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at the UNIVERSITY of CHICAGO

Write In Your Start Time: _____

Process Evaluation of the Long-Term Care Ombudsman Program (LTCOP) – Volunteers

PURPOSE OF THE STUDY:

NORC at the University of Chicago, with funding from the Administration for Community Living/Administration on Aging (ACL/AoA) is evaluating various aspects of the Long-Term Care Ombudsman Program. This survey is **voluntary** and is not part of an audit or a compliance review. The information you provide is **confidential**. We do not include names of respondents in any reports or in any discussions with supervisors, colleagues, or ACL/AoA. This survey will take approximately 30 minutes to complete. Please complete and return this form using the pre-paid envelope, or by scanning and emailing it to _____, or fax it to: _____.

Please contact NORC at _____ or _____@norc.org if you have any questions or concerns about this survey.

SURVEY TOPICS:

- A. Background Info
- B. Program Activities
- C. Structure and Resources
- D. Program Quality Assurance
- E. Demographic Information

Burden Statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The survey will be sent to volunteer ombudsmen. The average time required to complete the survey is estimated at 30 minutes. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the _____. Do not send your completed form to this address.

BACKGROUND INFORMATION

We'd like to begin by asking you a few questions about your position and your experience prior to volunteering for the Long-Term Care Ombudsman Program (LTCOP).

1. How long have you served as a volunteer for the LTCOP?

{enter number years} ____ ____
+ {enter number months} ____ ____

2. In what state do you volunteer for the LTCOP? _____

3. What is the name of the local program that you work for? _____

4. How many hours do you volunteer each month?

{enter number hours} ____ ____

5. In addition to your volunteer work for the LTCOP, are you currently...? {Check all that apply}

- 1 Employed full-time
- 2 Employed part-time
- 3 Out of work and looking for paid work (either part-time or full-time)
- 4 A homemaker
- 5 A student
- 6 Retired
- 96 Other (Please specify): _____

6. How did you learn about the LTCOP? {Check all that apply}

- 1 LTCOP website
- 2 LTCOP program materials
- 3 In-person conversation with program staff or volunteers
- 4 Presentation by program staff or volunteers
- 5 LTCOP article or advertisement in a newspaper or other publication or on television
- 6 Social media (e.g., Facebook, Twitter)
- 7 Family/relatives received long-term services and supports
- 96 Other (Please specify): _____

7. What motivated you to become a volunteer for the LTCOP? {Check all that apply}

- 1 Personal fulfillment (e.g., enjoyment in helping others)

- 2 Career development
- 3 Interest in the program's mission
- 4 Family/relatives received long-term services and supports
- 5 Personal experience with the program
- 96 Other (Please specify): _____

8. Had you ever interacted with the long-term care ombudsman program or any other ombudsman program before volunteering for the LTCOP?

- 1 Yes
- 2 No

9. Do you currently volunteer for other programs?

- 1 Yes

If Yes, please briefly describe this work (name of program and your role):

- 2 No

10. Have you volunteered in the past for another organization(s)?

- 1 Yes
- 2 No (Skip to next section on "Program Activities.")

11. What type of volunteer work have you done in the past?

PROGRAM ACTIVITIES

Next we'd like to explore your role as a volunteer and the activities that you carry out.

1. As a volunteer for the LTCOP, which of the following activities do you do? {Check all that apply}

- 1 Make routine visits to residents of long-term care facilities
- 2 Investigate and resolve complaints raised by, or on behalf of, residents
- 3 Participate as resident advocate in facility licensure surveys
- 4 Provide information, resources, and support to resident councils
- 5 Provide information, resources, and support to family councils
- 6 Provide community education
- 7 Provide training to other volunteers
- 8 Provide training to facility staff
- 9 Provide consultations to facility staff
- 10 Provide information and consultation to consumers (residents, families, the general public)
- 11 Work with media on issues impacting residents of long-term care facilities
- 12 Monitor/work on laws, regulations, government policies and actions
- 13 Collect, manage, and/or report data about my case work and/or activities
- 14 Distribute program brochures, letters to introduce myself, ensure that program contact information is prominently posted
- 96 Other (Please specify): _____

2. Do you investigate complaints?

- 1 Yes

2 No (Skip to Q6)

3. What types of complaints do you handle?

- 1 I handle all types of complaints.
2 I handle only some types of complaints.

4. Please describe the types of complaints that you handle:

5. How do you handle complaints? {Check all that apply}

- 1 I handle complaints on my own.
2 I consult with other program staff or volunteers, as needed.
3 I refer the complaint to other program staff or volunteers.
4 I refer the complaint to the appropriate entity when I have resident consent.
96 Other (Please specify): _____

6. How are you assigned to visit facilities? {Check all that apply}

- 1 I am assigned to a specific facility or group of facilities to visit, based on geography.
2 I am assigned to a specific facility or group of facilities to visit, based on facility characteristics (e.g., size, ownership).
3 I am assigned to visit facilities in response to information about facility problems and resident complaints.
96 Other (Please specify): _____

7. On average, how many facilities do you visit each month?

{enter number} ____ ____

8. Do you visit nursing homes?

- 1 Yes

2 No (Skip to Q16)

9. What type of nursing home visit do you conduct? {Check all that apply}

- 1 Visit on a routine basis (not complaint driven)
- 2 Visit in response to facility problem and resident complaints
- 96 Other (Please specify): _____

10. How often do you typically visit nursing homes?

- 1 Weekly
- 2 Less than weekly but at least once a month
- 3 Less than monthly but at least once every quarter
- 4 Twice a year
- 5 Once a year
- 96 Other (Please specify): _____

11. For each routine (non-complaint) visit, how much time do you spend at the nursing home facility?

- 1 Less than an hour
- 2 Between 1 to 2 hours
- 3 Between 2 to 3 hours
- 4 More than 3 hours

12. Please indicate the category of complaint that a) you are most effective at resolving, b) you find most challenging to resolve, and c) takes up most of your time with regard to nursing homes. {Select one in each column}

	Most effective at resolving	Most challenging to resolve	Takes up most of my time
Resident's Rights			

a. Abuse, gross neglect, exploitation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Access to information by resident or resident's representative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Admission, transfer, discharge, eviction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Autonomy, choice, preference, exercise of rights, privacy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Financial, property (except for financial exploitation)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Resident Care			
f. Care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Rehabilitation or maintenance of function	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Restraints – chemical and physical	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Quality of Life			
i. Activities and social services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Dietary	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Environment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Administration			
l. Policies, procedures, attitudes, resources	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. Staffing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Not Against Facility			
n. Certification/Licensing Agency	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
o. State Medicaid Agency	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
p. System/Others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

13. How frequently do you experience problems getting access to residents in nursing homes?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

14. How frequently do you experience problems making unannounced visits at nursing homes?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

15. How frequently do you experience problems in obtaining timely access to resident records in nursing homes?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

Board and care home visits

Next, we have questions about board and care homes. Board and care homes and similar facilities include residential care facilities, adult congregate living facilities, assisted living facilities, foster care homes, and other adult care homes similar to a nursing facility or board and care home which provide room, board, and personal care services to a primarily older residential population.

16. Do you visit board and care homes?

- 1 Yes
- 2 No (Skip to Q24)

17. What type of board and care home visit do you conduct? {Check all that apply}

- 1 Visit on a routine basis (not complaint driven)
- 2 Visit in response to facility problems and resident complaints
- 96 Other (Please specify): _____

18. How often do you typically visit board and care homes?

- 1 Weekly
- 2 Less than weekly but at least once a month

- 3 Less than monthly but at least once every quarter
- 4 Twice a year
- 5 Once a year
- 96 Other (Please specify): _____

19. For each routine (non-complaint) visit, how much time do you spend at the board and care home facility?

- 1 Less than an hour
- 2 Between 1 to 2 hours
- 3 Between 2 to 3 hours
- 4 More than 3 hours

20. Please indicate which category of complaint that a) you are most effective at resolving, b) find most challenging to resolve, and c) takes up most of your time with regard to board and care homes. {Select one in each column}

	Most effective at resolving	Most challenging to resolve	Takes up most of my time
Resident's Rights			
a. Abuse, gross neglect, exploitation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Access to information by resident or resident's representative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Admission, transfer, discharge, eviction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Autonomy, choice, preference, exercise of rights, privacy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Financial, property (except for financial exploitation)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Resident Care			
f. Care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Rehabilitation or maintenance of function	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Restraints – chemical and physical	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Quality of Life			
i. Activities and social services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Dietary	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Environment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Administration			

l. Policies, procedures, attitudes, resources	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. Staffing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Not Against Facility			
n. Certification/Licensing Agency	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
o. State Medicaid Agency	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
p. System/Others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

21. How frequently do you experience problems in getting access to residents in board and care homes?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

22. How frequently do you experience problems with unannounced visits to board and care homes?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

23. How frequently do you experience problems in obtaining timely access to resident records in board and care homes?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

Program Strengths and Challenges

24. What are the top 3 main strengths of the program where you volunteer?

25. Are there areas where your program has specific expertise? {Check all that apply}

- 1 Providing advocacy in board and care facilities
- 2 Elder abuse (e.g., task forces, staff training/in services)
- 3 Culture change (e.g., person-centered service planning, dementia-competent care, etc.)
- 4 Assisting residents in transitioning out of facilities
- 5 Providing support during bankruptcy proceedings
- 6 Providing medication advocacy
- 7 Supporting residents re: End of life care (e.g., advance directives, access to hospice services, facility practices when someone dies)
- 8 Supporting residents re: Managing family conflicts (e.g., power of attorney)
- 9 Supporting residents re: Involuntary discharge/transfers
- 10 Systems advocacy
- 11 Developing a volunteer program
- 96 Other (Please specify): _____

26. What challenges does your program face? {Check all that apply}

- 1 Insufficient funding
- 2 Insufficient program autonomy
- 3 Insufficient legal counsel
- 4 High turnover of paid staff
- 5 High turnover of volunteers
- 6 Difficulty hiring qualified paid staff

- 7 Difficulty recruiting volunteers
- 8 Working with facility administrators
- 9 Working with other organizations
- 10 Working with families
- 11 Offering peer-to-peer support to share what works and what does not
- 12 Providing training in areas where I need to be knowledgeable
- 96 Other (Please specify): _____

27. Does your program have difficulty serving any of the following populations? {Check all that apply}

- 1 People who live in rural areas
- 2 People with disabilities including physical, intellectual, development, mental health, or communication
- 3 People with cognitive limitations, such as Alzheimer's, dementia and related diseases
- 4 People who speak a language other than English
- 5 People of diverse cultural backgrounds
- 6 People from the LGBT community
- 7 Veterans
- 8 Tribal elders
- 96 Other (Please specify): _____

28. Which of the following experience, skills, and characteristics do you bring to your role as an ombudsman? {Check all that apply}

Experience

- 1 Training in caring for people who are ill, assisting older adults or working with persons with disabilities (e.g., as a doctor, nurse, health aide, social worker, etc.)
- 2 Familiarity with the health care system
- 3 Case work/client advocacy
- 4 Legal training

Skills

- 5 Conflict resolution
- 6 Cultural competence
- 7 Mediation
- 8 Social skills (e.g., enjoy visiting with people, being a resource as a problem solver)
- 9 Communication skills
- 10 Investigative skills
- 11 Speak another language (including sign language)

Characteristics

- 12 Friendly
- 13 Collaborative
- 14 Diplomatic
- 15 Direct
- 16 Assertive
- 17 Persistent
- 96 Other (Please specify): _____

29. What are the most important advocacy issues for your local program to address right now?

STRUCTURE AND RESOURCES

Next, we'd like to explore how your LTCOP is organized and how you interact with LTCOP staff and long term care facilities.

1. On average, how often do you interact with paid LTCOP staff?

- 1 Daily
- 2 Weekly
- 3 Every other week
- 4 Monthly
- 96 Other (Please specify): _____
- 98 Not applicable

2. On average, how often do you interact with other volunteers?

- 1 Daily
- 2 Weekly
- 3 Every other week
- 4 Monthly
- 96 Other (Please specify): _____
- 98 Not applicable

3. Overall, how would you describe the effectiveness of your relationship with the following types of facilities and providers?

	A majority of the relationships are effective	Some of the relationships are effective	Only a few of the relationships are effective	None of the relationships are effective	Not Applicable
a. Nursing homes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Board and care homes and similar facilities*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	98 <input type="checkbox"/>

***Board and care homes and similar facilities (residential care facilities, adult congregate living facilities, assisted living facilities, foster care homes, and other adult care homes) provide room, board and personal care services to a mostly older, residential population.**

4. Please describe the reason for your assessment:

PROGRAM QUALITY ASSURANCE

In this section, we are interested in aspects of the program that are designed to ensure that high quality services are delivered, and how volunteers receive the training and technical assistance they need to carry out their work.

Training and Support

1. What type of orientation, training, or support did you receive when you first joined the LTCOP as a volunteer? {Check all that apply}

- 1 Self-study (on-line training or reviewing materials provided by state program)
- 2 Self-study (on-line training or reviewing materials provided by National Ombudsman Resource Center)
- 3 In-person classroom training
- 4 An experienced staff or volunteer mentored me (includes the opportunity to shadow them as they carry out their work)
- 5 A more experienced staff member or volunteer observed me
- 6 A facility tour
- 7 Attending a resident or family council meeting
- 96 Other (Please specify): _____

2. How effective was the training you received in preparing you for your role as a volunteer?

- 1 Very effective
- 2 Somewhat effective
- 3 Neutral
- 4 Somewhat ineffective
- 5 Very ineffective
- 97 Don't know

3. Is there training that you did not receive during your orientation period that you think would have been helpful when you began volunteering?

- 1 Yes

If Yes, please describe: _____

- 2 No

4. Do you have a clear understanding of your role as a volunteer for the LTCOP?

- 1 Yes
- 2 No

5. What type of ongoing training and support do you receive? {Check all that apply}

- 1 Formal mentoring with experienced staff
- 2 Informal support from other staff
- 3 Guidance from volunteer coordinator in the local office
- 4 Guidance from supervisor in the local office
- 5 Guidance from staff in the State Ombudsman office
- 6 Training provided by the Office of the State LTC Ombudsman
- 7 Online training such as webinars or conference calls on special topics
- 8 Support from the National Ombudsman Resource Center (NORC)
- 9 Support from the National Association of Local Long-Term Care Ombudsmen (NALLTCO)
- 10 Attending conferences (e.g., Consumer Voice)
- 96 Other (Please specify): _____

6. Who do you interact with most frequently in your volunteer role?

- 1 Local program staff
- 2 Regional ombudsmen
- 3 State ombudsman
- 4 Facility staff
- 5 Other volunteer representatives (ombudsmen)
- 6 Individuals from government agencies
- 7 Residents of long-term care facilities
- 8 Family members/caregivers of residents of long-term care facilities
- 96 Other (Please specify): _____

7. Do you feel your training, ongoing support, and professional interactions have fully prepared you to carry out your role as a volunteer for the LTCOP?

- 1 Yes
- 2 No

If No, what would help you feel better prepared? _____

8. To what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I feel burned out from my work.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I feel I'm positively influencing other people's lives through my work.					
c. I have the support of supervisory and managerial staff to carry out my work.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

9. Does your program help you (and staff in general) address stress related to your job?

1 Yes

If yes, how? _____

2 No

10. What additional support would you like from local or state program staff? {Check all that apply}

1 More information from program staff

2 More opportunities to discuss challenges with supervisor

3 More opportunities to discuss challenges with other ombudsmen

4 More feedback on my performance and effectiveness

5 More formal training (Please specify): _____

11. Do you receive performance reviews?

1 Yes, formal

If Yes, how frequently: _____

2 Yes, ongoing informal

3 No

Data Systems & Information Technology

12. Does your program provide training and assistance on documenting cases, complaints and other Ombudsman program activities?

1 Yes

2 No

97 Don't know

13. Does your program provide you with a form for submitting reports?

1 Yes

If yes, please specify the format: _____

2 No

14. Does your program offer a way to submit reports online?

1 Yes

2 No

97 Don't know

15. How frequently do you submit reports?

- 1 Weekly
- 2 Monthly
- 3 Quarterly
- 96 Other (Please specify): _____
- 98 Not applicable

16. How would you characterize the ease of collecting data and submitting reports?

- 1 Easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Difficult

National, State and Local Resources

17.A number of entities are available to enhance the skills, knowledge and management capacity of volunteer ombudsmen. How helpful are the following resources to you?

	Very helpful	Somewhat helpful	Not helpful	Not applicable	Not familiar with this resource
a. Website (Itcombudsman.org)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Local program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Area Agency on Aging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>	9 <input type="checkbox"/>
d. State Office of the LTCO	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>	9 <input type="checkbox"/>
e. National Association of Local Long-Term Care Ombudsmen (NALLTCO)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>	9 <input type="checkbox"/>
f. National Ombudsmen Resource Center (NORC)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>	9 <input type="checkbox"/>
g. Other (Please specify): _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>	9 <input type="checkbox"/>

18. How often have you used the following resources that are available through the National Ombudsman Resource Center (NORC)?

	Weekly	Monthly	Quarterly	Never	Support not available	Not familiar with this resource
a. Phone/email advice or consultation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Webinar	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Access to an expert	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
d. Listserv	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
e. Posted resource documents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
f. Program promotion resources	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
g. Ombudsman Outlook quarterly e-newsletter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
h. Other (Please specify): _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

19. What types of support have you needed in the past that were either not available or were insufficient for addressing your problem or question?

20. What makes your volunteer experience most rewarding?

16. How satisfied are you with your volunteer work at the LTCOP?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neutral
- 4 Somewhat unsatisfied
- 5 Very unsatisfied

17. To what do you attribute your satisfaction/dissatisfaction?

18. What can be done to make your program more effective? What improvements would you make?

19. Is there any topic or issue you feel should be addressed that was not covered in this survey? Please describe the issue(s) and explain why you think it is/they are important.

DEMOGRAPHIC INFORMATION

The next several questions collect information about your characteristics, such as age, race, and education.

1. In what year were you born? _____

2. How do you identify your race? {Check all that apply}

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Pacific Islander
- 5 White
- 96 Other (Please specify): _____

3. Are you of Hispanic or Latino origin?

- 1 Yes
- 2 No

4. With what gender category do you identify?

- 1 Female
- 2 Male

5. What is your marital status?

- 1 Single, never married
- 2 Married or domestic partnership
- 3 Widowed
- 4 Divorced
- 5 Separated

6. What is the highest grade or year you completed in school?

- 1 Less than high school or GED
- 2 High school or GED
- 3 College coursework but not degree (may include community college coursework)
- 4 Associate's degree

- 5 Bachelor's degree
- 6 Some graduate work
- 7 Master's degree
- 8 Juris Doctorate
- 9 Doctor of Philosophy
- 10 Medical Degree

Thank you for your participation!

**Please send your completed form to NORC using the enclosed
postage paid envelope.**

You may also return the completed survey by faxing it to:
