

**SENIOR COMPANION PROGRAM  
INDEPENDENT LIVING PERFORMANCE MEASURE SURVEY**

**Thank you for taking the time to complete this survey. We would like to know how the Senior Companion Volunteer who has been assisting you has affected your life.**

**All information will be kept confidential; please do not disclose your name. You may choose not to answer a question.**

**This 1st question is about how many hours of service that you may have received in the past 4 weeks from your senior companion.**

**Tell us how many TOTAL HOURS in a typical week you received services.**

**Here is an example of how Mrs. Jones would answer question #1:**

**Her Senior Companion usually spends one hour on Monday with and two hours on Wednesday. Therefore, the total hours a week that she receives services is 3 hours a week.**

**1. In a typical week, my Senior Companion Volunteer is with me for**

**hours**

**Please turn the page for the questions 2-13**

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**Because I Have a Senior Companion Volunteer ...**

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
2) ... I feel less lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) ... I feel I have close ties to other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) ... I am able to do the things I need to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) ... I am able to do most things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) ... I am more satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) ... I can remain living in my own home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) ... I am able to get to the grocery store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) ... I am able to get to medical appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) ... I am able to take care of other necessary errands/appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) ... I am eating regularly scheduled meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Overall, I am satisfied with my Senior Companion volunteer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Overall, the Senior Companion Program has met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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