

**AmeriCorps Seniors Evaluation:**  
**Independent Client Survey**  
**Senior Companion Program**

**1. Who will be completing this survey?**

**IMPORTANT: The Senior Companion CAN NOT assist the client to complete this survey.**

- a. **Myself** - Senior Companion Client
- b. Assisting Client to complete survey where Client provides response

**IF USING AN ASSISTANT:**

1. Reasons an Assistant is needed (e.g., specify general nature of impairment): \_\_\_\_\_
2. Relationship of Assistant to client (e.g., spouse, adult child, another relative, family friend, primary caregiver): \_\_\_\_\_
3. Client has given consent for an interview to be conducted with Assistant: (Yes / No).

**Do not proceed if answer is NO.**

- c. Proxy for Senior Companion Client by answering the survey on behalf of the Client

**IF USING A PROXY:**

1. Reasons a proxy is needed (e.g., specify general nature of impairment): \_\_\_\_\_
2. Relationship of proxy to client (e.g., spouse, adult child, another relative, family friend, primary caregiver): \_\_\_\_\_
3. Client has given consent for an interview to be conducted with proxy: YES / NO.

**Do not proceed if answer is NO.**

**Client Experience**

2. **Approximately**, what year did a Senior Companion volunteer begin to provide you services?

Year \_\_\_\_\_ **GO TO Question 4**

( ) I don't remember **GO TO Question 3**

3. If you cannot recall the year, how many years have you had a Senior Companion from **your Senior Companion Program?**

\_\_\_\_\_ years **GO TO Question 5**

( ) I don't remember **GO TO Question 4**

4. If you cannot recall number of years, would you say you have been receiving services from **your Senior Companion Program** for:

- a. Less than 1 year
- b. 1 to 3 years
- c. 4 to 5 years
- d. 6 to 9 years
- e. 10 years or More

We would like to ask about your **client services you received from your Senior Companion Program.**

5. **Over the past month, about how many total hours** of services did you receive from your Senior Companion? Please write the number of hours in the space below.

- a. I received about \_\_\_\_\_ total service hours the past month
- b. Don't remember

6. Is this typical of the number of hours you receive each month?

- a. Yes
- b. No
- c. Not sure
- d. Don't remember

7. Overall, how satisfied are you with the **Senior Companion** services?

- a. Very dissatisfied
- b. Somewhat dissatisfied
- c. Somewhat satisfied
- d. Very satisfied

8. How likely are you to recommend **your Senior Companion Program** client services to a friend?

- a. Not at all likely
- b. Not likely
- c. Very likely
- d. Extremely likely

#### Health and Psychosocial Outcomes

9. How would you rate your current physical health?

- a. Fair
- b. Good
- c. Very good
- d. Excellent

10. How would you rate your current mental health (i.e., emotional and psychological wellbeing)?

- a. Poor
- b. Fair
- c. Good
- d. Very good
- e. Excellent

The next questions are about **how you feel about different aspects of your outlook on life, your life, and about your health.**

**This information can inform the program on how to better support you and other volunteers in serving your community.**

**(Mark (X) in one box for each line.)**

11. The next statements are how you feel about your ability to complete a task.

**(Mark (X) one box for each line.)**

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Prefer Not to Answer
I can do just about anything I really set my mind to.	( )	( )	( )	( )	( )	( )
I can do the things that I want to do.	( )	( )	( )	( )	( )	( )

12. The next statements are about your life and situation right now...

**(Mark (X) one box for each line.)**

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know	Prefer Not to Answer
How satisfied are you with the <b>city or town you live in?</b>	( )	( )	( )	( )	( )	( )
How satisfied are you with <b>your daily life and leisure activities?</b>	( )	( )	( )	( )	( )	( )
How satisfied are you with <b>your family life?</b>	( )	( )	( )	( )	( )	( )
How satisfied are you with your <b>present financial situation?</b>	( )	( )	( )	( )	( )	( )
How satisfied are you with your <b>health?</b>	( )	( )	( )	( )	( )	( )
How satisfied are you with your <b>life-as-a-whole these days?</b>	( )	( )	( )	( )	( )	( )

13. **The next questions reflect your thoughts and feelings.** Please answer how you feel about each question.

**(Mark (X) one box for each line.)**

	Often	Some of the time	Hardly Ever or Never	Don't Know	Prefer not to Answer
How much of the time do you <b>feel that you are alone?</b>	<input type="checkbox"/>				
How much of the time do you <b>feel that you lack companionship?</b>	<input type="checkbox"/>				
How much of the time do you <b>feel left out?</b>	<input type="checkbox"/>				
How much of the time do you <b>feel isolated from others?</b>	<input type="checkbox"/>				
How much of the time do you <b>feel that there are people you feel close to?</b>	<input type="checkbox"/>				
How much of the time do you <b>feel that there are people you can turn to?</b>	<input type="checkbox"/>				

### Service Delivery

14. How **satisfied** are you with the Senior Companion volunteer?

- a. Very dissatisfied
- b. Somewhat dissatisfied
- c. Somewhat satisfied
- d. Very satisfied

15. Where are you **currently receiving** Senior Companion services?

- a. My home
- b. Family/friend home or house
- c. Adult daycare center
- d. Senior center
- e. Hospital
- f. Health/medical center
- g. Library
- h. Social Service program
- i. Veteran's facilities
- j. Other non-profit or faith-based organization
- k. Virtual – Telephone / Computer
- l. Other location – Please specify:

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**Client Satisfaction**

**The next few questions ask about your satisfaction with your Senior Companion Program service experience.**

16. How helpful have the following aspects of the program been?

**(Mark (X) one box for each line.)**

	Not at all helpful	A little helpful	Very helpful	Extremely helpful
My Senior Companion volunteer's skills / abilities	( )	( )	( )	( )
Responsiveness from people in the Senior Companion program	( )	( )	( )	( )
The program's flexibility when requesting services	( )	( )	( )	( )

17. For each of the next few statements, how satisfied are you about...

**(Mark (X) one box for each line.)**

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
Getting help with services when I need it	( )	( )	( )	( )
My relationship with <b>Senior Companion</b> volunteer	( )	( )	( )	( )
The flow of communication from <b>Senior Companion program</b> staff	( )	( )	( )	( )
The support I receive from people in the program	( )	( )	( )	( )

18. What do you most appreciate about **your Senior Companion Program** services?

- a. \_\_\_\_\_ **[OPEN-ENDED]**
- b. Don't know
- c. Prefer not to answer

**Covid-19**

March 11, 2020 marks the official date that Covid-19 was declared a pandemic. This announcement marks the start of many restrictions including mask mandates in most cities and states, school closure, working from home and remotely, and suspension of air travel both domestically and internationally. These restrictions would last at least a year or more. This section will ask about your volunteer experience at the start and during the declaration of Covid-19 pandemic.

19. Were you receiving Senior Companion services in March 2020?

- a. Yes
- b. No **[SKIP TO – DEMOGRAPHICS SECTION]**
- c. Don't remember **[SKIP TO – DEMOGRAPHICS SECTION]**

19. During the Covid-19 pandemic, did you continue to receive senior companion services?

- a. Yes
- b. No, my station closed I did not receive services **[SKIP TO – DEMOGRAPHICS SECTION]**
- c. No, I was concerned about the pandemic, I stopped the senior companion services **[SKIP TO – DEMOGRAPHICS SECTION]**
- d. Don't remember **[SKIP TO – DEMOGRAPHICS SECTION]**

20. **After March 2020, during the Covid pandemic**, how many hours per month did you typically receive services from **your Senior Companion Program**?

- a. About \_\_\_\_\_ hour per month
- b. Don't remember

21. **After March 2020** during the Covid pandemic), where did the Senior Companion volunteer provide services?

- a. I did not have a Senior Companion volunteer after March 2020
- b. My home or house
- c. Family/friend home or house
- d. Adult daycare center
- e. Senior center
- f. Hospital
- g. Health/medical center
- h. Library
- i. Social Service program
- j. Veterans facilities
- k. Other non-profit or faith-based organization
- l. Other location – Please specify:

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22. How satisfied were you (as a whole) with the adjustments your station made **in response to COVID-19?**

- a. Very dissatisfied
- b. Dissatisfied

- c. Satisfied
- d. Very satisfied

23. Which of the following measures did your station implement in response to Covid-19 (at any point during the pandemic)?

**[SELECT ALL THAT APPLY]**

- a. Suspension of in-person services
- b. Required masking/face covering
- c. Required Covid-19 testing
- d. Required Covid-19 vaccination
- e. Fever screening or other symptom screening
- f. Installing physical barriers to reduce close contact
- g. Reduction in maximum occupancy (i.e. the number of people allowed inside)
- h. Reduction of in-person volunteering hours (when in-person activities were allowed)
- i. Rigid scheduling of in-person volunteer services
- j. Socially distant volunteer services (volunteer is physically present but no face-to-face interaction with clients, e.g. delivering food)
- k. Remote volunteer services (volunteer is not physically present and not using technology, e.g. received pen pal letters)
- l. Virtual volunteer activities (volunteer provides services using technology, e.g. a phone or computer)
- m. Nothing changed – continued doing in-person services (volunteer is physically present with clients)

24. Have you had or do you now have COVID-19?

- a. YES, I was tested
- b. PROBABLY YES (I THINK SO), I was not tested
- c. NO **[SKIP TO – DEMOGRAPHICS SECTION]**
- d. PROBABLY NO (I DON'T THINK SO), I have not been tested **[SKIP TO – DEMOGRAPHICS SECTION]**
- e. NOT SURE **[SKIP TO – DEMOGRAPHICS SECTION]**
- f. DON'T KNOW **[SKIP TO – DEMOGRAPHICS SECTION]**
- g. REFUSE **[SKIP TO – DEMOGRAPHICS SECTION]**

25. Are you experiencing any long-term health effects from COVID-19 infection?

- a. Yes
- b. No
- c. Don't Know

26. To what extent do you agree or disagree that COVID-19 has affected the types of services you receive from **your Senior Companion Program** volunteer?

- a. Strongly disagree
- b. Disagree
- c. Agree
- d. Strongly agree

27. In your own words, could you share what your senior companion service experiences were due to Covid-19?

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### **Demographics**

Please answer the following questions to help us understand about you and AmeriCorps Seniors volunteers generally.

28. When were you born?

Please enter two digits in month and four digits in year (e.g., 01 for January)

**Month:** [ ] [ ]

**Year:** [ ] [ ] [ ] [ ]

29. Do you consider yourself of Hispanic or Latino origin?

- a. Yes
- b. No

30. What race(s) do you identify most closely with? **[SELECT ALL THAT APPLY]**

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White

31. Are you: **[SELECT ALL THAT APPLY]**

- a. Male
- b. Female
- c. Prefer not to answer

32. What is your current marital status?

- a. Never married
- b. Married / Partnered
- c. Divorced / Separated
- d. Widowed
- e. Other – Please describe: \_\_\_\_\_
- f. Prefer not to answer

33. What is the highest grade of school you completed?

- a. No formal education
- b. Grades 1-11
- c. Grade 12 (High School Diploma or GED)
- d. Some College
- e. Associate's Degree

- f. Bachelor's Degree/College Graduate
- g. Some graduate school
- h. Completed a graduate/professional degree
- i. Other – Please describe: \_\_\_\_\_
- j. I don't know
- k. I prefer not to answer

34. Have you served in the military?

- a. Yes
- b. No

35. Including yourself, how many people live in your household? Please write the number in the space below.

- a. \_\_\_\_\_
- b. Prefer not to answer

How many children do you have? Please write the number of children in the space below.

- a. Number of children: \_\_\_\_\_
- b. No children **[SKIP to Question 38]**
- c. Prefer not to answer **[SKIP to Question 38]**

37. Do any of your children live within 10 miles of you?

- a. Yes
- b. No
- c. Prefer not to answer

38. Which category best describes your total annual household income?

- a. Less than or equal to \$20,000 **[SKIP to End of Survey]**
- b. Greater than \$20,000
- c. Don't know **[SKIP to End of Survey]**
- d. Prefer not to answer **[SKIP to End of Survey]**

39. IF MORE THAN \$20,000: Would you say it is.....

- a. Greater than \$20,000 but no more than \$30,000
- b. Greater than \$30,000 but no more than \$40,000
- c. More than \$40,000
- d. Don't know
- e. Prefer not to answer

**[End of Survey]**

Thank you again for taking the time to participate in the AmeriCorps Seniors Companion client survey.

**The JBS evaluation team will only use your responses for research and statistical purposes.**

**Just to make sure that you receive your gift card, could you provide your contact information.**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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