.	When you eat the home-delivered meals, do you usually eat the ${\it fruit}$ when it is provided?
	Yes
HDM17.	When you eat the home-delivered meals, do you usually eat the potatoes when they are provided?
	Yes
HDM18.	When you eat the home-delivered meals, do you usually eat the vegetables that are provided?
	Yes
HDM19.	When you eat the home-delivered meals, do you usually eat or drink the milk, cheese, yogurt, or soy milk, soy cheese, or soy yogurt that are provided?
	Yes
HDM20.	When you eat the home-delivered meals, do you usually eat the beans , nuts , eggs , or tofu when they are provided?
	Yes
HDM21.	When you eat the home-delivered meals, do you usually eat the meat, turkey , chicken , or fish that is provided?
	Yes
	No

HDM22.	When you eat the home-delivered meals, do you usually eat the bread , tortillas , or pancakes that are provided?
	Yes
HDM23.	When you eat the home-delivered meals, do you usually eat the cereal, rice, pasta, or noodles when they are provided?
	Yes
HDM24.	When you eat the home-delivered meals, do you usually eat the dessert when it is provided?
	Yes
The follow	ng questions are about the quality of the meals you receive.
HDM25.	How would you rate the quality of home-delivered meals overall? Would you say
	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5
HDM26.	Do the home-delivered meals arrive when expected?
	Always 1 Usually 2 Sometimes 3 Seldom 4 Never 5

Think	about all	l the	foods	that	you	receive	from	home-	delivered	meals.	Please	tell	us,	how
often	are you s	atisfi	ed											

		Always	Usually	Some- times	Rarely	Never	
HDM27.	With the way the food smells			<u>umes</u>	<u>Karery</u>	<u>146761</u>	
HDM28.	With the way the food looks	1	2	3	4	5	
HDM29.	With the way the food tastes	1	2	3	4	5	
HDM30.	With the variety of foods	1	2	3	4	5	
HDM31.	That the hot foods are hot and cold foods are cold	1	2	3	4	5	
HDM32.	With the way the food is cooked	1	2	3	4	5	
	inswer the following questions about received from the home-delivered meals			ı to		gram. D	0
HDM3	3. Eat healthier foods			<u>Yes</u> □₁	<u>No</u>		
HDM3	4. Achieve or maintain a healthy weight			1	2		
HDM3	5. Improve your health			1	2		
HDM3	6. Feel better			1	2		
HDM3	7. Continue to live at home			1	2		
Please te	ell us:			<u>Yes</u>	<u>No</u>		
HDM3	8. Do you like the meals you get from the home-delivered meals?			1	2		
HDM3	9. Would you recommend the home-del meals to a friend?			1	2		
HDM4	 As a result of receiving home-delivered do you have a better idea of where to information about other services 	get	•	🔲 1	2		

The next qu	uestions are about resources.
HDM41.	Do you know that the home-delivered meal donation is voluntary?
	Yes
	Do you always have enough money or food assistance/food stamps/SNAP to buy the food you need?
	Yes
	During the past month, did you have to choose between buying food or buying medication?
	Yes
	During the past month did you have to choose between buying food or paying your rent or utility bills?
	Yes 1 No 2
	On one or more days during the past month, did you skip meals because you had no food and no money or food assistance/food stamps/SNAP to buy food?
	Yes
HDM46.	In general, would you say that the home-delivered meals service has helped you?
	Yes

HD	M46a. How has the home-delivered meals service helped you?	
DM47.	Do you have any recommendations to improve the home-delive service?	ered me
	YesNo	
НС	M47a. What recommendations do you have for improving the s	service?

Thank you very much for your time and cooperation. Your answers are very important to us in improving the home-delivered meals services.

POMP Final: Transportation Survey Instrument

(Mail Version)

This survey is about the transportation services you receive. We would like you to answer questions about these services. It will take between 15 and 30 minutes to answer this survey. We are interested in the length of time you have received transportation services and whether the transportation services have been helpful. Your answers will help make sure that the services meet your needs. Participation in the survey is voluntary and you may skip any question. Your answers will be kept confidential and will not influence the services that you receive.

The first few questions are about the transportation service you receive.

TR1.	When was the last time you used the transportation services?
	Today or yesterday
TR2.	How long have you been receiving transportation services? Would you say
	6 months or less
TR3.	How often do you use the transportation service?
	5 or more times per week
TR4.	In an average month, would you say you rely on this transportation service for:
	Just a few of your local trips
Office Use	e Only:
Client ID:	·
	inrollment Date:
Date of S	Survey Administration:

TR5	which of the following best describes to the following be	wnere yo	ou get on	tne ven	icie?		
	Several blocks away Down the block My driveway/In front of my residence The driver comes to my door At the senior center				2 3 4		
overal	e next few questions, please tell me how I experiences with the transportation s nses: Always, Usually, Sometimes, Rarely, I	ervice.	•				
		<u>Always</u>	<u>Usually</u>	Some- <u>times</u>	<u>Rarely</u>	<u>Never</u>	
TR6.	The drivers pick me up when they are supposed to. Would you say		2	3	4	5	
TR7.	The drivers are polite	1	2	3	4	5	
TR8.	The vehicles are easy to get into and out of	1	2	3	4	5	
TR9.	The vehicles are comfortable	1	2	3	4	5	
TR10.	We arrive at our destinations on time	1	2	3	4	5	
TR11.	The trips take too long	1	2	3	4	5	
TR12.	The transportation service takes me to the places I want or need to go	1	2	3	4	5	
TR13.	I get rides at the times and on the days I need them	1	2	3	4	5	
TR1	.4. Do you need help getting into and out	of your	home?				
	Yes No					30 TO ТГ	२15
	TR14a. Does the driver or aide help you	get into	and out	of your l	nome?		
	Yes No						

ΓR15.	Do you need help getting into or out of the vehicle?		
	Yes		
-	TR15a. Does the driver or aide help you get into or out of the vehicle?		
	Yes		
TR16.	Do you get around more than you did before you had this service?		
	Yes		
TR17.	Would you recommend this transportation service to a friend?		
	Yes		
TR18.	Do the services you receive help you continue to live at home?		
	Yes		
TR19	Next, how would you rate the transportation service that you received? Would you say		
	Excellent 1 Very Good 2 Good 3 Fair 4 Poor 5		

TR20.	Do you use the transportation service to get to:
	<u>Yes</u> <u>No</u>
	a. Doctors and health care providers
TR21.	In general, would you say that the transportation service has helped you?
	Yes
TR	21a. How has the transportation service helped you?
TR22.	Do you have any recommendations to improve the transportation service?
	Yes

TF	R22a. What recommendations do you have for improving the service?	
Γhese nex	t questions are about getting around outside your home.	
TR23.	Is there a car or other personal motor vehicle in working cond household?	ition in this
	Yes	→ GO TO TR25
TR24.	Do you ever drive that car?	
	Yes	→ If yes, this concludes the transportation survey.
TR25.	Excluding taxi services, is public transportation service availar community, such as a regular bus line, rapid transit, subway, or street	
	Yes	→ If no, this concludes the transportation survey.
TR26.	Do you ever use public transportation?	
	Yes	→ If no, this concludes the transportation survey.
TR27.	Do you have a physical, mental, or emotional condition that metansportation hard to use?	akes public
	Yes	→ If no, this concludes the transportation survey.

TR27a.	Do you need the assistance of another person to use public transportation?
	Yes

Thank you very much for your time and cooperation. Your answers are very important to us in improving transportation services.

POMP Final: Additional Services Received Module

(Mail Version)

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

		Yes	<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	_ 1	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	1	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	1	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	1	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	1	
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	1	2
AS7.	In the past year, have you received personal care services? Personal care services are help with care like dressing or bathing	1	2
AS8.	In the past year, have you received chore services? Chore services help with heavier housecleaning and yard work	1	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	1	2
Office U	Jse Only:		
	Client ID:		
	Enrollment Date:		

		<u>res</u>	INO
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	1	
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	1	
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	1	_ 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	1	_ 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	1	2
AS15.	Do you receive help managing your medications, understanding how much to take, how often and whether it works with your other medicines?	1	_ 2
AS16.	In the past year, have you received help getting benefits, such as food stamps, Medicaid, SSI, or Social Security?	1	_ 2
AS17.	Overall, how would you rate the group of services you red	eive?	Would you say.
	ExcellentVery goodGoodFairPoor		2 3 4

AS18.	Are you receiving any other types of assistance, such as
	a. Food Assistance/Food Stamps/SNAP. b. Energy Assistance. c. Medicaid. d. Housing Assistance. Yes No 1 2 2 4 1 2 2 1 2 2 1 2 2
Now, I wo	uld 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
AS20.	As a result of the services you receive, are you better able to care for yourself?
	Yes

POMP Final: Demographics Module

(Mail Version)

We are interested in knowing more about the demographic characteristics of our clients. We would appreciate if you would answer a few questions about yourself. All this information will be kept confidential.

D1.	What is your gender?
	Male 1 Female 2
D2.	In what year were you born?
	Year
D3.	What is your highest education level?
	Less than high school diploma
D4.	Are you Spanish, Hispanic or Latino?
	Yes
D5.	What is your race?
	a. American Indian or Alaskan Native
D6.	What is your marital status?
	Now married.
Office Use	e Only:
Client ID:	
	nrollment Date:urvey Administration:

D7.	WI	nere is your home located? Would you say
	In	a city
D8.	We	e'd like to ask about who lives in your household. Do you
	b. c. d. e.	Live alone
D9.	Нс	w many people live in your household, including yourself?
	I_	Number of Household Members
D10.	ho pu du At	inking about the total combined income from all sources for all persons in your usehold, including income from jobs, Social Security, retirement income, blic assistance, and all other sources was your total household annual income ring the last calendar year above or below \$20,000? or below \$20,000 (\$1,666 per month or less)
[D10a.	Which category best describes your total household annual income during the last calendar year? Would you say
		\$5,000 or less (\$417 or less per month)

D10b. Which category best describes your total h the last calendar year? Would you say	ousehold annual income during
\$20,001 - \$25,000 (\$1,667 to \$2,083 per m \$25,001 - \$30,000 (\$2,084 to \$2,500 per m \$30,001 - \$35,000 (\$2,501 to \$2,917 per m \$35,001 - \$40,000 (\$2,918 to \$3,333 per m \$40,001 - \$50,000 (\$3,334 to \$4,167 per m Over \$50,000 (\$4,168 per month or more)	nonth)

POMP Final: Physical Functioning and Health Module

(Mail Version)

These next questions are about your health.

PF1.	In general, would you say your health is:	
	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5	
PF2.	Do you use any of the following aids? If "Yes," have you used them for 6 months or longer	
	<u>Yes</u> <u>No</u> <u>Yes</u> <u>No</u>	
PF2a.	A cane, crutches, or a walker \square_1 \square_2 \square_1 \square_2	
PF2b.	A wheelchair, electric scooter, etc \square_1 \square_2 \square_1 \square_2	
PF2c.	A hearing aid	
PF2d.	Other (e.g., grab bar, shower chair, shower bench, etc.)	
PF3.	About how many different prescription medications do you take every day?	
	II	
PF4.	In the past 12 months, did you have to stay overnight in a nursing home rehabilitation center?	or
	Yes	
PF5.	In the past 12 months, did you have to stay overnight in a hospital?	
	Yes	
PF6.	In the past 12 months, did you receive treatment in an emergency room?	
	Yes	
Office U	se Only:	
Client II		
	Enrollment Date:	

This question asks about common activities of daily life and whether you usually need assistance with them. This does not include the effects of temporary conditions. If you use an aid or assistive device, please indicate if you still have difficulty when using the aid.

Because of a physical or mental health condition, do you have difficulty...

			ne	eed the	do you help of person?	f
	<u>Yes</u>	No.		<u>Yes</u>	No	
PF7.	Getting around INSIDE the home $\ \square$	1 2		1	2	
PF8.	Getting around OUTSIDE the home, for example to shop or visit a doctor's office	1 2		1	2	
PF9.	Getting in or out of a bed or a chair	1 2		1	2	
PF10.	Taking a bath or shower	1 2			2	
PF11.	Dressing	1 2		1	2	
PF12.	Walking	1 2			2	
PF13.	Eating	1 2			2	
PF14.	Using or getting to the toilet \square	1 2		1	2	
PF15.	Keeping track of money or bills \square	1 2			2	
PF16.	Preparing meals	1 2		1	2	
PF17.	Doing light housework, such as washing dishes or sweeping a floor	1 2		1	2	
PF18.	Doing heavy housework, such as scrubbing floors and washing windows	1 2			2	
PF19.	Taking the right amount of prescribed medicine at the right time $\hfill\Box$	1 2			2	
PF20.	Using the telephone	1 2			2	

	ave you ever been told by a doctor, nurse, or other lat you have	health	care	professiona
		<u>Yes</u>	<u>No</u>	
a b	. High blood pressure or hypertension		2 2	
d	 A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems High cholesterol Diabetes or high blood sugar 	1	2 2 2	
f.	Allergies, asthma, emphysema, chronic bronchitis, or other breathing or lung problems		2	
h i. j. k	skin cancer	1 1 1 1	2 2 2 2 2 2 2	
n o	Eye or vision conditions such as glaucoma, cataracts, macular degeneration or other medical conditions [Does not include only wears glasses or contacts.] 1. Oral health/tooth or mouth problems	1 1 1	2 2 2 2 2	
q	dementia	1	2 2 2 2	
	muscles, and bad backs, knees, shoulders, etc.]	1	2 2 2 2 2	

POMP Final: Social and Emotional Well-Being Module

(Mail Version)

These next questions are about your overall social and emotional well-being.

SE1.	During an average week, how many days are you in touch by phone, Internet (email), or in person with a friend, neighbor, or relative who <i>does not</i> live with you?
	None 1 One day 2 Two days 3 Three days 4 Four days 5 Five days 6 Six days 7 Every day 8
SE2.	Thinking about how often you are in touch with friends, neighbors, and relatives is this \dots
	Not enough (Would like to do more)
SE3.	During an average week, how many days do you leave home to go to a movie, sports event, club meeting, class, or place of worship?
	None 1 One day 2 Two days 3 Three days 4 Four days 5 Five days 6 Six days 7 Every day 8
SE4.	Regarding your present social activities, do you feel that you are doing
	Not enough (Would like to do more) 1 About enough 2 Too much 3
Office Use	e Only:
Client ID:	
	nrollment Date:urvey Administration:

SE5.	In general, how would you describe your emotional well-being?
	Excellent
SE6.	During the past 30 days, how often have you had difficult or painful feelings such as stress, grief, worry, anger or loneliness?
	Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5
SE7.	During the past 30 days, to what extent have feelings such as stress, grief worry, anger or loneliness interfered with your normal social activities with family, friends, neighbors, or groups?
	Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5

POMP Final: Caregiver Services Survey Instrument

(Telephone Version)

I understand that you about the services interested in the le caregiver services have meet your needs. Pa	. I am calling from the (name of AAA). Ou receive caregiver services. We would like to ask you a few questions that you receive. The interview will take about 30 minutes. We are eight of time you have received caregiver services and whether the lave been helpful. Your answers will help us make sure that the services articipation in the interview is voluntary and you may skip any question. It kept confidential and will not influence the services that you receive.
CR1. Are you older)?	still caring for (care recipient's name) or (someone 60 years of age or
No Refused	
	uld you tell me what happened to change your caregiving situation? NOT READ LIST. CHECK ALL THAT APPLY.
b. c. d. e. f. g. h. i. j. k.	Care recipient died
Dor	used7 n't Know8 D INTERVIEW
Office Use Only:	

Service Enrollment Date: _____ Date of Survey Administration:

CR2.	When was the last time you received caregiver support services?								
	Today or yesterday								
CR3.	How long have you been receiving caregiver services? Would you say								
	6 months or less 1 More than 6 months, but less than 1 year 2 At least 1 year, but less than 2 years 3 2 to 5 years 4 More than 5 years 5 Refused -7 Don't Know -8								
CR4.	What is (care recipient's name) relationship to you? (Care recipient's name) is your READ CATEGORIES IF NEEDED								
	Husband 1 Wife 2 Domestic partner 3 Father 4 Mother 5 Grandfather 6 Grandmother 7 Brother 8 Sister 9 Uncle 10 Aunt 11 Son 12 Son-in-Law 13 Daughter 14 Daughter-in-Law 15 Other relative (not mentioned above) 16 Friend or neighbor or another person 17 Refused -7								

Don't Know-8

CR5.	Has someone at (agency's name) helped you or given you information to connect you to the services and resources that you need as a caregiver?
	Yes 1 No 2 Refused -7 Don't Know -8
CR6.	Have you received respite care, which allows you a brief break while temporary care is provided to (care recipient's name), either in your home or someplace else?
	Yes 1 No 2 Refused -7 Don't Know -8
CR7.	Have you received caregiver training or education, including participation in support groups, to help you make decisions and solve problems in your role as a caregiver?
	Yes 1 No 2 Refused -7 Don't Know -8
CR8.	Has the (agency's name) provided you with any supplemental services to help you provide care, such as INSERT A DESCRIPTION OF LOCAL SERVICES, E.G. HOME MODIFICATIONS, NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE OR BOOST, ASSISTIVE DEVICES SUCH AS CANES OR WALKERS, PERSONAL EMERGENCY RESPONSE SYSTEM, SPECIALIZED EQUIPMENT SUCH AS SLEEP APNEA MACHINES OR HOSPITAL BEDS, STIPENDS, ETC.?
	Yes 1 No 2 Refused -7 Don't Know -8

CR9.		he caregiver services you received, which one servic D ONLY WHEN THE RESPONDENT NEEDS REMINDER.				ful?
	Res Care S Othe (S	o or information connecting you to services and esources	a 	. 2 . 3 . 4		
CR10.	As a	result of the caregiver services, do you				Don't
			Yes		Refused	Know
	b. I	Have more time for personal activities Feel less stress		2	-7 -7	-8 -8
	t	Have a clearer understanding of how to get the services you and (care recipient) need	1	2	-7	-8
		Know more about (care recipient's) condition or illness	1	2	-7	-8
		Feel more confident in providing care to (care recipient's name)	1	2	-7	-8
CR11.		ald (care recipient's name) have been able to continue if caregiver services had not been provided?	nue to	o live	e in the sa	ame
	No Refu	ised 't Know		. 2 · 7		CR11a
CF	R11a.	Where would (care recipient's name) be living? DO NOT READ LIST. CHECK ONLY ONE ANSWER.				
		In your (caregiver's) home In the home of another family member or friend In an assisted living facility In a nursing home Care recipient would have died Other (Specify)_ Refused Don't Know		. 2 . 3 . 4 . 5 .91		

CR12.	Thinking about the caregiver services that you have receive rate these services? Would you say	d, how would you
	Excellent Very good Good Fair Poor Refused Don't Know	. 2 . 3 . 4 . 5 7
CR13.	Would you recommend these services to a friend?	
	Yes No Refused Don't Know	. 2 7
CR14.	Have the caregiver services enabled you to provide care for time than would have been possible without these services?	a longer period of
	Yes No Refused Don't Know	. 2 7
CR15.	In general, would you say that the caregiver service has helpe	d you?
	Yes No Refused Don't Know	. 2 7 GO TO CR16
CR	R15a. How has the caregiver service helped you?	
_		
_		

CR16.	Do you have any recommendations to improve the caregiver service?																	
	Yes. No Refu Don	used 't Kn	 											. 1 → . 2 7 8	GO T GO T MOD	O CR1 O ADD JLES (6a ITION DR CLC	AL)SE
CF	R16a.	Wh	at rec	comm	enda	tions	do y	ou ha	ive fo	r im	provi	ing th	ne se	rvice?				
_																		
_																		

Note to Interviewer:

Additional modules may be used with this survey:

- 1. Module A: Care Provided Module
- 2. Module B: Burdens and Rewards Module
- 3. Module C: Impact on Employment Module
- 4. Module D: Health of Caregiver Module
- 5. Module E: Demographics Module
- 6. Module F: Health and Physical Functioning of Care Recipient Module
- 7. Module G: Service and Information Needs

Thank you very much for your time and cooperation. Your answers are very important to us in improving the caregiver services.

Module A: Care Provided

In this section of the survey, we would like to obtain some basic information about how much care you provide to (care recipient's name).

CRA1.	How long have you been caring for (care recipient's name)?
	Years Months Refused
CRA2.	Thinking about all the family members or friends who provide help, care, or supervision for (care recipient's name), what proportion of the care do you provide during a typical week? READ LIST. CHECK ONLY ONE. Would you say
	Less than one-quarter. 1 About one-quarter. 2 About one-half. 3 About three-quarters 4 All or almost all of the care. 5 Refused -7 Don't Know -8
CRA3.	Does (care recipient's name) live with you?
CRA4.	Does (care recipient's name) live alone? Yes

CRA5.		our judgment can not require 24 ho					ning he/she	
	Yes, be Yes, sh	s, (care recipient) can be left alone for extended periods with no concerns						
	Refu	1-hour supervision sed't Know				7	GO TO NEXT MODULE	
CR	A5a.	Are you responsi name) on a 24-ho		ng help or su	ıpervisio	on to (car	re recipient's	
	No Refu	sedt Know				2	GO TO NEXT MODULE	
CR	A5b.	Please tell me ho		rate the inten	sity leve	el of the 2	24-hour care	
	1 =	The care provided	l over a 24-ho	ur period is no	t very i	ntense.		
	5 =	The care provided	l over a 24-ho	ur period is ve	ry inten	se.		
	Le	1 east intensity	2	3	4	5 Greatest	intensity	

Module B: Burdens and Rewards of Caregiving

The next group of questions ask about the rewards and burdens you may feel as a caregiver.

CRB1. I would like to ask you about positive aspects of caregiving and give you some choices for answers. Please choose the answer that best tells how you feel.

		<u>Always</u>	<u>Usually</u>	Some- <u>times</u>	<u>Rarely</u>	<u>Never</u>	<u>Refused</u>	Don't <u>Know</u>	Does Not <u>Apply</u>
a.	As a caregiver, how often do you feel that you are helping (care recipient's name) continue to live at home	1	2	3	4	5	-7	-8	-9
b.	How often does being a caregiver for (care recipient's name) give you the joy of spending time with someone you care about	1	2	3	4	5	-7	-8	-9
C.	How often does being a caregiver provide you with a sense of accomplishment		2	3	4	5	-7	-8	-9
d.	How often does providing care for (care recipient's name) give you the satisfaction of knowing that they are receiving the care and attention they need	1	2	3	4	5	-7	-8	-9
e.	How often do you feel that (care recipient's name) appreciates the care that you are providing for them		2	3	4	5	-7	-8	-9
f.	As a caregiver, how often do you feel you are fulfilling your duty by caring for (care recipient's name)	1	2	3	4	5	-7	-8	-9

CRB2.	In your	experience	as a	caregiver,	what	is	the	one	most	positive	aspect	of
	caregivi	ng? READ LI	ST. C	HECK ONLY	ONE.							

Helping your care recipient live at home	1
Spending time with someone you care about	2
Feeling a sense of accomplishment	3
Satisfaction that care and attention are received	4
Being appreciated, or	5
Fulfilling a duty	6
None	7
Refused	-7
Don't Know	-8

CRB3. Now I would like to ask you about potential difficulties you may face in caring for (care recipient's name). Please respond to each of the following questions with one of the options provided. In your experience as a caregiver, how often do you feel that...

		<u>Always</u>	<u>Usually</u>	Some- times	<u>Rarely</u>	<u>Never</u>	Refused	Don't <u>Know</u>	Does Not <u>Apply</u>
a.	Caregiving creates a financial burden for you	1	2	3	4	5	-7	-8	-9
b.	Caregiving does not leave you enough time for yourself	1	2	3	4	5	-7	-8	-9
c.	Caregiving does not leave enough time for your family	1	2	3	4	5	-7	-8	-9
d.	Caregiving interferes with your work	1	2	3	4	5	-7	-8	-9
e.	Caregiving negatively affects your health	1	2	3	4	5	-7	-8	-9
f.	Caregiving conflicts with your social life	1	2	3	4	5	-7	-8	-9
g.	Caregiving causes you stress	1	2	3	4	5	-7	-8	-9

CRB4. What is the greatest difficulty you have faced in your caregiving? READ LIST. CHECK ONLY ONE.

Would you say caregiving:

Creates a financial burden	1
Doesn't leave enough time for yourself	2
Doesn't leave enough time for your family	3
Interferes with your work	4
Creates or aggravates health problems	5
Conflicts with your social life	
Creates stress	7
Refused	-7
Don't Know	_2

Module C: Impact on Employment

CRC1.	Have you ever been employed?	
	Yes 1 No 2 Refused -7 Don't Know -8	GO TO NEXT MODULE
CRC2.	What is your current employment status? Are you	
	Working full time	GO TO CRC3
	Not working 4 Refused -7 Don't Know -8	GO TO NEXT MODULE
CR	C2a. Did your caregiving responsibilities cause you to quit work or re	etire early?
	Yes 1 No 2 Refused -7 Don't Know -8	GO TO NEXT MODULE
CRC3.	Has providing care for (care recipient's name) ever interfered with y employment?	our
	Yes 1 No 2 Refused -7 Don't Know -8	GO TO NEXT MODULE

CRC4. Because of providing care for (care recipient's name), have you \dots READ LIST AND CHECK ALL THAT APPLY.

		<u>Yes</u>	<u>No</u>	Refused	Don't <u>Know</u>
a.	Taken a less demanding job	1	2	-7	-8
b.	Changed from full-time to part-time work	1	2	-7	-8
c.	Reduced your official working hours	1	2	-7	-8
d.	Lost some of your employment fringe benefits	1	2	-7	-8
e.	$\label{thm:equiv} \mbox{Had time conflicts between working and caregiving} \dots$	1	2	-7	-8
f.	Used your vacation time to provide care	1	2	-7	-8
g.	Taken a leave of absence to provide care	1	2	-7	-8
h.	Lost a promotion	1	2	-7	-8
i.	Worked less than your normal number of hours last month	1	2	-7	-8
j.	Other	1	2	-7	-8
	(Specify)				

Module D: Health of Caregiver

CRD1.	Do you have any kind of health problem, physical condition, or disability that affects the kind or amount of care that you can provide to (care recipient's name)?
	Yes
CR	D1a. What is that problem, condition, or disability? DO NOT READ RESPONSES. CHECK ALL THAT APPLY AND PROBE: "Is there anything else?"
	1. Back problems and other joint problems/Arthritis
CRD2.	Have your caregiving activities created or worsened any of these conditions, problems, or disabilities?
	Yes 1 No 2 Refused -7 Don't Know -8

Module E: Demographics

We are interested in knowing more about the demographic characteristics of our clients. We would appreciate if you would answer a few questions about yourself. All this information will be kept confidential.

CRE1.	ASK IF NOT OBVIOUS. What is your gender?
	Male 1 Female 2 Refused -7 Don't Know -8
CRE2.	In what year were you born?
	Year Refused7 Don't Know8
CRE3.	What is your highest education level?
	Less than high school diploma
CRE4.	Are you Spanish, Hispanic, or Latino?
	Yes 1 No 2 Refused -7 Don't Know -8

CRE5.	What is your race? (CHECK ALL THAT APPLY.)
	a. American Indian or Alaskan Native 1 b. Asian 2 c. Black or African-American 3 d. White/Caucasian 4 e. Native Hawaiian/Other Pacific Islander 5 f. Other race 6 (Specify)
CRE6.	What is your marital status?
	Now married 1 Widowed 2 Divorced 3 Separated 4 Never married 5 Refused -7 Don't Know -8
CRE7.	Where is your home located? Would you say
	In a city 1 In a suburban area 2 In a rural area 3 Refused -7 Don't Know -8
CRE8.	How many people live in your household, including yourself?
	Number of Household Members Refused7 Don't Know8
CRE9.	How many persons total are you caring for, not counting (care recipient's name)?
	Number of Persons Refused7 Don't Know8

CRE10.	Thinking about the total combined income from all sources for all persons in this household, was your total household annual income during the past year above or below \$20,000? (IF NEEDED: including income from jobs, Social Security, retirement income, public assistance, and all other sources)
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
CRE11.	Which category best describes your total household annual income during the past year?
	\$10,000 or less
CRE12.	Which category best describes your total household annual income during the past year?
	\$20,001 to \$30,000
CRE13.	ASK IF NOT OBVIOUS. What is the gender of (care recipient's name)?
	Male 1 Female 2 Refused -7 Don't Know -8
CRE14.	What is the age of (care recipient's name)?
	Years Refused7 Don't Know8

Module F: Health and Physical Functioning of Care Recipient

CRF1.	Does	s (care recipient) have difficulty getting around inside the home?
	No Refu	1 2 2 Sed7 GO TO CRF2
CR	RF1a.	Does (he or she) need the help of another person to perform this activity?
		Yes 1 No 2 Refused -7 Don't Know -8
CRF2.		s (he or she) have difficulty going outside the home, for example to shop or a doctor's office?
	No Refu	1 2 2 GO TO CRF3 t Know -8
CR	F2a.	Does (he or she) need the help of another person to perform this activity?
		Yes 1 No 2 Refused -7 Don't Know -8

CRF3.	Does	s (care recipient) have difficulty getting in or out of bed or a chair?
	No Refu	1 2 2 GO TO CRF4 t Know -8
CR	F3a.	Does (he or she) need the help of another person to perform this activity?
		Yes 1 No 2 Refused -7 Don't Know -8
CRF4.	Does	(he or she) have difficulty when taking a bath or shower?
	No Refu	1 2 Sed7 GO TO CRF5
CR	F4a.	Does (he or she) need the help of another person to perform this activity?
		Yes 1 No 2 Refused -7 Don't Know -8
CRF5.	Does	(care recipient) have difficulty when dressing?
	No Refu	1
CR	F5a.	Does (he or she) need the help of another person to perform this activity?
		Yes 1 No 2 Refused -7 Don't Know -8

CRF6.	Does	s (he or she) have difficulty when walking?
	No Refu	sed
CR	RF6a.	Does (he or she) need the help of another person to perform this activity?
		Yes 1 No 2 Refused -7 Don't Know -8
CRF7.	Does	s (care recipient) have difficulty eating?
	No Refu	sed
CR	RF7a.	Does (he or she) need the help of another person to perform this activity?
		Yes 1 No 2 Refused -7 Don't Know -8
CRF8.	Does	(he or she) have difficulty using the toilet or getting to the toilet?
	No Refu	sed
CR	RF8a.	Does (he or she) need the help of another person to perform this activity?
		Yes 1 No 2 Refused -7 Don't Know -8

CRF9.	Does (care recipient) have difficulty keeping track of money or bills?
	Yes
CF	F9a. Does (he or she) need the help of another person to perform this activity?
	Yes 1 No 2 Refused -7 Don't Know -8
CRF10.	Does (he or she) have difficulty preparing meals?
	Yes 1 No 2 Refused -7 Don't Know -8 GO TO CRF11
CF	F10a. Does (he or she) need the help of another person to perform this activity?
	Yes 1 No 2 Refused -7 Don't Know -8
CRF11.	Does (care recipient) have difficulty doing light housework, such as washing dishes or sweeping a floor?
	Yes 1 No 2 Refused -7 Don't Know -8 GO TO CRF12
CF	F11a. Does (he or she) need the help of another person to perform this activity?
	Yes 1 No 2 Refused -7 Don't Know -8

CRF12.	Does (he or she) have difficulty doing heavy housework, such as scrubbing floors or washing windows?
	Yes
CR	F12a. Does (he or she) need the help of another person to perform this activity?
	Yes 1 No 2 Refused -7 Don't Know -8
CRF13.	Does (he or she) have difficulty taking the right amount of prescribed medicine at the right time?
	Yes 1 No 2 Refused -7 Don't Know -8 GO TO CRF14
CR	F13a. Does (he or she) need the help of another person to perform this activity?
	Yes 1 No 2 Refused -7 Don't Know -8
CRF14.	Does (care recipient) have difficulty using the telephone?
	Yes
CR	F14a. Does (he or she) need the help of another person to perform this activity?
	Yes 1 No 2 Refused -7 Don't Know -8

CRF15. Does (he or she) have difficulty driving an automobile?

Yes	1
No	2
Refused	-7
Don't Know	-8

Module G: Service and Information Needs

The next two questions ask you to think about what additional services and information may be helpful to you as a caregiver.

CRG1. In addition to the kinds and amounts of services you are receiving, (and the services that [care recipient's name] is receiving), what additional or new kinds of **help** would be valuable to you as a caregiver?

Oi	Would be valuable to you as a caregiver:	<u>Yes</u>	<u>No</u>	Refused	Don't <u>Know</u>
a.	Housekeeping assistance for (care recipient's name)	1	2	-7	-8
b.	Shopping assistance for (care recipient's name)	1	2	-7	-8
c.	Transportation assistance for (care recipient's name)	1	2	-7	-8
d.	Assistance in making meals for (care recipient's name)	1	2	-7	-8
e.	Assistance in bathing, dressing, grooming, toileting, feeding, and other personal care for (care recipient's name)	1	2	-7	-8
f.	Adult daycare for (care recipient's name)	1	2	-7	-8
g.	Assistance in getting other family members involved in caring for (care recipient's name)	1	2	-7	-8
h.	Assistance in administering and monitoring side effects of medicine for (care recipient's name) etc	1	2	-7	-8
i.	In-home respite care	1	2	-7	-8
j.	Help with money management and financial advice	1	2	-7	-8
k.	Other services	1	2	-7	-8
	(Specify)				
l.	No additional help needed	. 1	2	-7	-8

CRG2. What additional or new kinds of $\underline{\text{information}}$ would be valuable to you as a caregiver? READ LIST. CHECK YES OR NO FOR EACH ONE.

		<u>Yes</u>	<u>No</u>	Refused	Don't <u>Know</u>
a.	A help line/central place to call to find out what kind of help is available and where to get it	1	2	-7	-8
b.	Someone to talk to/counseling services or support groups	1	2	-7	-8
c.	Information about how to care for (care receiver's name)'s condition or disability	1	2	-7	-8
d.	Information about changes in laws that might affect your situation	1	2	-7	-8
e.	Information about how to select a nursing home, group home, assisted living facility, or other care facility	1	2	-7	-8
f.	Information on how to pay for nursing homes, assisted living facilities, adult day care, and other services	1	2	-7	-8
g.	Information on how to deal with agencies (bureaucracies) to get services	1	2	-7	-8
h.	Information on health insurance and/or long-term care insurance	1	2	-7	-8
i.	Other information not listed above	1	2	-7	-8
	(Specify)	-			
l.	No additional information needed	. 1	2	-7	-8

POMP Final: Case Management Survey Instrument

(Telephone Version)

Hello. My name is I am calling from the (name of AAA). I understand that you receive case management services. Your case manager is the person who sets up in-home services, such as homemaker or personal care services for you. The case manager also calls to check on how you are doing, or how you like your services. We would like to ask you a few questions about the person who coordinates/manages your services. The interview will take about 15 to 30 minutes. We are interested in the length of time you have received case management services and if the service has helped you. Your answers will help us make sure that the service meets your needs. Participation in the interview is voluntary and you may skip any question. Your answers will be kept confidential and will not influence the services that you receive.
Now we are going to talk about the case management service you receive from (agency/provider name).
CS1. When was the last time you received the case management service? Was it
Thank you, but the focus of this survey is on people of this survey is on people who have used the More than 1 week, but not more than a month ago. More than 1 month ago. Over 1 year ago. Refused. Don't Know. Thank you, but the focus of this survey is on people who have used the service within the past year. END INTERVIEW Figure 1 Thank you, but the focus of this survey is on people who have used the service within the past year. END INTERVIEW Figure 2 Thank you, but the focus of this survey is on people who have used the service within the past year. END INTERVIEW
CS2. Do you know how to contact your case manager when you need to?
Yes 1 No 2 Refused -7 Don't Know -8
CS2a. Are you the one who usually speaks to your case manager?
Yes

Office Use Only:	
Client ID:	
Service Enrollment Date:	
Date of Survey Administration:	

				Some-				Don't
	_	<u>Always</u>	<u>Usually</u>	<u>times</u>	<u>Rarely</u>	<u>Never</u>	Refused	Know
CS3.	Does your case manager return your phone calls in a							
	timely manner?	1	2	3	4	5	-7	-8
CS4.	Does your case manager							
	explain your services in a way that you can understand?	1	2	3	4	5	-7	-8
	that you can understand:	_	2	3	7	3	,	O
CS5.	Does your case manager treat		_	_		_	_	_
	you with respect?	1	2	3	4	5	-7	-8
CS6.	Does your case manager							
	involve you in discussing and							
	planning your services?	1	2	3	4	5	-7	-8
CS7	Does your case manager do a							
0071	good job setting up care for							
	you?	1	2	3	4	5	-7	-8
CS	88. Does your case manager he	lp you g	et servic	es that	you did	not hav	e before?)
	Yes No							
	Refused							
	Don't Know							
CS	59. Is your situation better beca	ause of y	our case	manag	er's help)?		
	•	•		_				
	Yes					_		
	No Refused							
	Don't Know							
Now	I would like to ask you a few	addition	ial quest	ions ah	out the	service	s vou re	ceived
	igh the case management progra		iai quest		out the	SCI VICC	s you re	ccivca
CS	610. How long have you been red	ceiving t	he case	manage	ment se	rvices?		
	6 months or less					1		
	More than 6 months, but le							
	At least 1 year, but less th							
	2 to 5 years More than 5 years							
	Refused							
	Don't Know					0		

CS11.	How would you rate the overall quality of the case management services you have received? Would you say \dots
	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5 Refused -7 Don't Know -8
CS12.	Does your case manager help coordinate all the services you receive?
	Yes 1 No 2 Refused -7 Don't Know -8
CS13.	Are you able to select the services you receive?
	Yes 1 No 2 Refused -7 Don't Know -8
CS14.	As a result of receiving the case management services, do you have a better idea of where to get information about other services?
	Yes 1 No 2 Refused -7 Don't Know -8
CS15.	In general, would you say that the case management service has helped you?
	Yes

S16. Do you have any recommendations to improve the case ma	anage	men	t service	?
Yes No Refused Don't Know		. 2 7		
CS16a. What recommendations do you have for improving service?	g the	case	manage	ement
S17. Other than case management, what services do you rece APPLY	eive?	CIRO	CLE ALL	THAT
APPLY	<u>Yes</u>	<u>No</u>	Refused	Don't Know
a. Transportation	Yes 1		Refused	Don't <u>Know</u> -8
a. Transportationb. Adult Day Services	<u>Yes</u> 1 1 1	No 2 2 2	Refused -7 -7 -7	Don't <u>Know</u> -8 -8 -8
a. Transportationb. Adult Day Servicesc. Personal Care Services d. Chore Services	Yes 1 1 1 1	No 2 2 2 2 2	Refused -7 -7 -7 -7	Don't <u>Know</u> -8 -8 -8 -8
a. Transportationb. Adult Day Servicesc. Personal Care Services d. Chore Services e. Legal Assistance	Yes 1 1 1 1 1	No 2 2 2 2 2 2	Refused -7 -7 -7 -7 -7	Don't Know -8 -8 -8 -8 -8
a. Transportationb. Adult Day Servicesc. Personal Care Servicesd. Chore Services	Yes 1 1 1 1 1 1 1 1	No 2 2 2 2 2	Refused -7 -7 -7 -7	Don't <u>Know</u> -8 -8 -8 -8
a. Transportation b. Adult Day Services c. Personal Care Services d. Chore Services e. Legal Assistance f. Information and Assistance g. Home-Delivered Meals h. Homemaker/Housekeeper	Yes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No 2 2 2 2 2 2 2 2 2 2 2	Refused -7 -7 -7 -7 -7 -7 -7	Don't Know -8 -8 -8 -8 -8 -8 -8 -8
a. Transportation b. Adult Day Services c. Personal Care Services d. Chore Services e. Legal Assistance f. Information and Assistance g. Home-Delivered Meals	Yes 1 1 1 1 1 1 1 1 1	No 2 2 2 2 2 2 2 2 2	Refused -7 -7 -7 -7 -7 -7 -7	Don't Know -8 -8 -8 -8 -8 -8 -8
a. Transportation b. Adult Day Services c. Personal Care Services d. Chore Services e. Legal Assistance f. Information and Assistance g. Home-Delivered Meals h. Homemaker/Housekeeper i. Medication Management j. Other	Yes 1 1 1 1 1 1 1 1 1	No 2 2 2 2 2 2 2 2 2 2 2 2	Refused -7 -7 -7 -7 -7 -7 -7 -7	Don't Know -8 -8 -8 -8 -8 -8 -8 -8
a. Transportation	Yes 1 1 1 1 1 1 1 1 1 1	No 2 2 2 2 2 2 2 2 2 2 2	Refused -7 -7 -7 -7 -7 -7 -7 -7	Don't Know -8 -8 -8 -8 -8 -8 -8 -8
a. Transportation b. Adult Day Services c. Personal Care Services d. Chore Services e. Legal Assistance f. Information and Assistance g. Home-Delivered Meals h. Homemaker/Housekeeper i. Medication Management j. Other	Yes 1 1 1 1 1 1 1 1 1 1	No 2 2 2 2 2 2 2 2 2 2 2	Refused -7 -7 -7 -7 -7 -7 -7 -7	Don't Know -8 -8 -8 -8 -8 -8 -8 -8

CS19. Do the services you receive help you continue to live at home?

Yes	1
No	2
Refused	-7
Don't Know	-8

CS20. Are you receiving any other types of assistance such as ...

				Don t
	Yes	No	<u>Refused</u>	Know
Food Assistance/Food Stamps/SNAP	1	2	-7	-8
Energy Assistance	1	2	-7	-8
Medicaid	1	2	-7	-8
Housing Assistance	1	2	-7	-8

Note to Interviewer:

Additional modules may be used with this survey:

- 1. Physical Functioning and Health Module
- 2. Social and Emotional Well-Being Module
- 3. Demographics Module

Thank you very much for your time and cooperation. Your responses have been very helpful to us.

POMP Final: Congregate Meals Survey Instrument

(Telephone Version)

I understand that you participate in questions about the meals that you red We are interested in the length of time about the meals, and if the meals hat that the service meets your needs. Page 19 or 19 o	I am calling from the (name of AAA). The meal program. We would like to ask you a few ceive. The interview will take about 15 to 30 minutes. It you have attended the meal program, what you like we helped you. Your answers will help us make sure rticipation in the interview is voluntary and you may be kept confidential and will not influence the services
Now we are going to talk about the me	al program you attend at (agency/provider name).
CM1. When was the last time you	ate at the senior center or meal site?
More than 1 day, but not m More than 1 week, but not More than 1 month ago Over 1 year ago	Thank you, but the focus 1 of this survey is on peopl ore than a week ago 2 who have used the service within the past year. END INTERVIEW 5 -7 -8 END INTERVIEW
6 months or less More than 6 months, but le At least 1 year, but less tha 2 to 5 years More than 5 years Refused	ending the meal program? Would you say 1 ss than 1 year
Number of Days Refused	do you eat at the senior center or meal site?78
Office Use Only:	

Client ID:

Service Enrollment Date: _____ Date of Survey Administration:

The follow	ring questions are about your eating nabits.
CM4.	On the days when you eat at the meal site or senior center, how many meals do you usually eat?
	. Refused7 Don't Know8
CM5.	On the days when you don't eat at the meal site or senior center, how many meals do you usually eat?
	. Refused7 Don't Know8
CM6.	Please consider all the food you eat in a day on the days you attend the meal program or senior center. What percentage of all the food you eat in a day is eaten at the meal program or senior center? Would you say
	Less than one-third 1 Between one-third and one-half 2 About one-half 3 More than one-half 4 Refused -7 Don't Know -8
group of	ext set of questions, I will tell you the standard serving size for a particular food or foods. Please tell me how many total servings of each food or group of foods you at <u>each day</u> .
CM7.	One serving of fruit is one small piece of fruit, about one-half cup of chopped fruit, or one-half cup of juice.
	How many servings of fruit do you <u>usually</u> eat every day?
	· Refused7 Don't Know8

CM8.	One serving of potatoes is one small baked potato or one-half cup mashed or boiled potatoes.
	How many servings of potatoes do you <u>usually</u> eat every day?
	_ . Refused7 Don't Know8
CM9.	One serving of vegetables is about one cup raw vegetables, one-half cup of cooked vegetables, or one-half cup of juice.
	Other than potatoes, how many servings of vegetables do you <u>usually</u> eat every day?
	· Refused7 Don't Know8
CM10.	One serving of milk or yogurt, including soy milk or yogurt, is one cup of milk or yogurt. One serving of cheese is 1.5 slices or 1.5 ounces of cheese.
	How many servings of milk , cheese , yogurt , or soy milk , soy cheese , or soy yogurt do you <u>usually</u> eat every day?
	· Refused7 Don't Know8
CM11.	Beans, nuts, eggs, and tofu are sources of protein in the diet. One serving of beans or tofu is about one-half cup; one serving of peanut butter is two tablespoons; one serving of nuts is one ounce, and a serving of eggs is two eggs.
	How many servings of beans, nuts, tofu, or eggs do you <u>usually</u> eat every day?
	_ . Refused7 Don't Know8

CM12.	One serving of meat, chicken, turkey, or fish is a two to three ounce hamburger patty, chicken breast, or fish fillet.
	How many servings of meat, chicken, turkey, or fish do you <u>usually</u> eat every day?
	. . Refused7 Don't Know8
CM13.	One serving of bread is one piece of bread, one tortilla, or one small pancake.
	How many servings of bread, tortillas, or pancakes do you <u>usually</u> eat every day?
	. . Refused7 Don't Know8
CM14.	Cereal, rice, pasta, and noodles are sources of grains in the diet. A serving of cereal is one cup of cold cereal or one-half cup hot cereal; a serving of rice, pasta, or noodles is one-half cup.
	How many servings of cereal, rice, pasta, or noodles do you <u>usually</u> eat every day?
	_ . Refused7 Don't Know8
CM15.	A serving of dessert is one-half slice of pie or cake or two medium cookies.
	How many servings of dessert do you <u>usually</u> eat every day?
	. . Refused7 Don't Know8

For the next set of questions, I am going to ask about foods or groups of foods that you eat when you attend the meal program or senior center. Please tell me if you <u>usually</u> eat each food or group of foods when you are at the senior center or meal program.

oa or gr	oup or roods when you are at the senior center or meal program.
CM16.	When you eat at the senior center or meal site, do you usually eat the fruit when it is provided?
	Yes 1 No 2 Refused -7 Don't Know -8
CM17.	When you eat at the senior center or meal site, do you usually eat the potatoes when they are provided?
	Yes 1 No 2 Refused -7 Don't Know -8
CM18.	When you eat at the senior center or meal site, do you usually eat the vegetables that are provided?
	Yes 1 No 2 Refused -7 Don't Know -8
CM19.	When you eat at the senior center or meal site, do you usually eat or drink the milk, cheese, yogurt, or soy milk, soy cheese, or soy yogurt that are provided?
	Yes 1 No 2 Refused -7 Don't Know -8
CM20.	When you eat at the senior center or meal site, do you usually eat the beans , nuts , eggs , or tofu when they are provided?
	Yes 1 No 2 Refused -7 Don't Know -8

CM21.	When you eat at the senior center or meal site, do you usually eat the meat, turkey, chicken, or fish that is provided?
	Yes 1 No 2 Refused -7 Don't Know -8
CM22.	When you eat at the senior center or meal site, do you usually eat the bread, tortillas, or pancakes that are provided?
	Yes 1 No 2 Refused -7 Don't Know -8
CM23.	When you eat at the senior center or meal site, do you usually eat the cereal , rice , pasta , or noodles when they are provided?
	Yes 1 No 2 Refused -7 Don't Know -8
CM24.	When you eat at the senior center or meal site, do you usually eat the dessert when it is provided?
	Yes 1 No 2 Refused -7 Don't Know -8
Now I am	going to ask about the services you receive at the meal program.
CM25.	How would you rate the meal program overall? Would you say
	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5 Refused -7 Don't Know -8

Think about all the foods that you receive from the meal program. Now tell me, how often are you satisfied...

	<u>Always</u>	<u>Usually</u>	Some- times	<u>Rarely</u>	Never	<u>Refused</u>	Don't <u>Know</u>	Not <u>Applicable</u>
CM26. With the way the food sme Would you sa	ells	2	3	4	5	-7	-8	-9
CM27. With the way		2	3	4	5	-7	-8	-9
CM28. With the way the food tast		2	3	4	5	-7	-8	-9
CM29. With the varied of foods	ety 1	2	3	4	5	-7	-8	-9
CM30. That the hot fo are hot and col foods are cold		2	3	4	5	-7	-8	-9
CM31. With the way food is cooked		2	3	4	5	-7	-8	-9

Please answer the following questions about the meal program. Do services received at the meal program help you to...

					Don't	
01400		<u>Yes</u>	<u>No</u>	Refused -7	Know	
CM32.	Eat healthier foods	1	2	-/	-8	
CM33.	Achieve or maintain a healthy weight	1	2	-7	-8	
CM34.	Improve your health	1	2	-7	-8	
CM35.	Feel better	1	2	-7	-8	
CM36.	See your friends more often	1	2	-7	-8	
CM37.	Continue to live at home	1	2	-7	-8	

Ы	lease	tel	I me:

					Don't
		<u>Yes</u>	No	Refused	
CM38.	Do you like the meals you get from the meal program?	1	2	-7	-8
CM39.	Would you recommend the meal program to a friend?	1	2	-7	-8
CM40.	As a result of attending the meal program, do you have a better idea of where to get information about other services?	. 1	2	-7	-8
CM41.	While you are there, do you learn food safety tips for cook	ing a	nd st	oring food	d?
	Yes No Refused Don't Know		. 2 7		
CM42.	While you are there, do you learn how to eat more healthf	ul and	d nut	tritious fo	ods?
	Yes No Refused Don't Know		. 2 7		
The next of	questions are about resources.				
CM43.	Do you know that the congregate meal donation is volunta	ary?			
	Yes No Refused Don't Know		. 2 7		
CM44.	How do you get to the meal program or senior center?				
	Public Transportation Senior Center/Nutrition Program Transportation Walk		. 2 . 3 . 4 . 5 . 6		

CM45.	Are there times when you have not been able to attend the meal program or senior center because you have no way to get there?
	Yes 1 No 2 Refused -7 Don't Know -8
CM46.	Do you always have enough money or food assistance/food stamps/SNAP to buy the food you need?
	Yes 1 No 2 Refused -7 Don't Know -8
CM47.	During the past month, did you have to choose between buying food or buying medication?
	Yes 1 No 2 Refused -7 Don't Know -8
CM48.	During the past month did you have to choose between buying food or paying your rent or utility bills?
	Yes 1 No 2 Refused -7 Don't Know -8
CM49.	On one or more days during the past month, did you skip meals because you had no food and no money or food assistance/food stamps/SNAP to buy food?
	Yes 1 No 2 Refused -7 Don't Know -8
CM50.	In general, would you say that the meal program has helped you?
	Yes 1 No 2 Refused -7 Don't Know -8 GO TO CM51

CN	150a. How has the meal program helped you?	
		-
		-
		-
		-
CM51.	Do you have any recommendations to improve the meal progra	am?
	Yes 1 No 2 Refused -7 Don't Know -8	MODULES OR
CN	151a. What recommendations do you have for improving the s	service?
		-
		-
		-
ote to I	nterviewer:	
dditiona	al modules may be used with this survey:	

Thank you very much for your time and cooperation. Your answers are very important to us in improving the meal program.

Additional Services Received Module

Demographics Module

Physical Functioning and Health Module

Social and Emotional Well-Being Module

1.

3.

4.

POMP Final: Home-Delivered Meals Survey Instrument

(Telephone Version)

Hello. My name is
Now we are going to talk about home-delivered meals you receive from (agency/provider name).
HDM1. When was the last time you received a home-delivered meal?
Today or yesterday
HDM2. How long have you been receiving home-delivered meals? Would you say
6 months or less 1 More than 6 months, but less than 1 year 2 At least 1 year, but less than 2 years 3 2 to 5 years 4 More than 5 years 5 Refused -7 Don't Know -8
HDM3. How many days each week do you receive home-delivered meals?
Number of Days Refused7 Don't Know8
HDM3a. How many meals do you receive during an average week?
Number of Meals Refused7 Don't Know8
Office Use Only:

Service Enrollment Date: _____ Date of Survey Administration:

The followi	ng questions are about your eating habits.
HDM4.	On the days that you eat the home-delivered meal, how many meals do you usually eat?
	_ · Refused7 Don't Know8
HDM5.	On the days you don't eat the home-delivered meal, how many meals do you usually eat?
	. Refused7 Don't Know8
HDM6.	Think about the amount of food you eat from home-delivered meals. On the days you eat a meal from home-delivered meals, what proportion of all the food you eat in a day does this meal represent? Would you say
	Less than one-third 1 Between one-third and one-half 2 About one-half 3 More than one-half 4 Refused -7 Don't Know -8
	ext set of questions, I will tell you the standard serving size for a particular food or bods. Please tell me how many total servings of each food or group of foods you each day.
HDM7.	One serving of fruit is one small piece of fruit, about one-half cup of chopped fruit, or one-half cup of juice.
	How many servings of fruit do you <u>usually</u> eat every day?
	_ . Refused7 Don't Know8

HDM8.	One serving of potatoes is one small baked potato or one-half cup mashed or boiled potatoes.
	How many servings of potatoes do you <u>usually</u> eat every day?
	_ . Refused7 Don't Know8
HDM9.	One serving of vegetables is about one cup raw vegetables, one-half cup of cooked vegetables, or one-half cup of juice.
	Other than potatoes, how many servings of $\textbf{vegetables}$ do you $\underline{\textbf{usually}}$ eat every day?
	_ . Refused7 Don't Know8
HDM10.	One serving of milk or yogurt, including soy milk or yogurt, is one cup of milk or yogurt. One serving of cheese is 1.5 slices or 1.5 ounces of cheese
	How many servings of milk , cheese , yogurt , or soy milk , soy cheese , or soy yogurt do you <u>usually</u> eat every day?
	· Refused7 Don't Know8
HDM11.	Beans, nuts, eggs, and tofu are sources of protein in the diet. One serving of beans or tofu is about one-half cup; one serving of peanut butter is two tablespoons; one serving of nuts is one ounce, and a serving of eggs is two eggs.
	How many servings of beans, nuts, tofu, or eggs do you <u>usually</u> eat every day?
	. Refused7 Don't Know8

HDM12.	One serving of meat, chicken, turkey, or fish is a two to three ounce hamburger patty, chicken breast, or fish fillet.
	How many servings of meat, chicken, turkey, or fish do you <u>usually</u> eat every day?
	· Refused7 Don't Know8
HDM13.	One serving of bread is one piece of bread, one tortilla, or one small pancake.
	How many servings of bread, tortillas, or pancakes do you <u>usually</u> eat every day?
	_ · Refused7 Don't Know8
HDM14.	Cereal, rice, pasta, and noodles are sources of grains in the diet. A serving of cereal is one cup of cold cereal or one-half cup hot cereal; a serving of rice, pasta, or noodles is one-half cup.
	How many servings of cereal, rice, pasta or noodles do you <u>usually</u> eat every day?
	_ . Refused7 Don't Know8
HDM15.	A serving of dessert is one-half slice of pie or cake or two medium cookies.
	How many servings of dessert do you <u>usually</u> eat every day?
	. Refused7 Don't Know8

For the next set of questions, I am going to ask about foods or groups of foods that you eat from your home-delivered meals. Please tell me if you $\underline{\text{usually}}$ eat each food or group of foods when you eat the home-delivered meals.

HDM16.	When you eat the home-delivered meals, do you usually eat the fruit when it is provided?
	Yes 1 No 2 Refused -7 Don't Know -8
HDM17.	When you eat the home-delivered meals, do you usually eat the potatoes when they are provided?
	Yes 1 No 2 Refused -7 Don't Know -8
HDM18.	When you eat the home-delivered meals, do you usually eat the vegetables that are provided?
	Yes 1 No 2 Refused -7 Don't Know -8
HDM19.	When you eat the home-delivered meals, do you usually eat or drink the milk, cheese, yogurt, or soy milk, soy cheese, or soy yogurt that are provided?
	Yes 1 No 2 Refused -7 Don't Know -8
HDM20.	When you eat the home-delivered meals, do you usually eat the beans , nuts , eggs , or tofu when they are provided?
	Yes 1 No 2 Refused -7 Don't Know -8

HDM21.	When you eat the home-delivered meals, do you usually eat the meat, turkey, chicken, or fish that is provided?
	Yes 1 No 2 Refused -7 Don't Know -8
HDM22.	When you eat the home-delivered meals, do you usually eat the bread, tortillas, or pancakes that are provided?
	Yes 1 No 2 Refused -7 Don't Know -8
HDM23.	When you eat the home-delivered meals, do you usually eat the cereal, rice, pasta, or noodles when they are provided?
	Yes 1 No 2 Refused -7 Don't Know -8
HDM24.	When you eat the home-delivered meals, do you usually eat the dessert when it is provided?
	Yes 1 No 2 Refused -7 Don't Know -8
Now I am g	going to ask about the quality of the meals you receive.
HDM25.	How would you rate the quality of home-delivered meals overall? Would you say
	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5 Refused -7 Don't Know -8

HDM26. Do the home-delivered meals arrive when expected?

Always	1
Usually	2
Sometimes	3
Seldom	4
Never	
Refused	-7
Don't Know	-8

Think about all the foods that you receive from home-delivered meals. Now tell me, how often are you satisfied...

		<u>Always</u>	<u>Usually</u>	Some- <u>times</u>	<u>Rarely</u>	<u>Never</u>	Refused	Don't <u>Know</u>	Not <u>Applicable</u>
HDM27.	With the way the food smells Would you say	1	2	3	4	5	-7	-8	-9
HDM28.	With the way the food looks	1	2	3	4	5	-7	-8	-9
HDM29.	With the way the food tastes	1	2	3	4	5	-7	-8	-9
HDM30.	With the variety of foods	1	2	3	4	5	-7	-8	-9
HDM31.	That the hot foods are hot and cold foods are cold	1	2	3	4	5	-7	-8	-9
HDM32.	With the way the food is cooked	1	2	3	4	5	-7	-8	-9

Please answer the following questions about the home-delivered meals program. If services received from the home-delivered meals program help you to						
		Yes 1	<u>No</u> 2	Refused -7	Don't Know -8	
HDM34.	Achieve or maintain a healthy weight	1	2	-7	-8	
HDM35.	Improve your health	1	2	-7	-8	
HDM36.	Feel better	1	2	-7	-8	
HDM37.	Continue to live at home	1	2	-7	-8	
Please tell me:						
		Yes	<u>No</u>	Refused		
HDM38.	Do you like the meals you get from the home-delivered meals?	1	2	-7	-8	
HDM39.	Would you recommend the home-delivered meals to a friend?	1	2	-7	-8	
HDM40.	As a result of receiving home-delivered meals, do you have a better idea of where to get information about other services	1	2	-7	-8	
The next q	uestions are about resources.					
HDM41.	Do you know that the home-delivered meal donation is vo	lunta	ary?			
	Yes		_			

Refused-7
Don't Know-8

 Yes
 1

 No
 2

 Refused
 -7

 Don't Know
 -8

the food you need?

HDM42. Do you always have enough money or food assistance/food stamps/SNAP to buy

HDM43.	During the past month, did you have to choose between buy medication?	ing food or buying
	Yes No Refused Don't Know	. 2 7
HDM44.	During the past month did you have to choose between buy your rent or utility bills?	ing food or paying
	Yes No Refused Don't Know	. 2 7
HDM45.	On one or more days during the past month, did you skip r had no food and no money or food assistance/food stamps/SN	
	Yes	. 2 7
HDM46.	In general, would you say that the home-delivered meals serv	ice has helped you?
	Yes	. 2 7 GO TO HDM47
HD	M46a. How has the home-delivered meals service helped you?	

HDM47.	Do you have any recommendations to improve the home-delivered meals service?						
	Yes 1 No 2 Refused -7 Don't Know -8	GO TO ADDITIONAL MODULES OR CLOSE					
HD	M47a. What recommendations do you have for improving the s	service?					
		-					
		-					

Note to Interviewer:

Additional modules may be used with this survey:

- 1. Additional Services Received Module
- 2. Physical Functioning and Health Module
- 3. Social and Emotional Well-Being Module
- 4. Demographics Module

Thank you very much for your time and cooperation. Your answers are very important to us in improving the home-delivered meals services.

POMP Final: Transportation Survey Instrument

(Telephone Version)

Hello. My name is	
TR1. When was the last time you used the transportation services?	
Thank you, but the foce of this survey is on per survey than 1 day, but not more than a week ago. More than 1 week, but not more than a month ago. More than 1 month ago. Over 1 year ago. Refused. Don't Know. Thank you, but the foce of this survey is on per who have used the service within the past year. END INTERVIEW Thank you, but the foce of this survey is on per who have used the service within the past year. END INTERVIEW END INTERVIEW	ople
TR2. How long have you been receiving transportation services? Would you say 6 months or less	

Office Use Only: Client ID: _____

Service Enrollment Date: _____ Date of Survey Administration:

How often do you use the transportation service?	
5 or more times per week 1 3 to 4 times per week 2 Once per week 3 1 to 2 times per month 4 Less than once per month 5 Refused -7 Don't Know -8	
In an average month, would you say you rely on this transportation	service for:
Just a few of your local trips	
Which of the following best describes where you get on the vehicle? Several blocks away	
	5 or more times per week

For the next few questions, please tell me how frequently these statements apply to your overall experiences with (name of Transportation Service). Please select one of these seven responses: Always, Usually, Sometimes, Rarely, Never, Refused, Don't Know).

		<u>Always</u>		Some- times	<u>Rarely</u>	Never	Refused	Don't <u>Know</u>
TR6.	The drivers pick me up when they are supposed to. Would you say	1	2	3	4	5	-7	-8
TR7.	The drivers are polite. Would you say	1	2	3	4	5	-7	-8
TR8.	The vehicles are easy to get into and out of. Would you say	1	2	3	4	5	-7	-8
TR9.	The vehicles are comfortable. Would you say	1	2	3	4	5	-7	-8
TR10.	We arrive at our destinations on time. Would you say	1	2	3	4	5	-7	-8
TR11.	The trips take too long. Would you say	1	2	3	4	5	-7	-8
TR12.	The transportation service takes me to the places I want or need to go. Would you say	1	2	3	4	5	-7	-8
TR13.	I get rides at the times and on the days I need them. Would you say	1	2	3	4	5	-7	-8
TR14.	Do you need help getting into and	out of y	our hor	me?				
Yes								
TR14a. Does the driver or aide help you get into and out of your home?								
	Yes 1 No 2 Refused -7 Don't Know -8							

TR15.	Do you need help getting into or out of the vehicle?
	Yes
Т	R15a. Does the driver or aide help you get into or out of the vehicle?
	Yes 1 No 2 Refused -7 Don't Know -8
TR16.	Do you get around more than you did before you had this service?
	Yes 1 No 2 Refused -7 Don't Know -8
TR17.	Would you recommend this transportation service to a friend?
	Yes 1 No 2 Refused -7 Don't Know -8
TR18.	Do the services you receive help you continue to live at home?
	Yes 1 No 2 Refused -7 Don't Know -8
TR19.	Next, how would you rate the transportation service that you received? Would you say
	Excellent 1 Very Good 2 Good 3 Fair 4 Poor 5 Refused -7 Don't Know -8

TR20.	Do y	ou use the transportation service to get to:				
			<u>Yes</u>	<u>No</u>	Refused	
	a.	Doctors and health care providers	1	2 2	-7 -7	-8 -8
	b. c.	Shopping/Hairdresser	1 1	2	-7 -7	-8 -8
	d.	Senior center	1	2	-7 -7	-8
		Lunch program	1	2	-7	-8
	f.	Friends, neighbors, and relatives	1	2	-7	-8
	g.	Social events and recreation activities	1	2	-7	-8
	ĥ.	Clubs and meetings	1	2	-7	-8
	i.	Religious services	1	2	-7	-8
	j.	Work	1	2	-7	-8
	k.	Some place else?	1	2	-7	-8
		(Specify)	_			
TR21.	In ge	eneral, would you say that the transportation service h	as he	lped	you?	
	Yes	5		. 1		
		fused			GO TO	TR22
	Do	n't Know		8		
Т	R21a	. How has the transportation service helped you?				
TR22.	Do y	ou have any recommendations to improve the transpo	rtatio	n ser	vice?	
		5		_		
		fused			GO TO	TR23
	Doi	n't Know	• • • • • • •	8J		

These next questions are about getting around outside your home.	
TR23. Is there a car or other personal motor vehicle in working cond household?	dition in this
Yes	GO TO TR25
TR24. Do you ever drive that car?	
Yes	GO TO ADDITIONAL MODULES OR CLOSE
TR25. Excluding taxi services, is public transportation service availades community, such as a regular bus line, rapid transit, subway, or stree	
Yes	GO TO ADDITIONAL MODULES OR CLOSE
TR26. Do you ever use public transportation?	
Yes	GO TO ADDITIONAL MODULES OR CLOSE

TR22a. What recommendations do you have for improving the service?

TR27.	Do	you	have	а	physical,	mental,	or	emotional	condition	that	makes	public
transportation hard to use?												

Yes 1	
No	GO TO ADDITIONAL
Refused7	MODULES OR CLOSE
Don't Know8	MODULES OR CLOSE

TR27a. Do you need the assistance of another person to use public transportation?

Yes	1
No	2
Refused	-7
Don't Know	-8

Note to Interviewer:

Additional modules may be used with this survey:

- 1. Additional Services Received Module
- 2. Physical Functioning and Health Module
- 3. Social and Emotional Well-Being Module
- 4. Demographics Module

Thank you very much for your time and cooperation. Your answers are very important to us in improving transportation services.

POMP Final: Additional Services Received Module

(Telephone Version)

SKIP QUESTION AS1 FOR CONGREGATE MEAL RESPONDENTS. SKIP QUESTION AS2 FOR HOME-DELIVERED MEAL RESPONDENTS. SKIP QUESTION AS4 FOR CASE MANAGEMENT RESPONDENTS. SKIP QUESTION AS5 FOR TRANSPORTATION RESPONDENTS.

I'd like to ask about additional help you may have received.

AS1.	In the past year, have you attended a lunch	<u>Yes</u>	<u>No</u>	Refused	Don't <u>Know</u>
	program at a senior center or other meal site? IF NEEDED: A lunch program, or Congregate Meals are meals provided in a group setting, such as at a senior center	1	2	-7	-8
AS2.	In the past year, have you received Meals on Wheels? IF NEEDED: Meals on Wheels or Home-Delivered Meals are meals that are usually delivered to eat at home	1	2	-7	-8
AS3.	In the past year, have you received homemaker or housekeeping services? IF NEEDED: Homemaker or housekeeping services are services that may include help with doing light housework, laundry, preparing meals or shopping	1	2	-7	-8
AS4.	In the past year, have you received case management services? IF NEEDED: 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	1	2	-7	-8
AS5.	In the past year, have you received transportation services? IF NEEDED: Transportation is a bus or other vehicle that picks people up and takes them places such as the doctor, the senior center, or shopping IF NEEDED: Includes recreational trips	1	2	-7	-8
AS6.	In the past year, have you received adult day care services? IF NEEDED: Adult day care or adult day health is when people go to a place and spend the day	1	2	-7	-8

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Client ID:	
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		<u>Yes</u>	<u>No</u>	Refused	Don't <u>Know</u>
AS7.	In the past year, have you received personal care services?				
	IF NEEDED: Personal care services are help with care like dressing or bathing	1	2	-7	-8
AS8.	In the past year, have you received chore services? IF NEEDED: Chore services help with heavier housecleaning and yard work	1	2	-7	-8
AS9.	In the past year, have you received legal assistance? IF NEEDED: Legal assistance may help with making a will or understanding a bill and other legal matters. IF NEEDED: Remember, we are talking about				
	services received from (agency/provider name)	1	2	-7	-8
AS10.	In the past year, have you received information and assistance services? IF NEEDED: Information and assistance helps people				
	find out about services that are available to them. IF NEEDED: Remember, we are talking about services received from (agency/provider name)	1	2	-7	-8
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? IF NEEDED: Remember, we are talking about				
	services received from (agency/provider name)	1	2	-7	-8
AS12.	Have you received health screenings such as blood pressure checks or mammograms other than those from your own doctor?				
	IF NEEDED: Remember, we are talking about services received from (agency/provider name)	1	2	-7	-8
AS13.	Have you received flu shots, pneumonia shots, or other immunizations other than those from your own doctor?				
AS14.	IF NEEDED: Remember, we are talking about services received from (agency/provider name) Have you taken exercise or fitness classes or do you use the exercise equipment at a senior center or other program for older adults?	1	2	-7	-8
	IF NEEDED: Remember, we are talking about services received from (agency/provider name)	1	2	-7	-8

		Yes	<u>No</u>	Refused	Don't Know
AS15.	Do you receive help managing your medications, understanding how much to take, how often and whether it works with your other medicines? IF NEEDED: Does not include help from family or friends. This is help from (agency/provider name)	1		-7	-8
	mends. This is help from (agency/provider hame)	1	2	-/	-0
AS16.	In the past year, have you received help getting benefits, such as food stamps, Medicaid, SSI, or Social Security?	1	2	-7	-8
AS17.	Overall, how would you rate the group of services you	receiv	e? Wo	uld you sa	ıy
	Excellent		······································	2 3 4 5 7	
AS18.	Are you receiving any other types of assistance, such a	as			- "
	a. Food Assistance/Food Stamps/SNAP b. Energy Assistance c. Medicaid d. Housing Assistance	<u>Yes</u> 1 1 1 1	No 2 2 2 2 2	Refused -7 -7 -7 -7	Don't <u>Know</u> -8 -8 -8 -8
Now, I we	ould like to ask about how these services help you.				
AS19.	As a result of the services you receive, are you able to	live ir	ndeper	ndently?	
	Yes No Refused Don't Know			2 7	
AS20.	As a result of the services you receive, are you better	able to	care	for yourse	lf?
	Yes No Refused Don't Know			- 2 7	

GO TO NEXT MODULE OR CLOSE

POMP Final: Demographics Module

(Telephone Version)

We are interested in knowing more about the demographic characteristics of our clients. We would appreciate if you would answer a few questions about yourself. All this information will be kept confidential.

D1.	ASK IF NOT OBVIOUS. What is your gender?
	Male
D2.	In what year were you born?
	Year Refused7 Don't Know8
D3.	What is your highest education level?
	Less than high school diploma
D4.	Are you Spanish, Hispanic or Latino?
	Yes 1 No 2 Refused -7 Don't Know -8
D5.	What is your race? MARK ALL THAT APPLY.
	a. American Indian or Alaskan Native 1 b. Asian 2 c. Black or African-American 3 d. White/Caucasian 4 e. Native Hawaiian/Other Pacific Islander 5 f. Other Race 6 g. Refused -7 h. Don't Know -8
Office Client	Use Only:
Servi	ce Enrollment Date:
Date	of Survey Administration:

D6.	What is your marital status?
	Now married 1 Widowed 2 Divorced 3 Separated 4 Never married 5 Refused -7 Don't Know -8
D7.	Where is your home located? Would you say
	In a city 1 In a suburban area 2 In a rural area 3 Refused -7 Don't Know -8
D8.	We'd like to ask about who lives in your household. Do you
	a. Live alone
D9.	How many people live in your household, including yourself? Number of Household Members Refused

D10.	Thinking about the total combined income from all sources for all persons in your
	household, including income from jobs, Social Security, retirement income, public
	assistance, and all other sources was your total household annual income during the
	last calendar year above or below \$20,000?

D10a. Which category best describes your total household annual income during the last calendar year? Would you say...

D10b. Which category best describes your total household annual income during the last calendar year? Would you say...

GO TO CLOSE.

POMP Final: Physical Functioning and Health Module

(Telephone Version)

_														
Th	ese nex	ct few q	uestions	are abo	ut your he	ealt	th.							
	PF1. In	genera	ıl, would	you say	your hea	lth	is:							
	Excellent 1 Very Good 2 Good 3 Fair 4 Poor 5 Refused -7 Don't Know -8													
	PF2. Do	o you u	se any o	f the foll	owing aid	s?						-	ave you use	
										Don't	iot	- 6 ma	onths or lon	ger? Don't
						\	Yes	No	Refused	Know	Yes	No	Refused	
	PF2a. A	cane, cr	utches, o	r a walke	r	_	1	2	-7	-8	1	2	-7	-8
	PF2b. A	wheelch	air, elect	ric scoote	r, etc		1	2	-7	-8	1	2	-7	-8
	PF2c. A	hearing	aid				1	2	-7	-8	1	2	-7	-8
				ar, showe	er chair,		1	2	-7	-8	1	2	-7	-8
	PF3. At	 Refuse	 ed		prescript							-7	ay?	
		ehabilita Yes	tion cen	ter?	did you							1	ng home	or
		Refuse	ed he									-7		

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Don't Know-8

PF5. In the past 12 months, did you have to stay overnight in a hospital?
Yes 1 No 2 Refused -7 Don't Know -8
PF6. In the past 12 months, did you receive treatment in an emergency room?
Yes 1 No 2 Refused -7 Don't Know -8

We would like to ask you about some common activities of daily life and whether you usually need assistance with them. This does not include the effects of temporary conditions. If you use an aid or assistive device, please indicate if you still have difficulty when using the aid.

Because of a physical or mental health condition, do you have difficulty...

					Don't	If "Yes," do you need the help of another person?			
DE7	Callian annual INCIDE Ha	Yes	<u>No</u>	Refused	Know	Yes	<u>No</u>	Refused	Know
PF7.	Getting around INSIDE the home	1	2	-7	-8	1	2	-7	-8
PF8.	Getting around OUTSIDE the home, for example to shop or visit a doctor's office	1	2	-7	-8	1	2	-7	-8
PF9.	Getting in or out of a bed or a chair	1	2	-7	-8	1	2	-7	-8
PF10.	Taking a bath or shower	1	2	-7	-8	1	2	-7	-8
PF11.	Dressing	1	2	-7	-8	1	2	-7	-8
PF12.	Walking	1	2	-7	-8	1	2	-7	-8
PF13.	Eating	1	2	-7	-8	1	2	-7	-8
PF14.	Using or getting to the toilet	1	2	-7	-8	1	2	-7	-8
PF15.	Keeping track of money or bills	1	2	-7	-8	1	2	-7	-8
PF16.	Preparing meals	1	2	-7	-8	1	2	-7	-8
PF17.	Doing light housework, such as washing dishes or sweeping a floor	1	2	-7	-8	1	2	-7	-8
PF18.	Doing heavy housework, such as scrubbing floors and washing windows	1	2	-7	-8	1	2	-7	-8
PF19.	Taking the right amount of prescribed medicine at the right time	1	2	-7	-8	1	2	-7	-8
PF20.	Using the telephone	1	2	-7	-8	1	2	-7	-8

Now I would like to ask about medical conditions you may have.

PF21. Have you ever been told by a doctor, nurse, or other health care professional that you have...

		Yes	No	Refused	<u>Don't</u> Know
a.	Arthritis or rheumatism	1	2	-7	-8
b.	High blood pressure or hypertension	1	2	-7	-8
c.	A heart attack, coronary heart disease, angina,				
	congestive heart failure, or other heart problems	1	2	-7	-8
d.	High cholesterol	1	2	-7	-8
e.	Diabetes or high blood sugar	1	2	-7	-8
f.	Allergies, asthma, emphysema, chronic bronchitis,				
	or other breathing or lung problems	1	2	-7	-8
g.	Cancer or a malignant tumor, excluding minor				
	skin cancer	1	2	-7	-8
h.	Stroke	1	2	-7	-8
i.	Anemia	1	2	-7	-8
j.	Osteoporosis	1	2	-7	-8
k.	Kidney disease	1	2	-7	-8
١.	Eye or vision conditions such as glaucoma, cataracts,				
	macular degeneration or other medical conditions				
	[Does not include only wears glasses or contacts.]	1	2	-7	-8
m.	Oral health/tooth or mouth problems	1	2	-7	-8
n.	Hearing problems	1	2	-7	-8
Ο.	Emotional, nervous, or psychiatric problems	1	2	-7	-8
p.	Memory related disease such as Alzheimer's or				
	dementia	1	2	-7	-8
q.	Seizures or epilepsy	1	2	-7	-8
r.	Parkinson's	1	2	-7	-8
s.	Persistent pain, aching, stiffness or swelling around				
	a joint? [Includes broken bones and sprained				
	muscles, and bad backs, knees, shoulders, etc.]	1	2	-7	-8
t.	Multiple Sclerosis	1	2	-7	-8
u.	A serious problem with urinary incontinence	1	2	-7	-8
٧.	Something else?	1	2	-7	-8
	Please Specify				

GO TO NEXT MODULE OR CLOSE.

POMP Final: Social and Emotional Well-Being Module

(Telephone Version)

lese flext few questions are about your overall social and emotional weil-being.
SE1. During an average week, how many days are you in touch by phone, Internet, or in person with a friend, neighbor, or relative who <i>does not</i> live with you?
None 1 One day 2 Two days 3 Three days 4 Four days 5 Five days 6 Six days 7 Every day 8 Refused -7 Don't Know -8
SE2. Thinking about how often you are in touch with friends, neighbors, and relatives is this
Not enough (Would like to do more) 1 About enough 2 Too much 3 Refused -7 Don't Know -8
SE3. During an average week, how many days do you leave home to go to a movie, sports event, club meeting, class, or place of worship?
None 1 One day 2 Two days 3 Three days 4 Four days 5 Five days 6 Six days 7 Every day 8 Refused -7 Don't Know -8
SE4. Regarding your present social activities, do you feel that you are doing
Not enough (Would like to do more) 1 About enough 2 Too much 3 Refused -7 Don't Know -8
Office Use Only:
Client ID:

Service Enrollment Date: Date of Survey Administration:

SE5. In general, how would you describe your emotional well-being?
Excellent 1 Very Good 2 Good 3 Fair 4 Poor 5 Refused -7 Don't Know -8
SE6. During the past 30 days, how often have you had difficult or painful feelings such as stress, grief, worry, anger or loneliness?
Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5 Refused -7 Don't Know -8
SE7. During the past 30 days, to what extent have feelings such as stress, grief, worry, anger or loneliness interfered with your normal social activities with family, friends, neighbors, or groups?
Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5 Refused -7 Don't Know -8
GO TO NEXT MODULE OR CLOSE.