

Appendix H. Survey Helper Packet

Senior Corps Performance Measure Surveys

Survey Helper Packet

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**SENIOR COMPANION PROGRAM
INDEPENDENT LIVING PERFORMANCE MEASURE SURVEY**

Survey Helper Packet (pages 1-2): SAMPLE Client Survey

Thank you for taking the time to complete this survey. We would like to know how the Senior Companion 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.

This 1st question is about how many hours of service you receive in a typical week from your senior companion.

Tell us how many **TOTAL HOURS** in a typical week you received services.

Here is an example of how Mrs. Jones would answer question #1:

Her Senior Companion usually spends one hour on Monday with Mrs. Jones and two hours on Wednesday. Therefore, the total hours a week that she receives services is 3 hours a week.

1. In a typical week, my Senior Companion Volunteer is with me for

hours

Please turn the page for the questions 2-13

**SENIOR COMPANION PROGRAM
INDEPENDENT LIVING PERFORMANCE MEASURE SURVEY**

Because I Have a Senior Companion Volunteer ...

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
2) ... I feel less lonely.	1	2	3	4
3) ... I feel I have close ties to more people.	1	2	3	4
4) ... I am able to do more of the things I <u>need</u> to do.	1	2	3	4
5) ... I am able to do more of the things I <u>want</u> to do.	1	2	3	4
6) ... I can remain living in my own home.	1	2	3	4
7) ... I am eating regularly scheduled meals.	1	2	3	4
8) ... I am able to get to medical appointments.	1	2	3	4
9) ...I am able to get to the grocery store.	1	2	3	4
10) ... I am able to take care of other necessary errands/appointments.	1	2	3	4
11) ... I am more satisfied with my life.	1	2	3	4
12) Overall, I am satisfied with my Senior Companion volunteer.	1	2	3	4
13) Overall, the Senior Companion Program has met my expectations.	1	2	3	4

**SENIOR COMPANION PROGRAM
RESPIRE PERFORMANCE MEASURE SURVEY**

Survey Helper Packet (pages 3-4): SAMPLE Caregiver Survey

Thank you for taking the time to complete this survey. We would like to know how the Senior Companion Volunteer who has been providing respite care to you has affected your life (as the caregiver).

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

This 1st question is about how many hours of respite service you receive in a typical week from your senior companion.

Tell us how many **TOTAL HOURS** in a typical week you received respite services.

Here is an example of how Mrs. Smith (the caregiver) would answer question #1:

Her Senior Companion usually provides respite care by spending time with the person in Mrs. Smith's care. The Senior Companion comes to the home for one hour on Monday and two hours on Wednesday. Therefore, the total hours a week that Mrs. Smith receives respite services is 3 hours a week.

1. In a typical week, how many hours does your Senior Companion Volunteer provide respite services?

hours
of respite

Please turn the page for questions 2-12

**SENIOR COMPANION PROGRAM
RESPIRE PERFORMANCE MEASURE SURVEY**

Because I Have a Senior Companion Volunteer assisting with Respite Care ...

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
2) ... I feel less lonely.	1	2	3	4
3) ... I feel I have close ties to more people.	1	2	3	4
4) ... I am able to do more of the things I <u>need</u> to do.	1	2	3	4
5) ... I am able to do more of the things I <u>want</u> to do.	1	2	3	4
6) ... I am able to get short-term rest and relief.	1	2	3	4
7) ... I am able to find time to run errands.	1	2	3	4
8) ... I am able find time to attend to my personal and health care needs.	1	2	3	4
9) ... I am more satisfied with my life.	1	2	3	4
10) ... The person I care for is able to remain at home.	1	2	3	4
11) Overall, I am satisfied with the Caregiver Respite Senior Companion volunteer.	1	2	3	4
12) Overall, the Senior Companion Program has met my expectations.	1	2	3	4

Survey Helper Instructions

These are the instructions for giving out the survey. As always, if you are unsure about something, ask the staff person you report to: [NAME, TELEPHONE NUMBER].

You will need:

- the survey;
- an envelope with the project director's name and agency's address on the front; and
- an extra pencil or pen if the client/caregiver needs one.

1. Tell the client or caregiver about the survey. Do this by reading "Introduce the Survey" from the *Survey Fact Sheet*.

If you were instructed by staff to give the survey to a family member to complete for the client, read the introduction for the family member.

2. Ask if he/she has any questions.

If yes, give the answers that are on the *Survey Fact Sheet*. (If the *Survey Fact Sheet* doesn't have an answer, ask the staff person you usually report to.)

3. Ask if he/she is willing to do the survey. You can ask if they would like to see the survey before deciding to take it.

If yes, give the person the survey and enough time and space to fill it out with privacy. Leave the room if you can. Remind him/her not to put a name on it. Tell the person they can mail it later if they prefer.

If no, that's okay. At this point, you are done.

4. When the survey is finished, ask the person to put it into the envelope and seal it.

5. Return the sealed envelope to the staff person you report to. (If the person did not want to do the survey, return the unused survey and envelope.)

Survey Fact Sheet

Use this Fact Sheet to help you explain the survey and answer questions.

Introduce the Survey to a Client or Caregiver:

The Senior Companion Program is asking people who use their services to take a short survey measuring how having a Senior Companion has affected their life. Your participation is voluntary. You can choose not to take the survey. Your access to a Senior Companion will not be affected.

If you choose to take the survey, you can skip any questions you don't want to answer. If a question doesn't apply, just leave it blank. Do not put your name on the survey. The survey is confidential and results will only be reported in summary form with everyone's answers combined.

Introduce the Survey to a Family Member of the Client (only if instructed by staff):

The Senior Companion Program is asking people who use their services to take a short survey. They would like to know how having a Senior Companion has affected their clients' lives. Would you be willing to take the survey for your family member? Participation is voluntary. You can choose not to take the survey. Your family member's access to a Senior Companion will not be affected.

If you choose to take the survey, you will need to answer the way you believe your family member would answer. You can skip any questions you don't want to answer. If a question doesn't apply, or you are unsure of how your family member would feel about it, just leave it blank. Do not put your name on the survey. The survey is confidential and results will only be reported in summary form with everyone's answers combined.

Would you be willing to take the survey for your family member?

Questions

Why am I being asked to do this survey? The Senior Companion Program wants to learn how this support may affect a person's life, and how to improve services.

What does the survey ask? What is the survey about? The survey asks questions about aspects of your daily life. [Offer client or caregiver an opportunity to look at the survey before deciding whether to participate.]

Do I have to do the survey? No, the survey is voluntary, and your access to a Senior Companion will not be affected if you choose not to take the survey.

Can I choose not to answer some of the questions? Yes, you can leave any question blank.

What if a question does not apply to my situation? You can leave that question blank.

Who will see my answers? The director of our Senior Companion program will put all responses together. No names are on the surveys, so no one will know who did which survey.

Can you fill it out for me? No, the questions ask about your life and how you feel.

Can someone else fill it out for me? (clients) Yes, if you are unable to fill out a survey, a family member can fill out the survey for you.

Can my Senior Companion help me fill it out? No, but someone else from the Senior Companion Program can help. If you would like some help, someone from [the project/agency] will contact you.

What does this question (or word) mean? There is not one "correct" meaning. Just respond based on whatever it means to you.

The hours my Senior Companion visits are not the same every time. How do I answer question #1? Think about a typical week. About how many hours does the Companion visit in a typical week?