

NIAAA REQUIRED OUTCOME QUESTIONS



SA = Strongly Agree
A = Agree
NS = Not Sure

D = Disagree
SD = Strongly Disagree

Information & Assistance

What types of assistance were you helped with?	SA	A	NS	D	SD
I received the help I needed.	[]	[]	[]	[]	[]
I was offered assistance with other programs/services.	[]	[]	[]	[]	[]
I have more knowledge about senior benefit programs.	[]	[]	[]	[]	[]
Because of the help I received, I have more money to spend On other needs.	[]	[]	[]	[]	[]

The approximate value of the benefits I received was \$ _____

Caregiver Assistance

	SA	A	NS	D	SD
I was offered support for my own needs as a caregiver.	[]	[]	[]	[]	[]
My health and outlook on life improved because of this service.	[]	[]	[]	[]	[]
I received the information I requested.	[]	[]	[]	[]	[]
I received the help I needed for the person I was caring for.	[]	[]	[]	[]	[]
I provide better assistance to the person I am caring for because of the information I received.	[]	[]	[]	[]	[]

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Congregate Meals

Because of the meal site program:	SA	A	NS	D	SD
I eat a more nutritious diet.	[]	[]	[]	[]	[]
It is easier to keep to the special diet prescribed by my doctor.	[]	[]	[]	[]	[]
I have maintained a healthy weight.	[]	[]	[]	[]	[]
I have something to look forward to.	[]	[]	[]	[]	[]
I save money on my food bill.	[]	[]	[]	[]	[]
How long have you participated in the program? _____ years					

Home Delivered Meals

Since receiving home delivered meals:	SA	A	NS	D	SD
I eat a more nutritious diet.	[]	[]	[]	[]	[]
It is easier to keep the special diet prescribed by my doctor.	[]	[]	[]	[]	[]
I have maintained a healthy weight.	[]	[]	[]	[]	[]
I have something to look forward to.	[]	[]	[]	[]	[]
The meals help me stay in my own home.	[]	[]	[]	[]	[]
Receiving the meals has added to my peace of mind	[]	[]	[]	[]	[]
I have received home delivered meals for _____ years.	[]	[]	[]	[]	[]

Transportation

Since using the transportation service:	SA	A	NS	D	SD
I get around more than I did before I had this service.	[]	[]	[]	[]	[]
I rely on this service for all or most of my local trips.	[]	[]	[]	[]	[]
I can continue to live in my home because of this service.	[]	[]	[]	[]	[]
I am less dependent on family and friends for rides.	[]	[]	[]	[]	[]

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Health Promotion

	SA	A	NS	D	SD
I have used information presented in the program.	[]	[]	[]	[]	[]

If SA or A was marked, what information was used?

The program helped me with specific concerns or questions.	[]	[]	[]	[]	[]
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If SA or A was marked, how did it help?

I have made changes because of what was learned?	[]	[]	[]	[]	[]
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If SA or A was marked, what changes have been or will be made?

My health and outlook on life has improved because of this service?	[]	[]	[]	[]	[]
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