

POMP 6 Home and Community Service Recipients Survey

June 15, 2005

Establishing Contact

Hello. My name is _____ [your name]. May I please speak with _____ [Name of client or name of caregiver or other proxy, if known that client cannot participate.]

[If you learn on this call that the client has dementia or is too frail to participate, ask if the person you're speaking to feels that he or she would be able to answer the survey speaking for the client (serve as a proxy). This should be a person who knows the client well, preferably a family member or close friend who lives with and/or gives substantial care to the client. A paid caregiver may not be a proxy. If this person cannot be a proxy, ask for the name and number of a friend or family member who might be able to do so.]

Introductory Script

[If you have already given your name to the person you will be interviewing, start with "I'm calling. . ."]

Hello. My name is _____ [your name] and ***I'm calling*** to ask you to participate in a survey being conducted by _____ [organization: state unit, AAA, whatever].

_____ [Time frame, "About a week ago" "Last June" etc.] you received a letter from [agency's name] telling you about our survey of people age 60 or older receiving one or more services supported in part by the Older Americans Act. This may be a service for active, healthy people, such as transportation or eating lunch or dinner at a senior center, or a service for people who need a little more help, such as an aide to help with bathing and dressing.

I just want to remind you of what that letter said. . .that your answers can help make services for older people in our area better, but it is your decision whether you want to participate or not. Your services will NOT be affected in any way—good or bad—by what you say, or by whether or not you want to participate. Even if you agree to participate, you can still tell me if you don't want to answer any particular questions that I ask.

Would this be a good time for you to take the survey?

If YES, proceed to survey on next page.

If NO, try to make an appointment and record on cover sheet.

If they refuse to participate, record that on the cover sheet.

Answering Machine Script

This is _____ [your name] and I'm calling about a survey being conducted by _____. We are calling to talk to people ages 60 and older about the quality of any services they receive. You probably received a letter from [agency's name] telling you about our survey. We really hope we have a chance to speak with you. We will call back within the next few days.

Thank you.

Interviewer Use only:

Client ID _____ Date: _____

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Interview completed with:

- Client Interpreter
 Caregiver/Proxy

Part 1. Service Mix

1. In the past 6 months, have you eaten **lunch or dinner** at a senior center or a program that provides a meal and activities for older people?

- 1 Yes → **Continue with questions on this page**
0 No → **Skip to question 2 on the next page.**

1A. How long ago did you begin eating at the senior center or meal site? (Use the closest whole month.)

- 1 Less than 6 months → **Skip to question 2 on the next page**
2 7 months to 1 year -7 refused
3 More than 1 year -8 don't know

1B. How often do you eat lunch or dinner there?

- 1 5 or more times per week -7 refused
2 2 to 4 times per week -8 don't know
3 Once per week
4 1 to 3 times per month
5 Less than once per month

1C. When was the last time you ate lunch there? ____ (#) Check units: days weeks months Ago

1D. Has eating lunch or dinner there been helpful? Would you say it. . .?

- 1 Helped a lot -7 refused
2 Helped a little -8 don't know
3 Didn't help
4 Made things worse

1E. How would you rate the quality of the meal program?

- 1 Excellent -7 refused
2 Very good -8 don't know
3 Good
4 Fair
5 Poor

1F. On the days you eat there, how much of your food that day comes from that meal? Would you say . . .

- 1 Less than 1/3 -7 refused
2 1/3 to 1/2 -8 don't know
3 About 1/2
4 More than 1/2

1G. While you are there, do you learn about better nutrition and safety tips for storing food?

- 1 Yes 0 No -7 refused -8 don't know

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2. In the past 6 months, have you received a **home-delivered** lunch or other meal?

- 1 Yes → **Continue with questions on this page**
0 No → **Skip to question 3 on the next page.**

2A. How long have you received this service? (Use the closest whole month.)

- 1 Less than 6 months → **Skip to question 3 on the next page**
2 7 months to 1 year -7 refused
3 More than 1 year -8 don't know

2B. How often do you receive a home-delivered meal?

- 1 5 or more times per week -7 refused
2 2 to 4 times per week -8 don't know
3 Once per week
4 1 to 3 times per month
5 Less than once per month

2C. When was the last time you received a meal? ____ (#) Check units: days weeks months Ago

2D. Has receiving a home-delivered meal been helpful? Would you say it. . .?

- 1 Helped a lot -7 refused
2 Helped a little -8 don't know
3 Didn't help
4 Made things worse

2E. How would you rate the quality of the home-delivered meal program?

- 1 Excellent -7 refused
2 Very good -8 don't know
3 Good
4 Fair
5 Poor

2F. On the days you get a meal, how much of your food that day comes from that meal?
Would you say . . .

- 1 Less than 1/3 -7 refused
2 1/3 to 1/2 -8 don't know
3 About 1/2
4 More than 1/2

2G. Do you sometimes get information with your meals about subjects like better nutrition and safety tips for storing food?

- 1 Yes 0 No -7 Refused -8 Don't know

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3. Do you get **transportation** to the doctor or other medical appointments such as dialysis?

- 1 Yes → **Continue with questions on this page**
0 No → **Skip to question 4 on the next page.**

3A. How long have you received this service? (Use the closest whole month.)

- 1 Less than 6 months → **Skip to question 4 on the next page**
2 7 months to 1 year -7 refused
3 More than 1 year -8 don't know

3B. How often do you get transportation to a medical appointment?

- 1 5 or more times per week -7 refused
2 2 to 4 times per week -8 don't know
3 Once per week
4 1 to 3 times per month
5 Less than once per month

3C. When was the last time you used this service? ____ (#) Check units: days weeks months Ago

3D. Has transportation to medical appointments been helpful? Would you say it. . .?

- 1 Helped a lot -7 refused
2 Helped a little -8 don't know
3 Didn't help
4 Made things worse

3E. How would you rate the quality of the medical transportation program?

- 1 Excellent -7 refused
2 Very good -8 don't know
3 Good
4 Fair
5 Poor

3F. For all your trips to the doctor or other medical appointments since you started receiving this service, would you say you use the service for. . .

- 1 Just a few trips -7 refused
2 About 1/4 -8 don't know
3 About 1/2
4 About 3/4
5 All or nearly all

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4. Do you get **transportation** such as a van or bus to go shopping, on errands, to a meal program, or to the senior center?

- 1 Yes → **Continue with questions on this page**
- 0 No → **Skip to question 5 on the next page.**

4A. How long have you received this service? (Use the closest whole month.)

- 1 Less than 6 months → **Skip to question 5 on the next page**
- 2 7 months to 1 year -7 refused
- 3 More than 1 year -8 don't know

4B. How often do you get transportation to any of these places? (Do not count transportation to the doctor's office or other medical appointments.)

- 1 5 or more times per week -7 refused
- 2 2 to 4 times per week -8 don't know
- 3 Once per week
- 4 1 to 3 times per month
- 5 Less than once per month

4C. When was the last time you used this service? ____ (#) Check units: days weeks months Ago

4D. Has this transportation been helpful? Would you say it. . .

- 1 Helped a lot -7 refused
- 2 Helped a little -8 don't know
- 3 Didn't help
- 4 Made things worse

4E. How would you rate the quality of the transportation program?

- 1 Excellent -7 refused
- 2 Very good -8 don't know
- 3 Good
- 4 Fair
- 5 Poor

4F. For all your trips (not counting medical appointments) since you started receiving this service, would you say you use the service for. . .

- 1 Just a few trips -7 refused
- 2 About 1/4 -8 don't know
- 3 About 1/2
- 4 About 3/4
- 5 All or nearly all

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5. Do you have an **aide** who helps with housework?

- 1 Yes → **Continue with questions on this page**
- 0 No → **Skip to question 6 on the next page.**

5A. How long have you received this service? (Use the closest whole month.)

- 1 Less than 6 months → **Skip to question 6 on the next page**
- 2 7 months to 1 year -7 refused
- 3 More than 1 year -8 don't know

5B. How often does an aide come to help with housework?

- 1 5 or more times per week -7 refused
- 2 2 to 4 times per week -8 don't know
- 3 Once per week
- 4 1 to 3 times per month
- 5 Less than once per month

5C. When was the last time you used this service? ____ (#) Check units: days weeks months Ago

5D. Has the aide service been helpful? Would you say it. . .?

- 1 Helped a lot -7 refused
- 2 Helped a little -8 don't know
- 3 Didn't help
- 4 Made things worse

5E. How would you rate the quality of your aide service?

- 1 Excellent -7 refused
- 2 Very good -8 don't know
- 3 Good
- 4 Fair
- 5 Poor

5F. Can you depend on your aide to do the tasks that she or he is supposed to do?

- 1 Yes -7 refused
- 2 Sometimes -8 don't know
- 3 No

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6. Do you have an **aide** who helps with **bathing or dressing or other personal care (not housework)**?

- 1 Yes → **Continue with questions on this page**
- 0 No → **Skip to question 7 on the next page.**

6A. How long have you received this service? (Use the closest whole month.)

- 1 Less than 6 months → **Skip to question 7 on the next page**
- 2 7 months to 1 year -7 refused
- 3 More than 1 year -8 don't know

6B. How often does an aide come to help you with any kind of personal care?

- 1 5 or more times per week -7 refused
- 2 2 to 4 times per week -8 don't know
- 3 Once per week
- 4 1 to 3 times per month
- 5 Less than once per month

6C. When was the last time you used this service? ____ (#) Check units: days weeks months Ago

6D. Has the aide service been helpful? Would you say it. . . ?

- 1 Helped a lot -7 refused
- 2 Helped a little -8 don't know
- 3 Didn't help
- 4 Made things worse

6E. How would you rate the quality of your aide service?

- 1 Excellent -7 refused
- 2 Very good -8 don't know
- 3 Good
- 4 Fair
- 5 Poor

6F. Can you depend on your aide to do the tasks that she or he is supposed to do?

- 1 Yes -7 refused
- 2 Sometimes -8 don't know
- 3 No

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7. Do you go to an **adult day care** or **adult day health** center? An adult day care center is not a senior center. It has an organized program of group activities like a senior center, but it also provides supportive services and monitoring for people who cannot stay by themselves during the day.

- 1 Yes → **Continue with questions on this page**
- 0 No → **Skip to question 8 on the next page.**

7A. How long have you been going to adult day care? (Use the closest whole month.)

- 1 Less than 6 months → **Skip to question 8 on the next page**
- 2 7 months to 1 year -7 refused
- 3 More than 1 year -8 don't know

7B. How often do you go to adult day care?

- 1 5 or more times per week -7 refused
- 2 2 to 4 times per week -8 don't know
- 3 Once per week
- 4 1 to 3 times per month
- 5 Less than once per month

7C. When was the last time you used this service? ____ (#) Check units: days weeks months Ago

7D. Has adult day care been helpful? Would you say it. . .?

- 1 Helped a lot -7 refused
- 2 Helped a little -8 don't know
- 3 Didn't help
- 4 Made things worse

7E. How would you rate the quality of your adult day care service?

- 1 Excellent -7 refused
- 2 Very good -8 don't know
- 3 Good
- 4 Fair
- 5 Poor

7F. Do you think that going to the day care center has helped you enjoy life more?

- 1 Yes -7 refused
- 2 Sometimes -8 don't know
- 3 No

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I am going to read you brief descriptions of **additional services** that some people receive. For each one, will you just tell me “yes” or “no” if you have received that service at any time in the past 6 months?

Service	Yes	No
8. A case manager who helps you get services and calls to check on how you are doing and how you like your services	1	0
9. A nutrition counselor who gives you individual advice on what you should eat based on your general health, chronic conditions, medications, and your usual food choices	1	0
10. A paid or volunteer companion who stays with you so that a friend or family member who usually helps you can get a break	1	0
11. A daily “check in” call to make sure you’re ok	1	0
12. Yard work or little repairs around the house	1	0
13. Large home repairs (Specify) _____	1	0
14. Legal services (other than paid services from your own lawyer)	1	0
15. Health screenings such as blood pressure checks or mammograms (other than those from your own doctor)	1	0
16. Flu shots, pneumonia shots or other immunizations (other than those from your own doctor)	1	0
17. Exercise or fitness classes or use of exercise equipment at a senior center or other program for older adults	1	0
18. Help managing your medications , understanding how much to take, how often and whether it works with your other medicines	1	0
19. Other: (Specify) _____	1	0
20. Other: (Specify) _____	1	0
21. Other: (Specify) _____	1	0

22. If client said “yes” to at least one service (questions 1 through 18), ask “Do you receive any of the services you have told me about from a Senior Center?”

1 Yes 0 No -7 Refused -8 Don't Know

23. Do you always have enough money or food stamps to buy the food you need?

1 Yes 0 No -7 Refused -8 Don't Know

24. In addition to the services we’ve talked about, are you receiving any of these other types of assistance. . .?

	Yes	No	Refused	Don't Know
a. Food stamps?	1	0	-7	-8
b. Energy Assistance?	1	0	-7	-8
c. Medicaid?	1	0	-7	-8
d. Housing Assistance?	1	0	-7	-8

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Part 3. Outcomes/Satisfaction with Service Mix

27. As a result of receiving this set of services (*this service*—if only one named), do you . . . ?

	Yes	Sometimes	No	Not Applicable	Refused (-7) or DK(-8)
a. Enjoy your life more?	1	2	3	-1	
b. Feel better able to do the things you want to do?	1	2	3	-1	
c. Believe that the services are helping you to be able to live at home?	1	2	3	-1	
d. Think that your family has been able to keep helping you longer than would have been possible without these services?	1	2	3	-1	
e. Know who to turn to for information and help?	1	2	3	-1	
f. Have more to look forward to each day?	1	2	3	-1	
g. Feel safer?	1	2	3	-1	
h. Feel less worried?	1	2	3	-1	
i. Eat better?	1	2	3	-1	
j. See your friends more often?	1	2	3	-1	
k. Get more exercise?	1	2	3	-1	

28. Thinking about your services, in general, do you agree or disagree with these statements?

	Yes	Sometimes	No	Not Applicable	Refused (-7) or DK(-8)
a. The people who give these services are generally courteous.	1	2	3	-1	
b. The people who give these services do the things they are supposed to do.	1	2	3	-1	
c. You can count on the people who give these services to show up when they are supposed to come.	1	2	3	-1	
d. You would recommend these services to a friend or family member who needs them.	1	2	3	-1	
e. The people who give these services have also helped you learn about other services in your community.	1	2	3	-1	

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	Yes	Sometimes	No	Not Applicable	Refused (-7) or DK(-8)
f. When you can't get your regular services because of bad weather, someone calls to let you know and make sure you are ok.	1	2	3	-1	

29. How has this set of services affected you?

Part 4. Physical, Social and Emotional Functioning

30. In general, would you say your health is . . . ?

1 Excellent 2 Very Good 3. Good 4. Fair 5. Poor -7 Refused -8 DK

31. Compared to one year ago, how would you rate your health in general **now**? (Please choose only one.)

- Much better than one year ago 1
- Somewhat better than one year ago 2
- About the same as one year ago 3
- Somewhat worse than one year ago 4
- Much worse than one year ago 5
- Refused -7
- Don't know -8

32. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? |__|__| days

33. Do you have difficulty . . . ?

	Yes	No	Refused	DK
a. taking a bath or shower?	1	0	-7	-8
b. walking?	1	0	-7	-8
c. getting around inside your home?	1	0	-7	-8
d. getting in or out of a bed or a chair?	1	0	-7	-8
e. getting dressed?	1	0	-7	-8
f. eating?	1	0	-7	-8
g. using or getting to the toilet?	1	0	-7	-8

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34. During an average week, how many days are you in touch by phone, internet, or in person with a friend, neighbor, or relative who **does not** live with you?

1 None 2 Some days 3 Every day -7 Refused -8 DK

35. Thinking about how often you are in touch with friends, neighbors, and family, is this . . . ?

1 About enough? 2 Too much? 3 Not enough -7 Refused -8 DK
(would like to do more)?

36. During the past two weeks, to what extent have feelings such as worries, fears, or sadness interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all..... 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5
Refused -7
Don't know -8

37. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

|_|_| days

38. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? |_|_|_| days

Part 5. Demographic Characteristics

D1. [RECORD SEX OF RESPONDENT. IF NOT OBVIOUS, ASK:] What is your gender?

Male 1
Female 2

D2. What is your age? |_|_|_| (years) [Interviewer, please enter actual age, not date of birth. If client gives you date of birth, compute age before sending to data entry.]

D3. Are you Spanish, Hispanic or Latino? 1 Yes 0 No

D4. What is your race? [CHECK ALL THAT APPLY]

	<u>Yes</u>	<u>No</u>
A. White or Caucasian	<input type="checkbox"/> 1	<input type="checkbox"/> 0
B. Black or African American	<input type="checkbox"/> 1	<input type="checkbox"/> 0
C. Asian	<input type="checkbox"/> 1	<input type="checkbox"/> 0
D. American Indian or Alaska Native	<input type="checkbox"/> 1	<input type="checkbox"/> 0
E. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> 1	<input type="checkbox"/> 0
F. Other (Specify: _____) .	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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D5. Where is your home located?

- In a City 1
- In a Suburban Area 2
- In a Rural Area. 3

D6. Including yourself, how many people live in your household? |_|_| people

D7. Thinking about the total combined income from all sources for all persons in this household, was your total household annual income during the year 2004 above or below \$20,000? [IF NEEDED: including income from jobs, Social Security, retirement income, public assistance, and all other sources]

- Below \$20,000 [GO TO D8]** 1
- Above \$20,000 [SKIP TO D9]** 2
- Refused [**SKIP TO END**] -7
- Don't know [**SKIP TO END**] -8

D8. Which category best describes your total household annual income during the year 2004?

- \$10,000 or less 1
- \$10,001 to \$15,000 2
- \$15,001 to \$20,000 3
- Refused -7
- Don't know -8

[SKIP TO END]

D9. Which category best describes your total household annual income during the year 2004?

- \$20,001 to \$25,000 1
- \$25,001 to \$30,000 2
- \$30,001 to \$35,000 3
- \$35,001 to \$40,000 4
- Over \$40,000 5
- Refused -7
- Don't know -8

That is the end of the survey. Thank you for your help.

[Say goodbye. You may offer any additional *sincere* expression of appreciation that feels natural, such as "Thank you for talking with me" or I enjoyed talking with you".]

Interviewer Use only:

Client ID _____

Date: _____