

**Companionship-Transportation Survey (Sample)****Retired Senior Volunteer Program (RSVP)****INDEPENDENT LIVING PERFORMANCE MEASURE SURVEY**

Thank you for taking the time to complete this survey. We would like to know how the RSVP Volunteer who has been assisting you has affected your life.

All information will be kept confidential; please do not disclose your name. You may choose not to answer questions.

<b>Because I have a RSVP volunteer...</b>	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>	<b>Not applicable</b>
<b>1) ... I feel less lonely.</b>					
<b>2) ... I feel I have close ties to more people.</b>					
<b>3) ... I can remain living in my own home.</b>					
<b>4) ... I am able to get to medical appointments.</b>					
<b>5) ... I am able to get to the grocery store</b>					
<b>6) ... I am able to take care of other necessary errands/appointments.</b>					
<b>7) Overall, I am satisfied with my RSVP volunteer.</b>					
<b>8) Overall, the RSVP has met my expectations.</b>					

**Feel free to comment on your experience on the back of this page.**