

One-on-One Assistance Survey

OMB Control Number: 0985-0057

Hello, I am trying to reach {insert respondent's name}. Is {insert he/she} available?

Hi, {insert respondent's name}. My name is {insert phone-bank caller's name} and I am calling to ask some questions about your experience receiving one-on-one assistance from the {insert Agency name}.

1. Our records indicate that you spoke with {insert team member's name}, from {Agency name}, in the last several weeks to discuss Medicare. Is this correct?

- a) Yes (go to #2)
- b) No (go to #1a)

1a. Do you recall any interaction with someone from {insert Agency name}?

- a) Yes (go to #2)
- b) No (end the survey)

{insert Agency name} would like to learn more about the level of customer service you received, and has asked my firm, CG Strategy, to administer this survey in order to keep your answers completely anonymous. We will not reveal your name or other personal identifying information.

2. Would you like to participate in this survey?

- a) Yes (go to #3)
- b) No (end the survey)

This survey collection has been approved by the Office of Management and Budget (OMB) and will expire on {insert date}. The OMB Control Number for this survey is {insert number}. If you would like to comment on this survey or confirm that this is a valid collection, please contact {insert name} from the Survey Team at {insert phone number}.

[Instruction to survey respondent] For many of the questions in this survey, I will ask you to respond to a statement. For each statement, you can answer Strongly Agree, Agree, Neither Agree Nor Disagree, Disagree, or Strongly Disagree. I will read these five choices after each question, but if you know your answer before I finish the list feel free to interrupt me and provide your answer.

3. "I was able to find and contact {insert Agency name} in a timely fashion." Do you . . . ?

- a) Strongly Agree (go to #4)
- b) Agree (go to #4)
- c) Neither Agree nor Disagree (go to #4)
- d) Disagree (go to #4)
- e) Strongly Disagree (go to #4)

4. Were you able to.... . . ?

- a) Speak to someone immediately (go to #5)
- b) Asked for contact information so someone could follow up with you later (go to #4a)

4a. How long did it take someone from {insert Agency name} to follow-up with you?

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- a) Same day (go to #5)
 - b) Within one week (go to #5)
 - c) Within two weeks (go to #5)
 - d) Other (please specify _____) (go to #5)
5. **“The information provided to me was accurate.” Do you . . . ?**
- a) Strongly Agree (go to #6)
 - b) Agree (go to #6)
 - c) Neither Agree nor Disagree (go to #6)
 - d) Disagree (go to #6)
 - e) Strongly Disagree (go to #6)
6. **“{insert Agency name} provided me with useful information.” Do you . . . ?**
- a) Strongly Agree (go to #7)
 - b) Agree (go to #7)
 - c) Neither Agree nor Disagree (go to #7)
 - d) Disagree (go to #6a)
 - e) Strongly Disagree (go to #6a)
- 6a. **Please complete the following statement: “The information I received was not useful because: . . .”**
- a) I didn't receive the information in time to use it (go to #8)
 - b) I didn't trust the accuracy of the information I received (go to #7)
 - c) I couldn't obtain answers to my questions (go to #7)
 - d) Other (please specify _____) (go to #7)
7. **As a result of the information you received, did you take or do you plan to take action?**
- a) Yes (please specify _____) (go to #8)
 - b) No (go to #8)
 - c) Don't know/Not sure (go to #8)
8. **“Overall, I was satisfied with my interaction with {insert Agency name}.” Do you . . . ?**
- a) Strongly Agree (go to #9)
 - b) Agree (go to #9)
 - c) Neither Agree nor Disagree (go to #9)
 - d) Disagree (go to #9)
 - e) Strongly Disagree (go to #9)

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9. "I would contact {insert Agency name} again for assistance." Do you . . . ?
- a) Strongly Agree (go to #10)
 - b) Agree (go to #10)
 - c) Neither Agree nor Disagree (go to #10)
 - d) Disagree (go to #10)
 - e) Strongly Disagree (go to #10)
10. "I would recommend {insert Agency name}'s service to others." Do you . . . ?
- a) Strongly Agree (go to #11)
 - b) Agree (go to #11)
 - c) Neither Agree nor Disagree (go to #11)
 - d) Disagree (go to #11)
 - e) Strongly Disagree (go to #11)

[Instruction to survey respondent] **The next question is the final survey question. This question doesn't have an answer scale, so please provide any thoughts you may have.**

11. **What could {insert Agency name} do to improve the service(s) they provided to you?**
- a) *[open-ended] (end survey)*

PRA Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0057). Public reporting burden for this collection of information is estimated to average 6-7 minutes per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administration for Community Living, U.S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201-0008, Attention Sara Vogler, or sara.vogler@acl.hhs.gov