

NIAAA Required Outcome Questions



SA = Strongly Agree

A = Agree

NS = Not Sure

D = Disagree

SD = Strongly Disagree

What types of assistance were you helped with?

Information & Assistance

	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.					

NIAAA Required Outcome Questions

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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Let's finish with some basic background information about you:

What is your 5-digit zip code? _____

Age: Under 60, 60-64, 65-74, 75-84, 85+

Gender: ☐ Female ☐ Male

☐ Female to Male/Transgender Male ☐ Male to Female/Transgender Female

☐ Not listed above, please specify _____

☐ Decline to answer

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Your Ethnicity: ☐ Not Hispanic or Latino ☐ Hispanic or Latino

Your Race: (Check all that apply)

- ☐ American Indian or Native Alaskan
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other Race _____
- ☐ 2 or More Races

County:

Boone,	Carroll,	DeKalb,	Jo Daviess,
Lee,	Ogle,	Stephenson,	Whiteside, Winnebago

Living Arrangements:

Does not live alone

Lives Alone – has an identified caregiver,

Lives Alone – no identified caregiver