



PERSON SERVED SURVEY

1. How long have you been involved with CAREGIVERS? _____

2. Which of the following services have you received from CAREGIVERS? (Please check all that apply)

- Visit from a CAREGIVERS Companion and/or Volunteer
- Calls to/from Phone Friends
- Visit from the student volunteer program
- Assistance with reading and/or writing
- Gardening/light household tasks
- Transportation to Medical Appointments
- Transportation for Other (Including shopping, errands, outings, etc.)
- Referral to other community services
- Other support: _____

3. Which of the following have you shared your CAREGIVERS experience with:

- Family
- Doctor
- Hospital
- Social Worker
- Friends
- Other: _____

4. How often are you contacted by a CAREGIVERS Volunteer or Phone Friend?

- Once a week
- More than once a week
- Once a month
- Other: _____

5. How often are you contacted by a CAREGIVERS Staff Member?

- Once a week
- More than once a week
- Once a month
- Other: _____

6. How often do you request services from CAREGIVERS?

- Once a week
- More than once a week
- Once a month
- Other: _____

7. How often do you receive services from CAREGIVERS?

- Once a week
- More than once a week
- Once a month
- Other: _____

Please indicate whether you agree or disagree with the following statements:

8. I am satisfied with my interactions with the CAREGIVERS Staff.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

9. I am satisfied with my interactions with CAREGIVERS Volunteers.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

10. CAREGIVERS has improved my overall quality of life.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

11. If you agree or strongly agree to question 10, please provide an example: _____

12. I have established a valuable friendship with a CAREGIVERS Volunteer and/or Staff Member.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

13. CAREGIVERS helps me to be more socially active.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

14. CAREGIVERS has helped me maintain my independence.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

15. The biggest challenge(s) I face as a senior is/are:

16. I would like to receive more information on:

- Visits from a volunteer during hospital stay
- Travel Training (how to use public/para transit)
- Help getting my affairs in order (budget, will, medical directive, etc.)
- Other: _____

If you would like more information on the above, or would like CAREGIVERS to contact you regarding this survey, please provide your contact info below.

Name: _____

Phone #: _____