

Community Care Corps Care Recipient Initial Survey



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

Your answers will be used to evaluate and improve nonmedical volunteer assistance for caregivers, older adults, and people with disabilities.

Participation in this survey is voluntary. Responses will be kept confidential, secure, and only used to evaluate the Community Care Corps Program. Note that some questions are mandatory and require a response.

Thank you for participating in this survey.

*The following section is **REQUIRED**.*

Please provide 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, Jane Doe who was born in 1955 would enter JA, DO, and 55.

Please write your answers 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? _____

Which organization is assisting you? Choose **one** of the following:

- AgeSpan, Inc.
- ALS Northwest
- Ascension St. Agnes Foundation
- CaringMatters, Inc.
- CATHOLIC CHARITIES HAWAII
- Catholic Charities of the Diocese of Albany
- Central Community House
- Chico State Enterprises - PASSAGES
- Cooley Dickinson Hospital, Inc.
- Duet: Partners In Health & Aging
- Elderbridge Agency on Aging (Elderbridge)
- Faith in Action Georgetown
- Jewish Family Service of Metro Detroit
- North Star Council on Aging
- Region IV Area Agency on Aging
- SAGE
- Seniors in Service of Tampa Bay, Inc.
- Somang Society
- Southern Maine Agency on Aging
- The New Mexico Aging and Long-Term Services Department
- The University of Southern Mississippi
- University of Hawaii
- Virginia Down Syndrome Association

EXPERIENCE

The following questions ask about whether you would like more help in completing certain nonmedical tasks.

	I don't need any help	I receive enough help	I need a little more help	I need a lot more help
Managing finances, such as paying bills or filling out insurance claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery or other shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light housework, such as dishes, laundry, or straightening up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy housework such as cleaning, scrubbing, moving heavy objects, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yard work, such as raking or pruning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation by car, taxi, or public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arranging and scheduling outside services, such as nurses, home care aides, or meals-on-wheels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the last 6 months, have you ever had to reschedule a medical appointment because you didn't have a way to get there? Choose **one** of the following:

- Yes
- No
- Unsure

In the last 6 months, have you ever had to go without health care because you didn't have a way to get there? Choose **one** of the following:

- Yes
- No
- Unsure

Do you receive unpaid assistance or care from a family member or friend because of a health condition or disability? Choose **one** of the following:

- Yes
- No

Do you receive paid assistance or care from a friend, family member, personal care aide, or home health aide because of a health condition or disability? Choose **one** of the following:

- Yes
- No

On a scale from 0 to 100 percent, what is the percentage chance that you will have to move to a different living situation within the next five (5) years because you are not getting enough support at home with nonmedical tasks?

_____ %

On a scale from 0 to 100 percent, what is the percentage chance that you will have to move to a nursing home with 24-hour nursing support within the next five (5) years?

_____ %

How long have you been receiving nonmedical volunteer assistance from this organization? Choose one of the following:

- I have not started receiving services yet Less than 6 months 6 months to 1 year More than 1 year

SOCIAL CONNECTIONS

We understand that questions about your social connections are personal and are sometimes sensitive. However, your honest responses are crucial for us to gain a better understanding of the experiences of older adults and people with disabilities. Your feedback will help us improve the Community Care Corps program.

The next questions are about how you feel about different aspects of your life. For each question, choose how often you feel that way: hardly ever, some of the time, or often. There are no right or wrong answers.

	Hardly Ever	Some of the Time	Often
How often do you feel that you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about your relationships with friends and relatives. Consider *all* your relatives including people to whom you are related by birth, marriage, adoption, or another family relationship. Consider *all* your friends, including those who live in your neighborhood. There are no right or wrong answers.

	None	One	Two	Three or Four	Five to Eight	Nine or More
How many relatives do you see or hear from at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many relatives do you feel at ease with that you can talk about private matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many relatives do you feel close to such that you could call on them for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many friends do you see or hear from at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many friends do you feel at ease with that you can talk about private matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many friends do you feel close to such that you could call on them for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEMOGRAPHICS

How old are you today? _____

What is your employment status? Choose **one** of the following:

- Employed full-time (working 35 hours or more per week)
- Employed part-time (working less than 35 hours per week)
- Unemployed, but seeking work
- Not working due to retirement
- Not working due to disability
- Not working due to school enrollment
- Not working due to another reason

Which of the following best describes you? Choose **all** that apply:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say

What is the highest degree or level of school you have completed? Choose **one** of the following:

- Less than High School
- High School Diploma or Equivalent
- Some College, but no Degree
- Associate Degree
- Bachelor's Degree
- Graduate or Professional Degree

What is your sex? Choose **one** of the following:

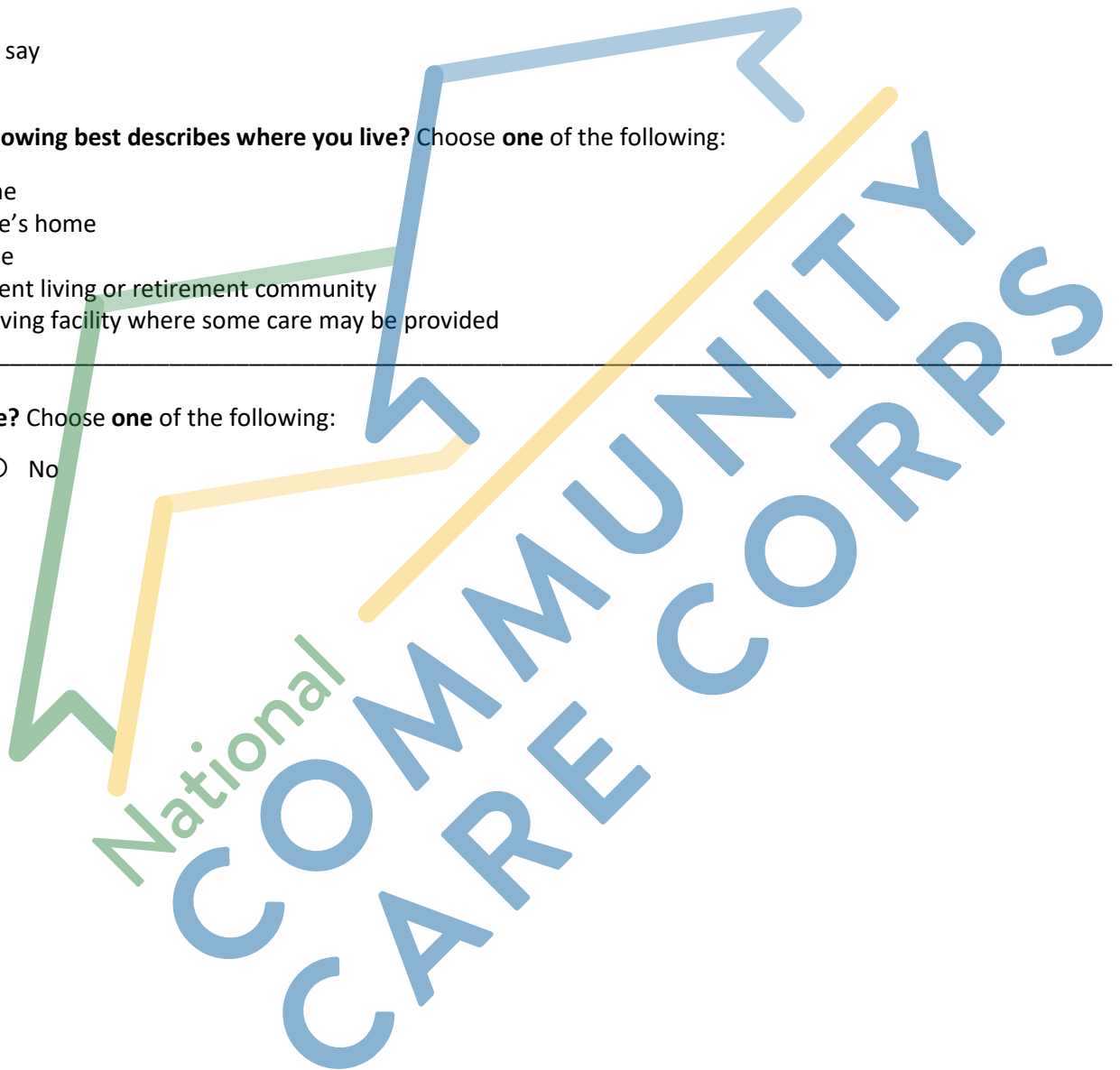
- Male
- Female
- Prefer not to say

Which of the following best describes where you live? Choose **one** of the following:

- My own home
- Someone else's home
- A group home
- An independent living or retirement community
- An assisted living facility where some care may be provided
- Other: _____

Do you live alone? Choose **one** of the following:

- Yes
- No



Community Care Corps Care Recipient Follow-up Survey



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

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Thank you for participating in this survey.

*The following section is **REQUIRED**.*

Please provide 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, Jane Doe who was born in 1955 would enter JA, DO, and 55.

Please write your answers 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? _____

Which organization has assisted you? Choose **one** of the following:

- AgeSpan, Inc.
- ALS Northwest
- Ascension St. Agnes Foundation
- CaringMatters, Inc.
- CATHOLIC CHARITIES HAWAII
- Catholic Charities of the Diocese of Albany
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- SAGE
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- Southern Maine Agency on Aging
- The New Mexico Aging and Long-Term Services Department
- The University of Southern Mississippi
- University of Hawaii
- Virginia Down Syndrome Association

EXPERIENCE AND SATISFACTION

The following questions ask about whether you would like more help in completing certain nonmedical tasks.

	I don't need any help	I receive enough help	I need a little more help	I need a lot more help
Managing finances, such as paying bills or filling out insurance claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery or other shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light housework, such as dishes, laundry, or straightening up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy housework, such as cleaning, scrubbing, moving heavy objects, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yard work, such as raking or pruning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation by car, taxi, or public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arranging and scheduling outside services, such as nurses, home care aides, or meals-on-wheels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the last 6 months, have you ever had to reschedule a medical appointment because you didn't have a way to get there? Choose **one** of the following:

- Yes No Unsure

In the last 6 months, have you ever had to go without health care because you didn't have a way to get there? Choose **one** of the following:

- Yes No Unsure

Do you receive unpaid assistance or care from a family member or friend because of a health condition or disability? Choose **one** of the following:

- Yes No

Do you receive paid assistance or care from a friend, family member, personal care aide, or home health aide because of a health condition or disability? Choose **one** of the following:

- Yes No

On a scale from 0 to 100 percent, what is the percentage chance that you will have to move to a different living situation within the next five (5) years because you are not getting enough support at home with nonmedical tasks?

_____%

On a scale from 0 to 100 percent, what is the percentage chance that you will have to move to a nursing home with 24-hour nursing support within the next five (5) years?

_____%

How long have you been receiving volunteer assistance from this organization? Choose one of the following:

- Less than 6 months 6 months to 1 year More than 1 year

What kind of nonmedical assistance does the organization provide for you or your caregiver? Choose one of the following:

- Companionship or friendly visits in person or virtually
 Chaperoning or transportation assistance for medical appointments
 Chaperoning or transportation assistance for recreation and social events
 Food and nutrition assistance, including food delivery, meal preparation, and grocery shopping
 Light housework, such as dishes, laundry, or straightening up
 Heavy housework such as cleaning, scrubbing, moving heavy objects, etc.
 Yard work, such as raking or pruning
 Home modifications and repair
 Running errands in the community
 Training and education
 Encouragement and/or assistance to participate in physically and mentally stimulating activities
 Other: _____

On a scale of 1 to 10, where 1 is the worst assistance possible and 10 is the best assistance possible, what number would you use to rate the nonmedical volunteer assistance that you have received. Choose one of the following:

- 1 2 3 4 5 6 7 8 9 10

How likely are you to recommend this organization to a friend or family member who needs nonmedical volunteer assistance? Choose one of the following:

- Very Unlikely Somewhat Unlikely Neutral Somewhat Likely Very Likely

Please indicate how much you agree with the following statements:

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
The volunteer(s) who assisted me treated me the way I wished to be treated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The volunteer(s) respected my preferences in how tasks were handled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SOCIAL CONNECTIONS

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The next questions are about how you feel about different aspects of your life. For each question, choose how often you feel that way: hardly ever, some of the time, or often. There are no right or wrong answers.

	Hardly Ever	Some of the Time	Often
How often do you feel that you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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National
COMMUNITY
CARE CORPS

The next questions ask about your relationships with friends and relatives. Consider all your relatives including people to whom you are related by birth, marriage, adoption, or another family relationship. Consider all of your friends, including those who live in your neighborhood. There are no right or wrong answers.

	None	One	Two	Three or Four	Five to Eight	Nine or More
How many relatives do you see or hear from at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How many relatives do you feel close to such that you could call on them for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How many friends do you feel at ease with that you can talk about private matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many friends do you feel close to such that you could call on them for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEMOGRAPHICS

Please skip this section if you have already answered demographic questions in an initial Community Care Corps survey when you began receiving volunteer services.

How old are you today? _____

What is your employment status? Choose **one** of the following:

- Employed full-time (working 35 hours or more per week)
- Employed part-time (working less than 35 hours per week)
- Unemployed, but seeking work
- Not working due to retirement
- Not working due to disability
- Not working due to school enrollment
- Not working due to another reason

Which of the following best describes you? Choose **all** that apply:

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- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say

What is the highest degree or level of school you have completed? Choose **one** of the following:

- Less than High School
- High School Diploma or Equivalent
- Some College, but no Degree
- Associate Degree
- Bachelor's Degree
- Graduate or Professional Degree

What is your sex? Choose **one** of the following:

- Male
- Female
- Prefer not to say

Which of the following best describes where you live? Choose **one** of the following:

- My own home
- Someone else's home
- A group home
- An independent living or retirement community
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- Other: _____

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- Yes
- No



Community Care Corps Caregiver Initial Survey



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Please write your answers 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? _____

Which organization is assisting you? Choose **one** of the following:

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- Cooley Dickinson Hospital, Inc.
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- Faith in Action Georgetown
- Jewish Family Service of Metro Detroit
- North Star Council on Aging
- Region IV Area Agency on Aging
- SAGE
- Seniors in Service of Tampa Bay, Inc.
- Somang Society
- Southern Maine Agency on Aging
- The New Mexico Aging and Long-Term Services Department
- The University of Southern Mississippi
- University of Hawaii
- Virginia Down Syndrome Association

EXPERIENCE

What tasks do you help your friend or relative with? Choose **all** that apply:

- Managing finances, such as paying bills or filling out insurance claims
- Grocery or other shopping
- Light housework, such as dishes, laundry, or straightening up
- Heavy housework such as cleaning, scrubbing, moving heavy objects, etc.
- Yard work, such as raking or pruning
- Transportation by car, taxi, or public transportation
- Preparing meals
- Arranging and scheduling outside services, such as nurses, home care aides, or meals-on-wheels

Thinking now of all the kinds of help you provide for your friend or relative, about how many hours do you spend in an average week helping them? Choose **one** of the following:

- 0–8 hours
 9–20 hours
 21–40 hours
 41 or more hours
 I do not help them on a weekly basis

How long have you or the person you care for been receiving volunteer assistance from this organization? Choose **one** of the following:

- I have not started receiving services yet
 Less than 6 months
 6 months to 1 year
 More than 1 year

STRESS

We understand that questions about your stress are personal and are sometimes sensitive. However, your honest responses are crucial for us to gain a better understanding of the experiences of family caregivers. Your answers will also help us improve the Community Care Corps program.

The following is a list of statements that reflect how people sometimes feel when taking care of another person. After each statement, choose how often you feel that way: never, rarely, sometimes, quite frequently, or nearly always.

There are no right or wrong answers.

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
Do you feel you don't have enough time for yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel stressed balancing caring for your friend or relative and other responsibilities (work, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your role as a caregiver has had a negative impact on your relationships with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
Do you feel anxious or stressed when spending time with your friend or relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your health has suffered as a result of your role as a family caregiver for your friend or relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you have lost control of your life since your friend or relative's illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEMOGRAPHICS

How old are you today? _____

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- Some College, but no Degree
- Associate Degree
- Bachelor's Degree
- Graduate or Professional Degree

What is your sex? Choose **one** of the following:

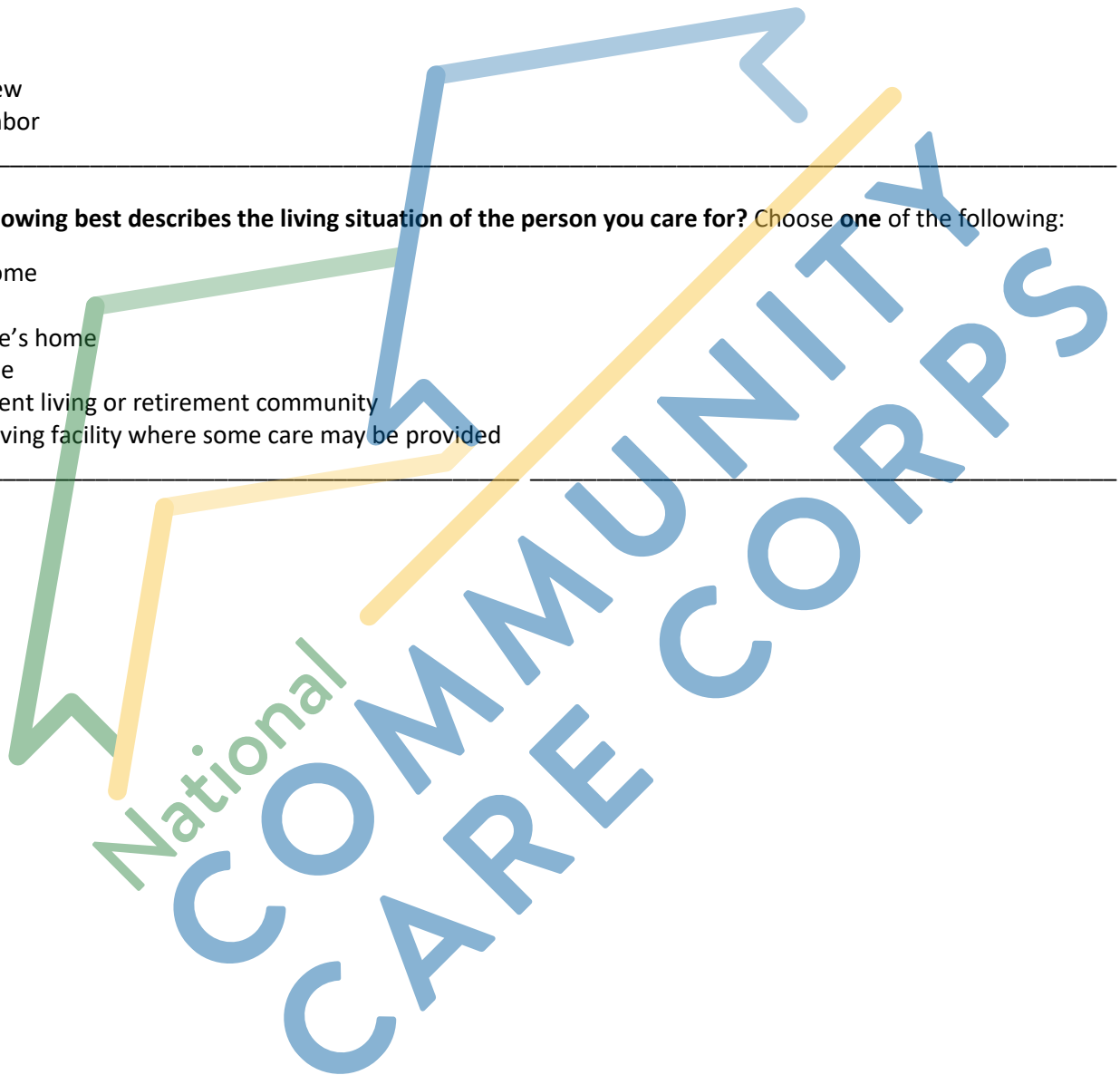
- Male
- Female
- Prefer not to say

Who is the person you care for? The choices in this list include step, foster, and in-laws. Choose **one** of the following:

- Parent
- Spouse
- Child
- Grandparent
- Grandchild
- Aunt/Uncle
- Niece/Nephew
- Friend/Neighbor
- Other: _____

Which of the following best describes the living situation of the person you care for? Choose **one** of the following:

- Their own home
- My home
- Someone else's home
- A group home
- An independent living or retirement community
- An assisted living facility where some care may be provided
- Other: _____



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Which organization has assisted you? Choose **one** of the following:

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- The New Mexico Aging and Long-Term Services Department
- The University of Southern Mississippi
- University of Hawaii
- Virginia Down Syndrome Association

EXPERIENCE AND SATISFACTION

What nonmedical tasks do you help your friend or relative with? Choose **all** that apply:

- Managing finances, such as paying bills or filling out insurance claims
- Grocery or other shopping
- Light housework, such as dishes, laundry, or straightening up
- Heavy housework such as cleaning, scrubbing, moving heavy objects, etc.
- Yard work, such as raking or pruning
- Transportation by car, taxi, or public transportation
- Preparing meals
- Arranging and scheduling outside services, such as nurses, home care aides, or meals-on-wheels.

Thinking now of all the kinds of help you provide for your friend or relative, about how many hours do you spend in an average week helping them? Choose **one** of the following:

- 0-8 hours
- 9-20 hours
- 21-40 hours
- 41 or more hours
- I do not help them on a weekly basis

How long have you been receiving volunteer assistance from this organization? Choose **one** of the following:

- Less than 6 months
- 6 months to 1 year
- More than 1 year

What kind of nonmedical assistance has the organization provided for you or the person you care for? Choose **all** that apply:

- Companionship or friendly visits in person or virtually
- Chaperoning or transportation assistance for medical appointments
- Chaperoning or transportation assistance for recreation and social events
- Food and nutrition assistance, including food delivery, meal preparation, and grocery shopping
- Light housework, such as dishes, laundry, or straightening up
- Heavy housework such as cleaning, scrubbing, moving heavy objects, etc.
- Respite services, meaning short or temporary breaks from caregiving
- Yard work, such as raking or pruning
- Home modifications and repair
- Running errands in the community
- Training and education
- Encouragement and/or assistance to participate in physically and mentally stimulating activities
- Other: _____

On a scale of 1 to 10, where 1 is the worst assistance possible and 10 is the best assistance possible, what number would you use to rate the nonmedical volunteer assistance that you or the person you care for has received. Choose **one** of the following:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

How likely are you to recommend this organization to a friend or family member who needs nonmedical volunteer assistance? Choose **one** of the following:

- Very Unlikely
 Somewhat Unlikely
 Neutral
 Somewhat Likely
 Very Likely

STRESS

We understand that questions about your stress are personal and are sometimes sensitive. However, your honest responses are crucial for us to gain a better understanding of the experiences of family caregivers. Your answers will also help us improve the Community Care Corps program.

The following is a list of statements that reflect how people sometimes feel when taking care of another person. After each statement, choose how often you feel that way: never, rarely, sometimes, quite frequently, or nearly always. There are no right or wrong answers.

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
Do you feel you don't have enough time for yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel stressed between caring and meeting other responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your role as a caregiver has had a negative impact on your relationships with others?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel strained when you are around your friend or relative?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your health has suffered or declined since you have been caring for your friend or relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you have lost control of your life since your friend or relative's illness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



DEMOGRAPHICS

Please skip this section if you have already answered demographic questions in an initial Community Care Corps survey when you began receiving volunteer services.

How old are you today? _____

What is your employment status? Choose **one** of the following:

- Employed full-time (working 35 hours or more per week)
- Employed part-time (working less than 35 hours per week)
- Unemployed, but seeking work
- Not working due to retirement
- Not working due to disability
- Not working due to school enrollment
- Not working due to another reason

Which of the following best describes you? Choose **one** of the following:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Prefer not to say

What is the highest degree or level of school you have completed? Choose **one** of the following:

- Less than High School
- High School Diploma or Equivalent
- Some College, but no Degree
- Associate Degree
- Bachelor's Degree
- Graduate or Professional Degree

What is your sex? Choose **one** of the following:

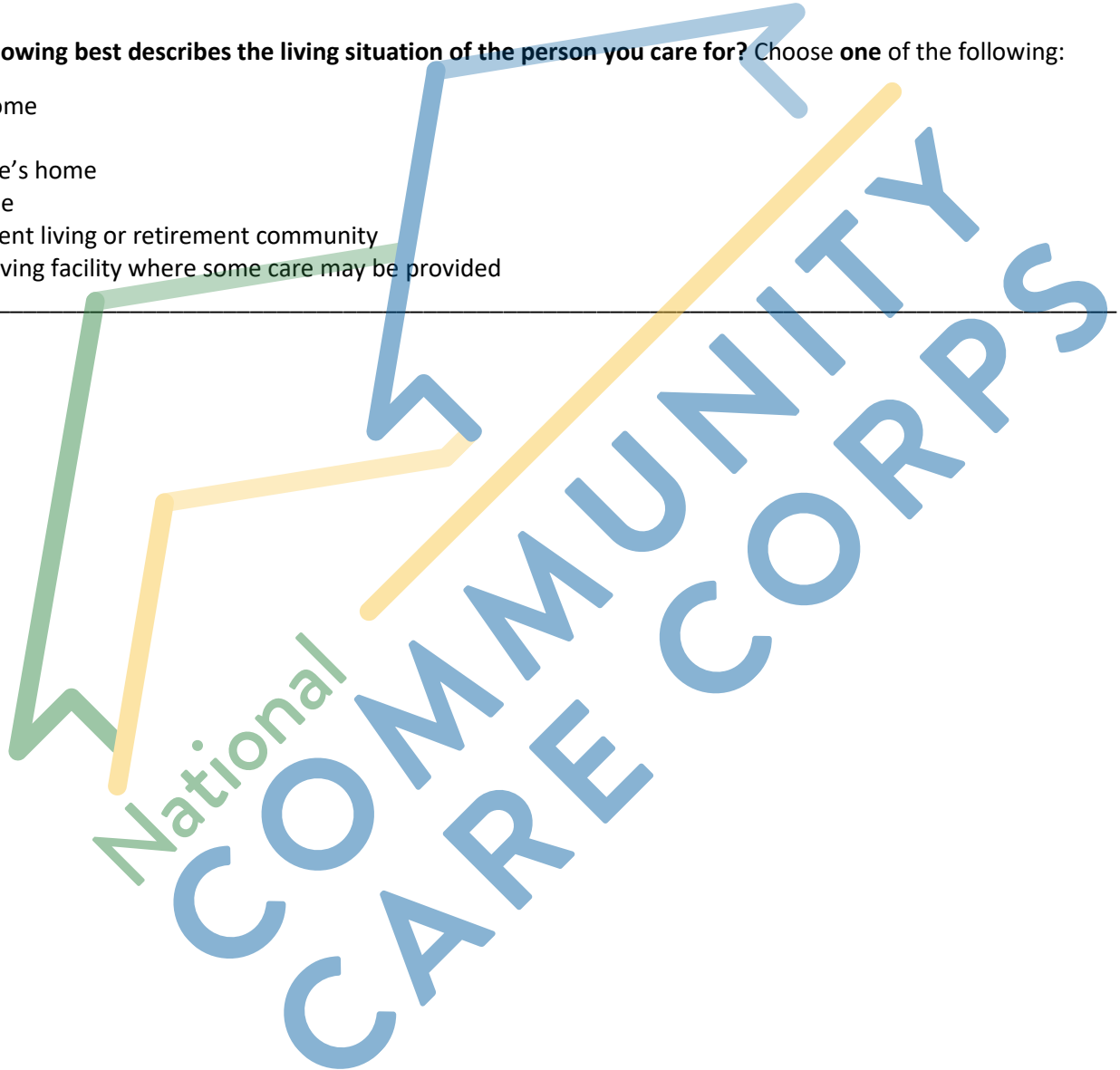
- Male
- Female
- Prefer not to say

Who is the person you care for? The choices in this list include step, foster, and in-laws. Choose **one** of the following:

- Parent
- Spouse
- Child
- Grandparent
- Grandchild
- Aunt/Uncle
- Niece/Nephew
- Friend/Neighbor
- Other: _____

Which of the following best describes the living situation of the person you care for? Choose **one** of the following:

- Their own home
- My home
- Someone else's home
- A group home
- An independent living or retirement community
- An assisted living facility where some care may be provided
- Other: _____



Community Care Corps Volunteer Survey



The Community Care Corps Volunteer Survey is intended for those who provide volunteer assistance with organizations funded by Community Care Corps.

Your answers will be used to evaluate and improve nonmedical volunteer assistance for caregivers, older adults, and people with disabilities.

Participation in this survey is voluntary. Responses will be kept confidential, secure, and only used to evaluate the Community Care Corps Program. Note that some questions are mandatory and require a response.

Thank you for participating in this survey.

*The following section is **REQUIRED**.*

Please provide 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, Jane Doe who was born in 1955 would enter JA, DO, and 55.

Please write your answers 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? _____

Select one of the following organizations where you are currently or have previously provided volunteer services:

- AgeSpan, Inc.
- ALS Northwest
- Ascension St. Agnes Foundation
- CaringMatters, Inc.
- CATHOLIC CHARITIES HAWAII
- Catholic Charities of the Diocese of Albany
- Central Community House
- Chico State Enterprises - PASSAGES
- Cooley Dickinson Hospital, Inc.
- Duet: Partners In Health & Aging
- Elderbridge Agency on Aging (Elderbridge)
- Faith in Action Georgetown
- Jewish Family Service of Metro Detroit
- North Star Council on Aging
- Region IV Area Agency on Aging
- SAGE
- Seniors in Service of Tampa Bay, Inc.
- Somang Society
- Southern Maine Agency on Aging
- The New Mexico Aging and Long-Term Services Department
- The University of Southern Mississippi
- University of Hawaii
- Virginia Down Syndrome Association

EXPERIENCE AND SATISFACTION

Are you an active volunteer with this organization? Active volunteers currently have volunteer assignments or are willing to accept new assignments, if offered.

- Yes No

What nonmedical volunteer assistance have you provided for this organization? Choose **all** that apply.

- Companionship or friendly visits in person or virtually
- Chaperoning or transportation assistance for medical appointments
- Chaperoning or transportation assistance for recreation and social events
- Food and nutrition assistance, including food delivery, meal preparation, and grocery shopping
- Light housework, such as dishes, laundry, or straightening up
- Heavy housework such as cleaning, scrubbing, moving heavy objects, etc.
- Respite services, meaning short or temporary breaks for caregivers
- Yard work, such as raking or pruning
- Home modifications and repair
- Running errands in the community
- Training and education
- Encouragement and/or assistance to participate in physically and mentally stimulating activities
- Other: _____

As an active volunteer, how many hours per week on average have you provided nonmedical volunteer assistance through this organization? Choose **one** of the following:

- Less than 2 hours 2-5 hours 6-10 hours 11-15 hours 16-20 hours More than 20 hours

As well as volunteering, have you also received nonmedical volunteer assistance from this program yourself? Choose **one** of the following:

- Yes No Unsure

Overall, how satisfied are you with providing nonmedical volunteer assistance? Choose **one** of the following

- Very Dissatisfied Somewhat Dissatisfied Neutral Somewhat Satisfied Very Satisfied

If you are an active volunteer, do you plan to maintain your volunteer service with this organization for the next six months or more? Skip this question if you are not an active volunteer. Choose **one** of the following:

- Definitely Not Probably Not Possible Probably Definitely Unsure

Reflecting on your experience while volunteering with this organization, please indicate which of the following statements apply to you. Your honest responses will be used to help organizations enhance their practices for training, recruiting, and retaining volunteers. Choose **all** that apply.

- Volunteering helped me pursue my personal goals.
- Volunteering helped me pursue my educational goals.
- Volunteering helped me pursue my professional goals.
- I had enough time to volunteer, and the organization accommodated by schedule.
- I did not have to travel too far to get to volunteer assignments.
- My role as a volunteer was clearly outlined.
- I received enough support from the organization to succeed as a volunteer.
- I felt valued and appreciated by the organization.
- The contributions I made were designed and intended to have a meaningful impact.
- I saw the impact of my volunteerism.
- I felt confident in my skills and abilities to perform the volunteer work as outlined.

MOTIVATIONS

Please choose how important or accurate each of the following statements for volunteering are for you, where 1 is not at all important or accurate and 7 is extremely important or accurate. Your responses will be used to help organizations recruit, train, and retain volunteers.

	Not at all important or accurate					Extremely important or accurate	
	1	2	3	4	5	6	7
My friends volunteer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to help others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends or family have suggested volunteering to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering makes me feel like I am making a difference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People I know share an interest in community service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No matter how bad I've been feeling, volunteering helps improve my mood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am genuinely concerned about the particular group I am serving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By volunteering I feel less lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering helps me to grow my career by allowing me to build my resume, make more connections in the field, and explore opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can learn more about the cause for which I am working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering allows me to gain a new perspective on things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel compassion toward people in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all
important
or accurate

Extremely
important
or accurate

1 2 3 4 5 6 7

Volunteering helps me learn things through direct, hands-on experience.

Volunteering helps me work through my own personal problems.

I can do something for a cause that is important to me.

Volunteering is an important activity to the people I know best.

I can learn how to interact with a variety of people.

Volunteering makes me feel needed.

Volunteering is a way to make new friends.

I can explore and build on my own strengths.

Volunteering makes me feel better about myself.

DEMOGRAPHICS

How old are you today? _____

What is your employment status? Choose **one** of the following:

- Employed full-time (working 35 hours or more per week)
- Employed part-time (working less than 35 hours per week)
- Unemployed, but seeking work
- Not working due to retirement
- Not working due to disability
- Not working due to school enrollment
- Not working due to another reason

Which of the following best describes you? Choose **all** that apply:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say

What is the highest degree or level of school you have completed? Choose **one** of the following:

- Less than High School
- High School Diploma or Equivalent
- Some College, but no Degree
- Associate Degree
- Bachelor's Degree
- Graduate or Professional Degree

What is your sex? Choose **one** of the following:

- Male
- Female
- Prefer not to say



Community Care Corps One-Time Assistance Survey



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

Your answers will be used to evaluate and improve nonmedical volunteer assistance for caregivers, older adults, and people with disabilities.

Participation in this survey is voluntary. Responses will be kept confidential, secure, and only used to evaluate the Community Care Corps Program. Note that some questions are mandatory and require a response.

Thank you for participating in this survey.

*The following section is **REQUIRED**.*

Please provide 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, Jane Doe who was born in 1955 would enter JA, DO, and 55.

Please write your answers 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? _____

Which organization has assisted you? Choose **one** of the following:

- AgeSpan, Inc.
- ALS Northwest
- Ascension St. Agnes Foundation
- CaringMatters, Inc.
- CATHOLIC CHARITIES HAWAII
- Catholic Charities of the Diocese of Albany
- Central Community House
- Chico State Enterprises - PASSAGES
- Cooley Dickinson Hospital, Inc.
- Duet: Partners In Health & Aging
- Elderbridge Agency on Aging (Elderbridge)
- Faith in Action Georgetown
- Jewish Family Service of Metro Detroit
- North Star Council on Aging
- Region IV Area Agency on Aging
- SAGE
- Seniors in Service of Tampa Bay, Inc.
- Somang Society
- Southern Maine Agency on Aging
- The New Mexico Aging and Long-Term Services Department
- The University of Southern Mississippi
- University of Hawaii
- Virginia Down Syndrome Association

EXPERIENCE

Do you receive unpaid assistance or care from a family member or friend because of a health condition or disability?

Choose **one** of the following:

- Yes No

Do you receive paid assistance or care from a personal care aide or home health aide because of a health condition or disability? Choose **one** of the following:

- Yes No

What type of one-time assistance did you receive from this organization? Choose **all** that apply:

- Companionship or friendly visits in person or virtually
 Chaperoning or transportation assistance for medical appointments
 Chaperoning or transportation assistance for recreation and social events
 Food and nutrition assistance, including food delivery, meal preparation, and grocery shopping
 Light housework, such as dishes, laundry, or straightening up
 Heavy housework such as cleaning, scrubbing, moving heavy objects, etc.
 Yard work, such as raking or pruning
 Home modifications and repair
 Running errands in the community
 Training and education
 Other: _____

How much does the one-time volunteer assistance this organization provides help make your life easier? Choose **one** of the following:

- A lot
 Some
 Not very much
 Not at all

Would it be easy to replace the one-time volunteer assistance if it was not available from this organization? Choose **one** of the following:

- Yes No Unsure

On a scale of 1 to 10, where 1 is the worst assistance possible and 10 is the best assistance possible, what number would you use to rate the one-time volunteer assistance that you have received. Choose **one** of the following:

- 1 2 3 4 5 6 7 8 9 10

How likely are you to recommend this organization to a friend or family member who needs nonmedical volunteer assistance? Choose **one** of the following:

- Very Unlikely Somewhat Unlikely Neutral Somewhat Likely Very Likely

DEMOGRAPHICS

How old are you today? _____

What is your employment status? Choose **one** of the following:

- Employed full-time (working 35 hours or more per week)
- Employed part-time (working less than 35 hours per week)
- Unemployed, but seeking work
- Not working due to retirement
- Not working due to disability
- Not working due to school enrollment
- Not working due to another reason

Which of the following best describes you? Choose **all** that apply:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say

What is the highest degree or level of school you have completed? Choose **one** of the following:

- Less than High School
- High School Diploma or Equivalent
- Some College, but no Degree
- Associate Degree
- Bachelor's Degree
- Graduate or Professional Degree

What is your sex? Choose **one** of the following:

- Male
- Female
- Prefer not to say

Which of the following best describes where you live? Choose **one** of the following:

- My own home
- Someone else's home
- A group home
- An independent living or retirement community
- An assisted living facility where some care may be provided
- Other: _____

Do you live alone? Choose **one** of the following:

- Yes
- No