



XXXX (Participant ID)

**Nevada's Aging and Disability Resource Center (ADRC)
Name of ADRC Site (SITE), Location
Consumer Intake Survey (CIS)**

Please take a few minutes to complete this survey.

General Information

1) Did you call or visit [Name of ADRC Site (SITE)] for...

Yourself Someone Else

2) If you answered "Someone Else," you are this person's:

Parent Spouse
 Child Friend/Neighbor
 Service Provider Other (*please specify*) _____

3) Are you (or the person you're assisting) **age 60 or older**?

Yes No Unsure

4) What are the individual's main disabilities? ***Please check all that apply:***

Developmental Mental / Emotional
 Physical Neurological
 Sensory (Example: Visual or Hearing) Traumatic Brain Injury
 Other (*please specify*) _____
 No Disability

5) IF you are assisting someone else, are you their caregiver?

Yes No Unsure

If you answered, "YES," to being a caregiver, please answer the following questions. **If you are NOT a Caregiver, please skip to question 13.**

6) How many family members or friends with a health condition or disability do you provide care for? _____ # Individuals age 60 and older

_____ # Individuals under age 60

For Office Use Only:

ADRC Staff Last Name: _____ Date of Service: _____ Date

Sent:

(11/15/10, Version 2, p1)



XXXX (Participant ID)

7) Are you their primary caregiver?

Yes No Unsure

8) How long have you been their primary caregiver? _____ year(s)

9) Approximately how many hours PER WEEK do you spend caregiving? _____ hours

10) What concern(s) do you have involving your caregiving responsibilities?

11) Have you received *Respite Care*, which allows you, the caregiver, time off to relax or to take care of other responsibilities?

Yes No Unsure

12) Would you like to learn more about *Respite Care*?

Yes No Unsure

13) How did you hear about [SITE]? ***[Please check all that apply]:***

- | | |
|---|---|
| <input type="checkbox"/> ADRC Website | <input type="checkbox"/> ADRC Brochure or Other Print Material |
| <input type="checkbox"/> ADRC Site Website | <input type="checkbox"/> Radio/Television/Newspaper |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Family Member / Friend / Neighbor |
| <input type="checkbox"/> Senior Center | <input type="checkbox"/> Doctor or other health care professional |
| <input type="checkbox"/> Other (<i>please specify</i>) _____ | |

14) Have you contacted [SITE] before?

Yes No Unsure

15) Have you visited the Nevada ADRC website at www.NevadaADRC.com?

Yes No Unsure

If "YES," How many times in the **past 6 months** did you visit the ADRC website?
_____ **times**



INSTRUCTIONS: Using the 5-point scale below please read each of the following statements and rate the extent to which it describes your experience with [SITE]. **Record the number in the space next to each item.**

- | | 1 | 2 | 3 | 4 | 5 |
|-----------|--|----------|-------------------------------|----------|-------------------|
| | Strongly
Disagree | Disagree | Neither Agree
Nor Disagree | Agree | Strongly
Agree |
| 1) _____ | I was satisfied with the information I received. | | | | |
| 2) _____ | I understood the information I received. | | | | |
| 3) _____ | I trusted that the information I received was accurate. | | | | |
| 4) _____ | I trusted that the information I received was appropriate for my situation. | | | | |
| 5) _____ | I was able to take the information I received and contact the appropriate care providers. | | | | |
| 6) _____ | A staff person at [SITE] followed-up with me to see if the referral lead to the assistance I needed. | | | | |
| 7) _____ | I was provided with enough information to make informed choices about applying for public benefit programs. | | | | |
| 8) _____ | I was provided with enough information to make informed choices about long-term supportive services. | | | | |
| 9) _____ | Working with [SITE] reduced the amount of time it would have taken me to access information and resources on my own. | | | | |
| 10) _____ | Working with [SITE] reduced my frustration in accessing long-term supportive services. | | | | |
| 11) _____ | Working with [SITE] reduced my confusion about accessing long-term supportive services. | | | | |
| 12) _____ | The person I spoke with was courteous. | | | | |
| 13) _____ | The person I spoke with was knowledgeable. | | | | |
| 14) _____ | The person I spoke with treated me with dignity and respect. | | | | |
| 15) _____ | I was satisfied with the assistance I received. | | | | |



XXXX (Participant ID)

INSTRUCTIONS: Using the 5-point scale below please read each of the following statements and rate the extent to which it describes your experience with [SITE]. **Record the number in the space next to each item.**

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

- 16) _____ My personal needs, preferences, and values were taken into consideration when discussing my long-term supportive services.
- 17) _____ I was provided with enough options to make the best decisions about the services I needed.
- 18) _____ I applied for benefits and/or services.
- 19) _____ I was provided with assistance in completing the necessary paperwork.
- 20) _____ The person I spoke with explained the steps clearly for applying for benefits and/or services.
- 21) _____ The steps to apply for benefits and/or services were easier than I expected.
- 22) _____ The person I spoke with explained how long it might take to receive the benefits and/or services.
- 23) _____ [SITE] reduced the amount of time it would have taken me to locate, access, and apply for the benefits and services I needed.
- 24) _____ I believe that I was directed toward the most economical forms of support.
- 25) _____ I would contact [SITE] again in the future, if I needed to.
- 26) _____ I would recommend [SITE] to a friend or family member.
- 27) _____ I support the ADRC program.



Descriptive Information

1) If you applied for benefits and/or services which benefits and/or services did you apply for?

2) How long were you told it could take until you received benefits and/or services?

- | | |
|---|---|
| <input type="checkbox"/> Less than one week | <input type="checkbox"/> 2-3 weeks |
| <input type="checkbox"/> 1-2 months | <input type="checkbox"/> 2-3 months |
| <input type="checkbox"/> More than 3 months | <input type="checkbox"/> More than 6 months |

3) If you experienced any problems working with [SITE], please tell us about them on the lines below.

4) What can [SITE] do to improve their services?

THANK YOU!

