**INDEPENDENT LIVING PERFORMANCE MEASURE SURVEY**

OMB Control Number: [3045-XXXX]

Expiration Date: 10/31/2024

**Thank you for taking the time to complete this survey. We would like to know how the AmeriCorps Seniors 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 AmeriCorps Seniors volunteer.**

**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 AmeriCorps Seniors volunteer 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 AmeriCorps Seniors volunteer is with me for**  | **[ ] [ ]  hours** |

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

**Because I Have a AmeriCorps Seniors volunteer …**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly** **Disagree** | **Somewhat Disagree** | **Somewhat Agree** | **Strongly** **Agree** |
| 1. **… I feel less lonely.**
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. **… I feel I have close ties to other people.**
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. **… I am able to do the things I need to do.**
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. **… I am able to do most things I want to do.**
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. **… I am more satisfied with my life.**
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. **… I can remain living in my own home.**
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. **… I am able to get to the grocery store.**
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. **… I am able to get to medical appointments.**
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. **… I am able to take care of other necessary errands/appointments.**
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. **… I am eating regularly scheduled meals.**
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |  |  |  |
| 1. **Overall, I am satisfied with my AmeriCorps Seniors volunteer.**
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. **Overall, the AmeriCorps Seniors Program has met my expectations.**
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |