

Recipient Post-Survey  
Welcome to the Community Care Corps Survey!



You are being asked to complete this survey because you receive services from an organization funded through Community Care Corps.

The information you provide is extremely valuable. It helps us understand what makes this organization's program helpful to the community.

You are not asked to provide your name or other identifying information. All your responses will be kept confidential. Except for your Participant ID, the state you live in, and the organization you are affiliated with, you can skip any questions you do not feel comfortable answering.

The information you provide will not impact your ability to receive services from or volunteer with this organization.

We know your time is valuable and we appreciate you taking some of it to help us with this project!

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*The following section is **MANDATORY**.*

In order to keep all the information you give us together we need you to create a participant ID. Your ID will be the first two letters of your first name, the first two letters of your last name, and the last two numbers of your birth year.

For example, my name is **Maria Jones** and I was born in **1971**. My ID is **MAJO71**.

**Please write your answer(s) here:**

First two letters of your FIRST name: \_\_\_\_\_

First two letters of your LAST name: \_\_\_\_\_

Last two numbers of your BIRTH year: \_\_\_\_\_

**What state do you currently live in?** \_\_\_\_\_

**What organization do you currently receive services from?** Please choose **only one** of the following:

- |  |   |
|--|---|
| <input type="radio"/> Agency on Aging of South Central Connecticut (AOASCC)    | <input type="radio"/> Lifespan of Greater Rochester, Inc.                             |
| <input type="radio"/> Aging Clinic of the Rockies at Colorado State University | <input type="radio"/> Lori's Hands, Inc.  |
| <input type="radio"/> Aroostook Agency on Aging (AAAA)                         | <input type="radio"/> Lutheran Social Service of Minnesota (LSS)                      |
| <input type="radio"/> Catholic Charities Southwestern Ohio (CCSWO)             | <input type="radio"/> Lutheran Social Services of North Dakota (LSSND)                |
| <input type="radio"/> Catholic Community Service, Inc. (CCS)                   | <input type="radio"/> New Mexico Caregivers Coalition (NMCC)                          |
| <input type="radio"/> CBVFR Auxiliary, Inc.                                    | <input type="radio"/> North Coast Opportunities, Inc. (NCO)                           |
| <input type="radio"/> Clackamas County Social Services (CCSS)                  | <input type="radio"/> Retired and Senior Volunteer Program of Rock County (RSVP Rock) |
| <input type="radio"/> DOROT, Inc.  | <input type="radio"/> ShareCare of Leelanau, Inc.                                     |
| <input type="radio"/> ElderSource  | <input type="radio"/> Shepherd's Centers of America (SCA)                             |
| <input type="radio"/> Good Shepherd Interfaith Volunteer Caregivers (GSIVC)    | <input type="radio"/> St. Agnes Hospital Foundation, Inc.                             |
| <input type="radio"/> Jewish Family Services of Washtenaw County (JFS)         | <input type="radio"/> Villages of the Berkshires (VoB)                                |
|  | <input type="radio"/> Volunteers of America (VOA), Northern Colorado Services         |

The following section is NOT mandatory, and you can skip any questions you do not feel comfortable answering.

## RECIPIENT – SERVICE DESCRIPTION

**What non-medical volunteer services are you receiving from this organization?** Please select **all** that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Companionship/friendly visit/reassurance (e.g., in-person, phone check-ins, face-to-face video calls, emails, etc.) | <input type="checkbox"/> Meal assistance                            |
| <input type="checkbox"/> Travel companion/chaperone  | <input type="checkbox"/> Light yard maintenance                     |
| <input type="checkbox"/> Non-emergency medical appointment companion/chaperone   | <input type="checkbox"/> Minor home modifications                   |
| <input type="checkbox"/> Transportation assistance   | <input type="checkbox"/> Grocery shopping                           |
| <input type="checkbox"/> Patient advocacy  | <input type="checkbox"/> Picking up prescriptions/medical equipment |
| <input type="checkbox"/> Safety checks   | <input type="checkbox"/> Other errands                              |
| <input type="checkbox"/> Light chores/help around the home   | <input type="checkbox"/> Peer counseling                            |
| <input type="checkbox"/> Laundry   | <input type="checkbox"/> Recreational companion/chaperone           |
| <input type="checkbox"/> Food preparation  | <input type="checkbox"/> Stress reduction                           |
|  | <input type="checkbox"/> Unsure                                     |

**How long have you been receiving volunteer services from this organization?** Please choose only **one** of the following:

- Less than 6 months
- 6 months – 1 year
- 1 – 3 years
- 4 years or more

**Would you recommend this organization to a friend or family member who could benefit from the services it offered?**

Please choose only **one** of the following:

- Yes
- No
- Unsure

**Do you want to continue to receive services from this organization?** Please choose only **one** of the following:

- Yes
- No
- Unsure

If you answered **No** above, please choose **all** that apply:

- I no longer require services
- I am dissatisfied with the services provided by this organization
- I am dissatisfied with the volunteer(s) from this organization
- I am dissatisfied with the staff at this organization
- I need more comprehensive care
- I will be receiving services elsewhere
- Other: \_\_\_\_\_

**Do you have any say in when this organization provides service(s) to you (i.e., day of the week and time of day)?**

Please choose only **one** of the following:

- Yes
- No
- Sometimes

**If you ever have a question or concern about the service(s) you are receiving, do you know whom to contact?** Please choose only **one** of the following:

- Yes
- No
- Unsure

**Would it be easy to replace the service(s) provided if volunteers from this organization were no longer available?** Please choose only **one** of the following:

- Yes
- No
- Unsure

#### **RECIPIENT – EXPERIENCE**

**The volunteers are friendly, and I enjoy being around them.** Please choose only **one** of the following:

- Strongly agree
- Somewhat agree
- Neither agree/disagree
- Somewhat disagree
- Strongly disagree
- Does not apply

**Do you feel the volunteers are well-trained to provide the service(s) you receive?** Please choose only **one** of the following:

- Yes
- No
- Unsure

**How satisfied are you with the service(s) the volunteers provide?** Please choose only **one** of the following:

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied/dissatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

**How difficult is it for you to maintain your current living situation?** Please choose only **one** of the following:

- Not at all difficult
- Somewhat difficult
- Difficult
- Extremely difficult

**The services provided by the volunteers make it easier for me to maintain my current living situation.** Please choose only **one** of the following:

- Strongly agree
- Somewhat agree
- Neither agree/disagree
- Somewhat disagree
- Strongly disagree

**During the past month please rate how much difficulty you've had with each of the following tasks:** Please choose the appropriate response for each item:

|                            | No Difficulty         | Some Difficulty       | A Lot of Difficulty   | Usually was Unable to Do |
|----------------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Eating                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Dressing                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Bathing                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Cleaning                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Light yard work            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Home maintenance           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Running errands            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Grocery shopping           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Driving a car              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Using other transportation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |

**RECIPIENT – QUALITY OF LIFE**

**How would you rate your quality of life?** Please choose only **one** of the following:

- Very good
- Good
- Fair
- Poor
- Very poor

**During the past month, how often have you felt downhearted and blue?** Please choose only **one** of the following:

- All of the time
- Most of the time
- Some of the time
- Never

**During the past month, how often have you felt worried?** Please choose only **one** of the following:

- All of the time
- Most of the time
- Some of the time
- Never

**During the past month, how often have you felt lonely?** Please choose only **one** of the following:

- All of the time
- Most of the time
- Some of the time
- Never

**Overall, how would you describe your physical health?** Please choose only **one** of the following:

- Excellent
- Good
- Fair
- Poor

**Overall, how would you describe your mental health?** Please choose only **one** of the following:

- Excellent
- Good
- Fair
- Poor

**RECIPIENT – DEMOGRAPHICS**

**What is your annual household income?** Please choose only **one** of the following:

- \$0 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000+
- Prefer not to answer

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Thank you for completing this survey.