

Note: some introductory questions related to call back and refusals are not included in this appendix. They are available upon request.

# Appendix A: ADRC\_2015 Survey

## NTRO1

**Hello, my name is \$I and I'm calling from Portland State University.  
May I please speak to <FNAME> <LNAME>?**

Local ADRC Agency Name: <AGENCY>  
ADRC Staff Member: <AGENT>

In some cases, the consumer may not have been the person to call about services. If the "CALLER" information on the introduction screen is filled in, that means someone else may have called on the consumer's behalf. Usually, you should first try to call and conduct the survey with the consumer directly, but if needed, it is okay to do the survey with the caller or secondary contact instead - this is when you would use the alternative "family text." Always read the "CB Notes" before calling for important notes about what to expect or if you should consider calling someone else.

Non-Consumer Caller's Name: <C\_FNAME> <C\_LNAME>  
Non-Consumer Caller's Phone Number: <C\_PHONE>

### Choices

Yes, CONTINUE	01	D
Schedule CB w/ Specific Time	02	==> INT50
Soft Refusal (Not Interested/Not Now, Generic Callback)	03	==> INT55
*****		
Social Service Agency Employee	04	==> INT14
Cannot Reach Someone Knowledgeable about Services	05	==> INT13
Disability Barrier	06	==> INT09
Non-Residential Number	07	==> INT04
Immediate Hang Up	08	==> INT95
Hard Refusal or Never Callback	09	==> INT91

## NTRO2

**I'm calling because you or a family member contacted the Aging & Disability Services, also known as the ADRC, during the past 2 months. We're conducting a brief survey about your experiences and opinions with the program. It is very important for us to understand what is working well and how to improve the ADRC. Would now be a good time to talk?**

Local ADRC Agency Name: <AGENCY>  
ADRC Staff Member: <AGENT>

Non-Consumer Caller's Name: <C\_FNAME> <C\_LNAME>  
Non-Consumer Caller's Phone Number: <C\_PHONE>

If R is unfamiliar with the "ADRC", try referring to it as "Aging & Disability Resource Connections," "Senior Services," "Aging Services," or "Disability Services" instead to explain what it is. IWR Note: The ADRC

helps connect people to various services including: housekeeping services, transportation services, home modification services, personal care help, delivered meals, health management, or help applying for financial assistance (i.e., insurance, food stamps, Medicaid, heating bill assistance).

IWR Note: If R has only contacted the ADRC through the website or a phone call to schedule an appointment, and has had no further contact with anyone from ADRC, you can 'Quit' the survey and code the call as a 'Contact with ADRC was ONLY via the website, or a call to set up an appointment' Please be sure to describe the situation in the notes.

### Choices

Yes, CONTINUE	01	D	
Schedule CB w/ Specific Time	02		==> INT50
Soft Refusal (Not Interested/Not Now, Generic Callback)	03		==> INT55
*****			
Social Service Agency Employee	04		==> INT14
Cannot Reach Someone Knowledgeable about Services	05		==> INT13
Disability Barrier	06		==> INT09
Non-Residential Number	07		==> INT08
Immediate Hang Up	08		==> INT95
Hard Refusal or Never Callback	09		==> INT91

## SECTION 1

**Great, this survey will take about 15 to 20 minutes to complete. Your answers will be kept completely confidential. Your participation is voluntary and will not affect your services or your relationship with the ADRC. You can stop at any time and skip any item you don't want to answer. I would like to begin by asking about your first experience with the ADRC.**

Call Date: <CALLDATE>

ADRC Staff Member: <AGENT>

Local ADRC Agency Name: <AGENCY>

If R is unfamiliar with the "ADRC", try referring to it as "Aging & Disability Resource Connections," "Senior Services," "Aging Services," or "Disability Services" instead to explain what it is.

IWR Note: The ADRC helps connect people to various services including: housekeeping services, transportation services, home modification services, personal care help, delivered meals, health management, or help applying for financial assistance (i.e., insurance, food stamps, Medicaid, heating bill assistance).

### Choices

Press Enter to Continue	0	D
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## Q1

DO NOT READ OPTIONS; SELECT ONLY ONE

**How did you first learn about the ADRC?**

### Choices

Family	01
Friend	02
Hospital / clinic / doctor / nurse	03
Nursing home / assisted living	04
Phone book	05

Recommendation / word of mouth	06	
Brochure/flyer	07	
Media / newspaper / TV / radio	08	
Referral from another agency	09	
Internet	10	
Other (please specify)	11	O
Don't Know	88	
Refused	99	

## Q2

READ OPTIONS 01-06 ONLY IF NEEDED; SELECT ONLY ONE

### How did you first come in contact with the ADRC?

IWR Note: If R has only contacted the ADRC through the website, or the call was just to set up an appointment, and they have had no other further contact with anyone from ADRC, thank the R for their time. 'QUIT' the survey and code the call as a code #96 "Contact with ADRC was ONLY via the website, or a call to set up an appointment." Please be sure to describe the situation in the notes.

#### Choices

By telephone	01	
Went to the office, in person	02	
They called me / you	03	
Email	04	
Through the website	05	
Other (please specify)	06	O
Don't Know	88	
Refused	99	

## Q3

Since that time, would you say you've had contact with the ADRC one time, 2 to 3 times, or more than 3 times?

#### Choices

1 time	1	
2 to 3 times	2	
More than 3 times	3	
No Contact	7	
Don't Know	8	
Refused	9	

## Q4

Can you tell me a little about why you were in contact with the ADRC?

IWR Note: If R mentions that they contacted ADRC on behalf of someone else (a family member or friend), make a note of that. Later in the survey, you will be using the ``family text`` version of the questions.

#### Choices

Enter Response	0	DO
Don't Know	8	
Refused	9	

**Q14**

**When you first contacted the ADRC, did you receive none, some, or all of the information you needed?**

**Choices**

None	0
Some	1
All	2
No Information Needed	7
Don't Know	8
Refused	9

**Q4A**

**I am going to read a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say "yes" or "no."**

IWR Notes: This series of questions is asking about the issues that were going on when they initially contacted ADRC. This is regardless of if you received services. I will ask about services received later. This list might cover something you just said, but I want to make sure I understand all the possible reasons you may have contacted ADRC.

**Choices**

Press enter to continue	0	D
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**Q4A\_1****Physical health needs?**

IWR Note: For instance, you were looking for information about a specific condition or disease, rehab services, or medical care.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_2****Help with medications?**

IWR Note: For instance, this could include financial help paying for medications, help managing medications, or taking medications.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_3****Dental care?**

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_4****Confusion or memory loss?**

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_5****Help with personal care?**

IWR Note: This could include things such as help bathing, dressing, and getting around the house.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_6****Help with transportation?**

IWR Note: This could include things like help going to the doctor, going shopping, or to social activities.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_7****Help at home, such as help making meals, doing housekeeping and yard work?**

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_8****Help getting shopping and errands done?**

IWR Note: Please do not include help with transportation to go shopping or run errands. This question is referring to someone else going shopping for you, or going with you to shop.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_9****Help modifying a home or apartment?**

IWR Note: This could include modifications like installing ramps, or grab bars in the bathroom, or having kitchen counters lowered, or doorways expanded.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_10****Help moving into an assisted living residence, adult foster home, or nursing home?**

IWR Note: Please do not include help finding subsidized housing (this will be asked next).

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_11****Help finding subsidized housing?**

IWR Note: Please do not include help finding assisted living, adult foster home, or nursing home.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_12****Help getting food stamps?**

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_13****Help with Medicaid or paying for medical care?**

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_14****Help paying for energy bills?**

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_15****Help getting caregiver respite?**

IWR Note: Caregiver Respite is short-term, temporary relief for those people who are caring for family members or friends. Respite is receiving help with caring for someone.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_16****Help getting general information or advice?**

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

**Q4A\_17****Did you contact ADRC to get help with anything else that we did not already cover?**

Choices		
No	0	==> Q5
Yes	1	
Don't Know	8	==> Q5
Refused	9	==> Q5

**Q4A\_17A****What else did you contact ADRC for?**

Choices		
Record Response	0	DO
Don't Know	8	
Refused	9	

**Q5**

READ OPTIONS 1-3; SELECT ONLY ONE

**When you called the ADRC, was the phone answered by...**

==> +1 IF NOT Q2=01

Choices	
A person	1
An answering machine	2
An automated message system	3
Don't Know	8
Refused	9



<b>Q6</b>	
READ OPTIONS 1-4	
<b>When did someone from the ADRC get back to you?</b>	
==> +2 IF NOT (Q2=04 OR Q5=2,3)	
Choices	
On the same day	1
The next day	2
2 to 4 days	3
5 or more days	4
Don't Know	8
Refused	9

<b>Q7</b>	
READ OPTIONS 1-3	
<b>Do you think that the ADRC's response time was...</b>	
Choices	
Prompt and timely	1
Some wait, but was reasonable	2
Much too long	3
Don't Know	8
Refused	9

<b>Q8</b>	
READ OPTIONS 1-4	
<b>How easy was it to find information on the website? Would you say it was...</b>	
==> SKIP TO Q9 IF NOT Q2=05	
Choices	
very difficult	1
a little difficult	2
somewhat easy	3
very easy	4
Don't Know	8
Refused	9

<b>Q8A</b>		
<b>What made it &lt;Q8&gt;?</b>		
==> +1 IF Q8=8,9		
Choices		
Enter Response	0	DO
Don't Know	8	
Refused	9	

**Q9****Did you ever go to the ADRC building?****[Family Text: Did you ever go to the ADRC building with your family member?]**

IWR Note: Throughout the rest of the survey, use the **[Family Text]** if the R contacted the ADRC to address the needs of a family member or friend. Use the original question text if the R has contacted the agency on their own behalf or because they need assistance with caregiving support.

==&gt; SKIP TO Q10 IF Q2=02

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q10**

READ OPTIONS 1-4

**How easy was it to find the ADRC building?**

==&gt; SKIP TO Q15 IF NOT (Q9=1 OR Q2=02)

**Choices**

Very difficult	1
A little difficult	2
Somewhat easy	3
Very easy	4
Don't Know	8
Refused	9

**Q11**

READ OPTIONS 1-4

**How convenient was it for you to go to the ADRC?****Choices**

not at all convenient	1
not that convenient	2
somewhat convenient	3
very convenient	4
Don't Know	8
Refused	9

**Q11A****What made it <Q11>?**

==&gt; +1 IF Q11=8,9

**Choices**

Enter Response	0	DO
Don't Know	8	
Refused	9	

**Q12**

READ OPTIONS 01-05 IF NEEDED

**When you first went to the ADRC, how long did you have to wait to see someone?****Choices**

Less than 5 minutes	01
Between 5 and 20 minutes	02

Longer than 20 minutes	03
I had to arrange another time to come back	04
I did not see anyone	05
Do not remember / unsure	88
Refused	99

**Q13**

READ OPTIONS 1-3

**Do you think that your wait time to see someone was...**

==&gt; +1 IF NOT (Q12=01,02,03,04)

Choices	
Short and timely	1
Some wait, but was reasonable	2
Much too long	3
Don't Know	8
Refused	9

**Q15****Do you think that the person at the ADRC spent enough time with you to understand your concerns?**

Choices	
No	0
Yes (Somewhat)	1
Don't Know	8
Refused	9

**Q17A****Did you receive written materials?**

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

**Q17B****Were the materials relevant to your concerns?**

==&gt; +1 IF NOT Q17A=1

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

**Q18****Did someone from the ADRC come to your home?****[Family Text: Did someone from the ADRC go to your family member's home?]****Choices**

No	0 (Non-OC)
Yes	1 (OC)
Don't Know	8 (Non-OC)
Refused	9 (Non-OC)

**Q19 (OC Question)**

READ OPTIONS 1-3 UNTIL STOPPED

**How long did it take from the time you talked to someone from the ADRC to the time someone visited your home? [Family Text: How long did it take from the time you talked to someone from the ADRC to the time someone visited your family member's home?]****==> SKIP TO SECTION2 IF Q18=0,8,9****Choices**

2 days or less	1
3 to 7 days	2
More than a week	3
Don't Know	8
Refused	9

**Q20 (OC Question)**

READ OPTIONS 1-3

**Considering the time you had to wait for the appointment to occur, do you think that the wait time was...****Choices**

Short and timely	1
Some wait, but reasonable	2
Much too long	3
Don't Know	8
Refused	9

**Q21 (OC Question)**

READ OPTIONS 1-4

**How helpful was the visit to your home in addressing your concerns? [Family Text: How helpful was the visit to your family member's home in addressing concerns?]****Choices**

Not at all helpful	1
Not too helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

**Q22 (OC Question)**

READ OPTIONS 1-4

**How comfortable did you feel with the person who came to your home? [Family Text: How comfortable did you feel with the person who went to your family member's home?]****Choices**

Very uncomfortable	1
A little uncomfortable	2
Somewhat comfortable	3
Very comfortable	4
Don't Know	8
Refused	9

**Q23 (OC Question)****Did the person identify any other types of help that might be needed?**

IWR Note: This is asking about the person who came to their home.

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q23A (OC Question)****What types of help were identified?**

==&gt; SKIP TO Q25 IF NOT Q23=1

**Choices**

Enter Response	0	DO
Don't Know	8	
Refused	9	

**Q24 (OC Question)****Did you agree with them that you had additional needs? [Family Text: Did you agree with them that your family member had additional needs?]****Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q25 (OC Question)****Were family members or others involved with the discussion when the person from the ADRC came to your home? [Family Text:] Were you or others involved with the discussion when the person from the ADRC went to your family member's home?****Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q26 (OC Question)**

READ OPTIONS 1-4

**How closely did everyone involved agree about your circumstances, such as having the same concerns and looking for the same kinds of help? [Family Text: How closely did you and others agree with your family member about their circumstances, such as having the same concerns and looking for the same kinds of help?]**

IWR Note: "Everyone" means all people that participated in the family meeting.

==> SKIP TO SECTION2 IF NOT Q25=1

**Choices**

We agreed on almost everything	1
We agreed more than we disagreed	2
We disagreed more than we agreed	3
We disagreed on almost everything	4
Don't Know	8
Refused	9

**Q27 (OC Question)**

**Did the person from the ADRC help you resolve these differences?**

==> +1 IF NOT Q26=3,4

**Choices**

No	0
Yes (Somewhat)	1
Don't Know	8
Refused	9

**Q28 (OC Question)**

READ OPTIONS 1-4

**How helpful was meeting together with the person from the ADRC?**

**Choices**

Not at all helpful	1
Not too helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

**SECTION2**

**You may have worked with more than one person at the ADRC. For the next questions I would like you to think about the person from the ADRC that you worked with the most.**

**[Family Text: You may have worked with more than one person at the ADRC. For the next questions I would like you to think about the person from the ADRC that you or your family member worked with the most.]**

IWR Note: If family member and consumer talked to two different people from ADRC, focus on the person from ADRC that the R worked with.

**Choices**

Press enter to continue	0	D
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**Q29**

READ OPTIONS 1-4

**How respectful was the person with whom you worked the most?****Choices**

Not at all respectful	1
Not that respectful	2
Somewhat respectful	3
Very respectful	4
Don't Know	8
Refused	9

**Q30**

READ OPTIONS 1-4

**How knowledgeable was this person about helpful resources and services?**

IWR Note: This question is asking about the person they worked with the most from the ADRC.

**Choices**

Not at all knowledgeable	1
Not that knowledgeable	2
Somewhat knowledgeable	3
Very knowledgeable	4
Don't Know	8
Refused	9

**Q31 (OC Question)**

READ OPTIONS 1-4

**How would you rate this person in helping you explore choices available to you?*****[Family Text: How would you rate this person in helping your family member explore the choices available to them?]***

IWR Note: This question is asking about the person they worked with the most from the ADRC.

==&gt; +1 IF SAMPLE=2 AND Q18=0,8,9

**Choices**

Poor	1
Fair	2
Good	3
Excellent	4
Not Applicable	7
Don't Know	8
Refused	9

**Q32 (OC Question)**

READ OPTIONS 1-4

**How good of a job did this person do considering your opinions, likes and dislikes before recommending services?*****[Family Text: How good of a job did this person do considering your family member's opinions, likes and dislikes before recommending services?]***

IWR Note: This question is asking about the person they worked with the most from the ADRC.

==&gt; +1 IF SAMPLE=2 AND Q18=0,8,9

Choices	
Poor	1
Fair	2
Good	3
Excellent	4
Don't Know	8
Refused	9

### Q34 (OC Question)

READ OPTIONS 0-1 IF NEEDED

**Did this person work with you to develop a plan listing your goals and next steps?**

**[Family Text: Did this person work with your family member to develop a plan listing their goals and next steps?]**

IWR Note: This question is asking about the person they worked with the most from the ADRC.

==> +1 IF SAMPLE=2 AND Q18=0,8,9

Choices	
No	0
Yes (Some)	1
Don't Know	8
Refused	9

### Q35 (OC Question)

READ OPTIONS 1-4

**How would you rate this person in supporting your decisions?**

**[Family Text: How would you rate this person in supporting your family member's decisions?]**

IWR Note: This question is asking about the person they worked with the most from the ADRC.

==> +1 IF SAMPLE=2 AND Q18=0,8,9

Choices	
Poor	1
Fair	2
Good	3
Excellent	4
Don't Know	8
Refused	9

### Q36 (OC Question)

**Did you ever feel that this person was trying to talk you into things you did not want?**

**[Family Text: Did you ever feel that this person was trying to talk your family member into things they did not want?]**

IWR Note: This question is asking about the person they worked with the most from the ADRC.

==> +1 IF SAMPLE=2 AND Q18=0,8,9

Choices	
No	0
Yes (Some)	1
Don't Know	8
Refused	9



**Q37**

READ OPTIONS 1-4

**How would you rate this person on explaining how to get the help or information you needed?**  
**[Family Text:] How would you rate this person on explaining how to get the help or information your family member needed?**

IWR Note: This question is asking about the person they worked with the most from the ADRC.

**Choices**

Poor	1
Fair	2
Good	3
Excellent	4
Not Applicable	7
Don't Know	8
Refused	9

**Q38 (OC Question)**

READ OPTIONS 1-4

**How would you rate this person on helping you understand the service system?**  
**[Family Text: How would you rate this person on helping your family member understand the service system?]**

IWR Note: This question is asking about the person they worked with the most from the ADRC.

==> +1 IF SAMPLE=2 AND Q18=0,8,9

**Choices**

Poor	1
Fair	2
Good	3
Excellent	4
Don't Know	8
Refused	9

**Q33 (OC Question)**

**Compared to your understanding about available options before you contacted the ADRC, what is your understanding now? Would you say you have a better understanding, your understanding is about the same, or you are more confused and understand less?**

IWR Note: This would be comparing your level of understanding before and then after talking with the person from the ADRC.

==> +1 IF SAMPLE=2 AND Q18=0,8,9

**Choices**

Better understanding	1
Understanding is about the same	2
More confused and understand less	3
Don't Know	8
Refused	9

**Q39**

**What decisions did you make as a result of your involvement with the ADRC?**

**[Family Text: What decisions did your family member make as a result of their involvement with the ADRC?]**

IWR Note: This could include a decision to follow the recommendations made by others, including the person from the ADRC.

**Choices**

Enter open-ended response	0	DO	
No decisions	7		==> Q43_A1
Don't Know	8		==> Q43_A1
Refused	9		==> Q43_A1

**Q40**

**Did these decisions result in you receiving services or benefits?**

**[Family Text: Did these decisions result in your family member receiving services or benefits?]**

**Choices**

No	0		==> Q43_A1
Yes	1		
Don't Know	8		==> Q43_A1
Refused	9		==> Q43_A1

**Q41**

**Did the person from the ADRC help you complete paperwork needed to get services or benefits? [Family Text: Did the person from the ADRC help your family member complete paperwork needed to get services or benefits?]**

==> SKIP TO Q43\_A1 IF NOT Q40=1

**Choices**

No	0		
Yes (A little)	1		
Don't Know	8		
Refused	9		

**Q42SECT**

**I'm going to read a list of services that are available. First, I would like to know if you (or your family member) actually used this service and then for each service used, I will then ask about how timely it occurred and how helpful it was.**

**Choices**

Press enter to continue	0	D	
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**Q42A**

**Did you use housekeeping services or receive help around the house? [Family Text: Did your family member use housekeeping services or receive help around the house?]**

**Choices**

No	0		
Yes	1		
Don't Know	8		
Refused	9		

**Q42ATIME**

READ OPTIONS 1-3

**How quickly did the service begin?**

==&gt; +2 IF NOT Q42A=1

**Choices**

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

**Q42AHELP**

READ OPTIONS 1-4

**How helpful has this service been?****Choices**

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

**Q42B****Did you receive home modification services?***[Family Text: Did your family member receive home modification services?]***Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q42BTIME**

READ OPTIONS 1-3

**How quickly did the service begin?**

==&gt; +2 IF NOT Q42B=1

**Choices**

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

**Q42BHELP**

READ OPTIONS 1-4

**How helpful has this service been?**

**Choices**

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

**Q42C**

**Did you receive help with personal care such as bathing? [Family Text: Did your family member receive help with personal care such as bathing?]**

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q42CTIME**

READ OPTIONS 1-3

**How quickly did the service begin?**

==> +2 IF NOT Q42C=1

**Choices**

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

**Q42CHELP**

READ OPTIONS 1-4

**How helpful has this service been?**

**Choices**

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

**Q42D**

**Did you receive meals delivered to the home or to a meal site? [Family Text: Did your family member receive meals delivered to the home or to a meal site?]**

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q42DTIME**

READ OPTIONS 1-3

**How quickly did the service begin?**

==&gt; +2 IF NOT Q42D=1

**Choices**

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

**Q42DHELP**

READ OPTIONS 1-4

**How helpful has this service been?****Choices**

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

**Q42E****Did you receive information about or help managing your health? [Family Text: Did your family member receive information about or help managing their health?]****Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q42ETIME**

READ OPTIONS 1-3

**How quickly did the service begin?**

==&gt; +2 IF NOT Q42E=1

**Choices**

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

**Q42EHELP**

READ OPTIONS 1-4

**How helpful has this service been?**

Choices	
Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

**Q42F**

**Did you receive help getting benefits or financial assistance, such as health insurance, food stamps, Medicaid, or help with heating bills? [Family Text: Did your family member receive help getting benefits or financial assistance, such as health insurance, food stamps, Medicaid, or help with heating bills?]**

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

**Q42FTIME**

READ OPTIONS 1-3

**How quickly did the service begin?**

==> +2 IF NOT Q42F=1

Choices	
Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

**Q42FHELP**

READ OPTIONS 1-4

**How helpful has this service been?**

Choices	
Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

**Q42\_NEW**

**Did you receive help managing your money or assets? [Family Text: Did your family member receive help managing money or assets?]**

IWR Note: For instance, this could include help with financial planning, reverse mortgages, long-term care insurance, or wills.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

### Q42TIMEN

READ OPTIONS 1-3

#### How quickly did the service begin?

IWR Note: For instance, this could include help with financial planning, reverse mortgages, long-term care insurance, or wills.

==> +2 IF NOT Q42\_NEW=1

Choices	
Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

### Q42HELPN

READ OPTIONS 1-4

#### How helpful has this service been?

Choices	
Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

### Q42G

#### Did you use transportation services? [Family Text: Did your family member use transportation services?]

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

### Q42GTIME

READ OPTIONS 1-3

#### How quickly did the service begin?

==> +2 IF NOT Q42G=1

Choices	
Right away	1
Had to wait, but it was reasonable	2

Had to wait much too long	3
Don't Know	8
Refused	9

### Q42GHELP

READ OPTIONS 1-4

**How helpful has this service been?**

Choices	
Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

### Q42H

**Did you receive legal assistance or advice? [Family Text: Did your family member receive legal assistance or advice?]**

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

### Q42HTIME

READ OPTIONS 1-3

**How quickly did the service begin?**

==> +2 IF NOT Q42H=1

Choices	
Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

### Q42HHELP

READ OPTIONS 1-4

**How helpful has this service been?**

Choices	
Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9



**Q42J**

**Did you receive access to other benefits or information about other benefits? [Family Text: Did your family member receive access to other benefits or information about other benefits?]**

**Choices**

No	0
Yes	1
Don't Know	8
Refused	9

**Q42JTIME**

READ OPTIONS 1-3

**How quickly did the service begin?**

IWR Note: If needed to clarify, ask: How quickly did you receive information?

==> +2 IF NOT Q42J=1

**Choices**

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

**Q42JHELP**

READ OPTIONS 1-4

**How helpful has this service been?**

IWR Note: If needed to clarify, ask: How helpful has the information been?

**Choices**

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

**Q42K**

**Did you receive any other services?**

**[Family Text: Did your family member receive any other services?]**

**Choices**

No	0
Yes (What services were received?)	1      0
Don't Know	8
Refused	9

**Q43\_A1**

**During the past 12 months, have you experienced confusion or memory loss that is happening more or is getting worse? [Family Text: During the past 12 months, has your family member experienced confusion or memory loss that is happening more or is getting worse?]**

Choices		
No	0	==> SECTION3
Yes	1	
Don't Know	8	==> SECTION3
Refused	9	==> SECTION3

**Q43\_A2**

**Have you received a diagnosis of Alzheimer's or a related dementia? [Family Text: Has your family member received a diagnosis of Alzheimer's or a related dementia?]**

==> +1 IF Q43\_A1=0,8,9

Choices		
No	0	
Yes	1	
Don't Know	8	
Refused	9	

**SECTION3 (OC Question)**

**Thinking about the information and any services received from the ADRC, please tell me how much you agree or disagree with the following statements.**

==> SKIP TO Q51 IF SAMPLE=2 AND Q18=0,8,9

Choices		
Press enter to continue	0	D

**Q45 (OC Question)**

READ OPTIONS 1-4

**The services or information have allowed me to live in the place I most desire. Do you... [Family Text: The services or information have allowed my family member to live in the place they most desire. Do you...]**

Choices		
Strongly disagree	1	
Disagree	2	
Agree	3	
Strongly agree	4	
Don't Know	8	
Refused	9	

**Q46 (OC Question)**

READ OPTIONS 1-4

**I am receiving enough support to meet my needs and preferences. [Family Text: My family member is receiving enough support to meet their needs and preferences.]**

IWR Note: "Support" could be services such as meals, housekeeping, personal care, assistance with paperwork, assistance obtaining medical insurance, or transportation services. Support could also be the presence of family members or neighbors to make sure things are going all right.

Choices		
Strongly disagree	1	
Disagree	2	

Agree	3
Strongly agree	4
Don't Know	8
Refused	9

### Q47 (OC Question)

READ OPTIONS 1-4 IF NEEDED

**I believe I am safer in my home as a result of the information and services I received. [Family Text: I believe my family member is safer in their home as a result of the information and services they received.]**

#### Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

### Q48 (OC Question)

READ OPTIONS 1-4 IF NEEDED

**I believe I am more independent as a result of the information and services I received. [Family Text: I believe my family member is more independent as a result of the information and services they received.]**

#### Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

### Q49 (OC Question)

READ OPTIONS 1-4 IF NEEDED

**The services or information received have allowed me to expand or maintain activities outside of my home. [Family Text: The services or information received have allowed my family member to expand or maintain activities outside of their home.]**

#### Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

**Q50A (OC Question)**

READ OPTIONS 1-4

**One of the goals of the ADRC program is to help people avoid running out of money or avoid needing to use Medicaid. How much do you agree with the following statement: "The services or information received have helped make the most of personal money and resources?"**

**Choices**

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

**Q50B (OC Question)**

READ OPTIONS 1-4

**How much do you agree with the following statement: "I was eventually able to find help that I could afford." [Family Text: How much do you agree with the following statement: "My family member was eventually able to find help that they could afford."]**

**Choices**

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

**Q51**

**What do you think your circumstances would be now if you had not received information or services through the ADRC?**

**[Family Text: What do you think your family member's circumstances would be now if they had not received information or services through the ADRC?]**

IWR NOTE: Use following probes if R is having difficulty answering. PROBES: How well would [you/they] be able to manage [your/their] personal needs? Where do you think [you/they] would be living? What about in a nursing home or assisted living facility?

**Choices**

Enter Response	0	DO
Don't Know	8	
Refused	9	

**Q56 (OC Question)**

READ OPTIONS 1-4

**How much control did you have in making decisions about what you would do next?**

**[Family Text: How much control did your family member have in making decisions about what they would do next?]**

==> +1 IF SAMPLE=2 AND Q18=0,8,9

**Choices**

No control	1
A little control	2
Most of the control	3
Total control	4
Don't Know	8
Refused	9

**Q52 (OC Question)**

**Has the person you worked with at the ADRC called you to see how you are doing?**

**[Family Text: Has the ADRC called to see how your family member is doing?]**

==> +1 IF SAMPLE=2 AND Q18=0,8,9

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

**Q53 (OC Question)**

**Since your first contact with the ADRC, have you contacted them again?**

==> +1 IF SAMPLE=2 AND Q18=0,8,9

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

**Q54**

READ OPTIONS 1-4

**If you needed to contact ADRC, how easy would that be?**

Choices	
Very difficult	1
Somewhat difficult	2
Somewhat easy	3
Very easy	4
Don't Know	8
Refused	9

**Q57**

READ OPTIONS 1-4

**Overall, how helpful was the ADRC?**

Choices	
Not at all helpful	1
Only a little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8

Refused	9
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**Q58**

**Do you have concerns that the ADRC has not addressed? [IF YES:] Could you briefly describe those concerns?**

**Choices**

No	0	
Yes (Please specify)	1	0
Don't Know	8	
Refused	9	

**Q59**

**Would you recommend the ADRC to a friend or family member?**

**Choices**

No	0
Yes (Maybe)	1
Don't Know	8
Refused	9

**Q60**

**What recommendations do you have for improving the services of the ADRC?**

**Choices**

Enter Response	0	DO
No Recommendations	7	
Don't Know	8	
Refused	9	

**Q61**

READ OPTIONS 0-7 IF NEEDED, SELECT ONLY ONE

**What is the best way the ADRC can provide you information?**

**Choices**

Face to face or in-person	0
Written materials (e.g., brochures)	1
Personal contact (e.g., telephone, email)	2
Internet	3
Local media (e.g., TV, newspapers)	4
Presentations at social gatherings (e.g., meal sites, churches, senior centers, civic organizations)	5
Other (please specify)	6 0
In the mail	7
Don't Know	8
Refused	9

**Q61A**

**Have you used the ADRC website?**

==> +1 IF Q2=05

### Choices

No	0
Yes	1
Don't Know	8
Refused	9

### Q61B

DO NOT READ OPTIONS

**How many times have you used the ADRC website?**

==> SKIP TO DEMO IF NOT (Q61A=1 OR Q2=05)

### Choices

1 time	1
2 to 3 times	2
More than 3 times	3
Don't Know	8
Refused	9

### Q61C

READ OPTIONS 1-4

**How easy was it to use?**

### Choices

Very difficult	1
A little difficult	2
Somewhat easy	3
Very easy	4
Don't Know	8
Refused	9

### DEMO

**We are almost done. The next few questions are for demographic purposes only.**

***[Family Text: We are almost done. The next few questions are for demographic purposes only.***

***The following questions are about you.]***

### Choices

Press enter to continue	0	D
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### Q62

**Do you own or have easy access to a computer?**

### Choices

No	0
Yes	1
Don't Know	8
Refused	9

### Q63

READ OPTIONS 1-4

**How would you rate your computer skills?**

Choices	
Poor	1
Fair	2
Good	3
Excellent	4
Don't Know	8
Refused	9

## RACE

READ OPTIONS 0-5; SELECT ALL THAT APPLY

### Which of the following groups best identifies you?

IWR Note: Asian or Asian American includes Chinese, Filipino, Japanese, Asian Indian, Korean, and Vietnamese. IWR Note: Please only use the "Other" code if R refuses to choose a race/ethnicity category listed above.

Choices		
White or Caucasian	0	
Black or African-American	1	
Asian or Asian-American	2	
American-Indian or Alaskan Native	3	
Native Hawaiian or other Pacific Islander	4	
Spanish, Hispanic, or Latino	5	
Other (Please Specify)	7	O
Don't Know	8	X
Refused	9	X

## YEAR

ENTER 4-DIGIT YEAR

### What year were you born?

Choices	
Don't Know	8888
Refused	9999

## ZIP

ENTER 5-DIGIT ZIPCODE

### What is your home zip code?

Choices	
Don't Know	88888
Refused	99999

## EDUC

READ OPTIONS 01-08 IF NEEDED

### What is the highest level of education you have completed?

Choices	
Less than 12th Grade (not a high school graduate)	01
High School Graduate or GED	02
Some College or Other Post-Secondary Education	03



Associates Degree or Technical Degree (AA or AS)	04
Bachelor's Degree (BA, AB, BS)	05
Some Post-Graduate	06
Master's Degree	07
Other Professional or Doctoral Degree	08
Don't Know	88
Refused	99

## INCOME

READ OPTIONS 0-7 UNTIL STOPPED

**Please stop me when I reach the category that best describes your yearly total household income from all sources before taxes in 2014.**

IF NEEDED: Your best estimate is fine.

### Choices

Less than \$10,000	0
\$10,000 to less than \$20,000	1
\$20,000 to less than \$30,000	2
\$30,000 to less than \$40,000	3
\$40,000 to less than \$50,000	4
\$50,000 to less than \$60,000	5
\$60,000 to less than \$70,000	6
\$70,000 or more	7
Don't Know	8
Refused	9

## GENDER

**Record R'S gender, as observed. If you can't tell, ask: "Just to verify, what is your gender?"**

### Choices

Male	0
Female	1
Refused	9

## THEND

**That completes the survey. Do you have any questions or additional comments about the survey?**

### Choices

No	0	
Yes (Please specify)	1	0

## INT99

**Thank you very much for your time. Your responses will be very helpful. Have a good day/night.**

Your time for this survey was: \$T

STUDY CONTACTS: If you have any questions about this survey, you may contact the survey director, Diana White at 503-725-2725. If you have questions about the validity of the study or the Survey Research Lab you may call Dr. Debi Elliott, the Director of the Survey Research Laboratory at Portland State University, at 503-725-5198 or visit the Survey Research Lab website at [www.srl.pdx.edu](http://www.srl.pdx.edu). If you

have concerns or questions about your rights as a research subject or your privacy protection, please contact the PSU Human Subjects Research Review Committee at 503-725-4288 or 1-877-480-4400.

### Choices

COMPLETE	CO	D
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## I0

\*\*\*\*\*Hang up with Respondent, then answer the following questions\*\*\*\*\*

**Do you have any comments, for the CLIENT, about how the interview went?**

### Choices

No Comments	0	
Yes (Please Specify)	1	0

## I1

**Overall, how much difficulty did R have in understanding the questions?**

### Choices

No Difficulty	1
A Little Difficulty	2
Moderate Difficulty	3
A Great Deal of Difficulty	4

## I2

**How engaged was the R?**

### Choices

Not at All	1
A Little	2
Moderately	3
Very	4

## I3

**How distracted did R seem by other people or things (e.g. television) during the interview?**

### Choices

Not at All	1
A Little	2
Moderately	3
Very	4

## I4

**Who did you conduct the interview with?**

### Choices

Care Recipient (Consumer)	1	==> /END
Family Member (or Caregiver)	2	==> /END
Don't Know	8	==> /END

## Quit Screen (INT)

**INT50 (English Specific Callback) - To be used for English-language suspends that require a callback. Make sure to add detailed Callback Notes before scheduling the CB. INT60 (Suspend with Spanish Callback) - To be used for Spanish Callbacks. Make sure to type "Spanish CB" in Callback Notes before coming to this screen.**

**INT90 (Suspend without Callback) - To be used when R refuses to continue with the survey or be called back to finish it later, or for Rs who are not capable of completing the survey in a timely manner. Please be sure to describe the situation in the notes.**

**INT96 (Contact with ADRC was ONLY via the website, or a call to set up an appointment) - To be used if R has only contacted the ADRC through the website, or the call was just to set up an appointment, and they have had no other further contact with anyone from ADRC. Please be sure to describe the situation in the notes.**

## Callback Notes Screen (F6)

### Callback Notes

#### **CB NOTE REMINDERS:**

Anytime you speak to someone and schedule a CB, you should generally leave the next IWR a Callback Note. Do this before scheduling the CB by clicking on the 'Callback Note' button and adding a short description on what happened and what should be known when calling this HH again. You may use abbreviations. Record details like: who you spoke to (i.e., MR, FR, child), when is the best time to call (specific date/times, general times), and what Q# you left off on if you started the survey. Always record your initials the current date after your Callback Note (i.e., TC 9/23)

#### CB Note Examples:

FR said CB weekend evenings, left off at Q7. TC 9/15

MR said CB 9/25 at 5pm. TC 9/15

Child said parents are home after 6pm. TC 9/15

Started survey with Sarah, said to CB at 7pm on 9/25 to finish, left off at Q10. TC 9/24

### Choices

Callback Notes	0	DO
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## SPECIAL STUDY INFORMATION (F9)

**REFUSAL CONVERSION:** The results of this survey will be used by the ADRC to help improve its services. This important survey is completely confidential and voluntary and takes about 15 to 20 minutes to complete. Can I ask you some questions now or would there be a more convenient time?

**PURPOSE:** This survey is being done to help improve services offered through the Aging and Disability Resource Center. The state wants to improve the way they work with older adults and people with disabilities. We want to learn from you what is going well, and what needs to be changed.

**STUDY CONTACTS:** If you have any questions about this survey, you may contact the survey director, Diana White at 503-725-2725. If you have questions about the validity of the study or the Survey Research Lab you may call Dr. Debi Elliott, the Director of the Survey Research Laboratory at Portland State University, at 503-725-5198 or visit the Survey Research Lab website at [www.srl.pdx.edu](http://www.srl.pdx.edu). If you have concerns or questions about your rights as a research subject or your privacy protection, please contact the PSU Human Subjects Research Review Committee at 503-725-4288 or 1-877-480-4400.

**IF R ASKS HOW THEIR PHONE NUMBER WAS SELECTED:** Your number was randomly selected from a list of all people who have had contact with the ADRC or received a service called "Options Counseling."

**IF R ASKS WHAT ADRC DOES SAY:** The ADRC helps connect people to various services including: housekeeping services, transportation services, home modification services, personal care help, delivered meals, health management, or help applying for financial assistance (i.e., insurance, food stamps, Medicaid, heating bill assistance).

**IF R ASKS WHAT 'OPTIONS COUNSELING' MEANS SAY:** Options counseling is where someone from the ADRC learns about your needs, provides you information about services that are available to you, helps you weigh the pros and cons of these services, and supports your choices. Options counselors will also help you get connected to the services you choose.

### GENERAL SURVEY INFORMATION:

Call Date: <CALLDATE>

ADRC Staff Member: <AGENT>

Local ADRC Agency Name: <AGENCY>

### GENERAL IWR NOTES:

1. In some cases, the consumer may not have been the person to call about services. If the "CALLER" information on the introduction screen is filled in, that means someone else may have called on the consumer's behalf. Usually, you should first try to call and conduct the survey with the consumer directly, but if needed, it is okay to do the survey with the caller or secondary contact instead - this is when you would use the alternative "family text" (see note below). Always read the "Notes" section before calling for important notes about what to expect or if you should consider calling someone else.
2. If R has only contacted the ADRC through the website, or the call was just to set up an appointment, and they have had no other further contact with anyone from ADRC, thank the R for their time. 'QUIT' the survey and code the call as a code #96 "Contact with ADRC was ONLY via the website, or a call to set up an appointment." Please be sure to describe the situation in the notes. In some parts of the survey you may need to adjust the way you ask the question depending on who you are speaking too.
3. Use the [Family Text] if the R contacted the ADRC to address the needs of a family member or friend. Use the original question text if the R has contacted the agency on their own behalf or because they need assistance with caregiving support.