

Home-Based Services/Brief Mail Survey

November 19, 2007

Before you begin completing this questionnaire, please indicate if you receive services or you are answering for a person who does.

Please check if you are the Service Recipient.....

If not, please check if you are responding as a proxy for the Service Recipient.

What is your relationship to (Service Recipient) client?

- Spouse.....
- Child.....
- Sibling.....
- Other relative.....
- Friend/Neighbor.....
- Other?.....
- (SPECIFY)_____

If you are answering as a proxy for the Service Recipient, please answer the questions as you believe the Service Recipient would.

Are you the primary caregiver for the service recipient?

- Yes.....
- No.....

Our agency is interested in finding out about the quality and effectiveness of services you receive or recently received as part of the (_____) program. Our records indicate that you receive services (such as home delivered meals, homemaker, or assistance with bathing or dressing) in your home.

11. Is that correct?

- Yes.....
- No.....

If you receive or recently received services in your home, please continue. If not, please return the survey in the envelope provided. Thank you for your time.

The survey will take about 5 minutes to complete. Your answers will be used to help us make services better. We encourage you to participate, and your services will not be affected in any way whether you participate or not or by how you answer any of the questions. Your answers will be confidential.

Office Use Only:

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Client ID: _____

Date: _____

Agency Name: _____

Please check the response that best applies to you.

1. Do the services you receive meet most of your needs?

- Yes.....
- No
- Undecided/Don't Know

2. Do the services help you to stay in your home?

- Yes.....
- No
- Undecided/Don't Know

3. Are the services effective in helping you in your everyday life?

- Yes.....
- No
- Undecided/Don't Know

4. Would you recommend these services to a friend or family member who needs them?

- Yes.....
- No
- Undecided/Don't Know

5. Overall, how would you rate the quality of the services you have received?

- Excellent
- Very Good
- Good
- Fair.....
- Poor
- Don't Know

6. From your perspective, how could these services be improved? (Check all that apply.)

No Suggestion:

I do not know how services could be improved

Administrative Issues:

a. Fewer rules and regulations.....

b. Less paperwork.....

c. More helpful and useful information.....

Worker Specific Issues:

d. Better trained and skilled workers.....

e. Workers with a more professional attitude.....

f. Workers come as scheduled.....

g. Workers arrive on time and stay the full amount of time

h. Workers more respectful.....

i. Workers more personable and friendly.....

Service Issues:

j. Services provided when needed.....

k. Same worker each time

l. I could choose the worker

m. More of current service

Other:

n. Other?

(SPECIFY) _____

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

D1. What is your gender?

MALE

FEMALE

D2. In what year were you born?

YEAR|_|_|_|_|

DON'T KNOW

D3. What is your highest education level?

Less than high school Diploma

High school Diploma.....

Some college, including Associate degree.....

Bachelor's Degree

Some post-graduate work or advanced degree...

DON'T KNOW

D4. Are you Spanish, Hispanic or Latino?

- YES.....
- NO
- DON'T KNOW

D5. What is your race? Check all that apply.

- a. American Indian or Alaskan Native
- b. Asian
- c. Black or African-American
- d. White/Caucasian.....
- e. Native Hawaiian/Other Pacific Islander
- f. Other Race

D6. What is your marital status?

- Now married
- Widowed
- Divorced.....
- Separated
- Never married.....
- DON'T KNOW

D7. Where is your home located? Would you say...

- In a City,.....
- In a Suburban Area, or
- In a Rural area?.....
- DON'T KNOW

D8. We'd like to ask about who lives in your household. Do you...

- a. Live alone?
- b. Live with your spouse?
- c. Live with your children?
- d. Live with other relatives?
- e. Live with domestic partner?
- f. Live with non-relatives other than domestic partner? ..

D9. How many people live in your household, including yourself? (If you reported that you live alone, put 1.)

- NUMBER OF HOUSEHOLD MEMBERS..... |_|_|
- DON'T KNOW

D10. Which category best describes your total gross household annual income for the last 12 months?
Would you say...

- \$5,000 or less
- \$5,001 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$75,000
- Over \$75,000?
- DON'T KNOW

Thank you for participating in this important survey.