



Nevada's Aging and Disability Resource Center (ADRC) Follow-Up Consumer Intake Survey (FCIS)

Administration Method: Telephone

ADRC Program Sites:

Lyon County Human Services (LCHS) – Silver Springs

Rebuilding All Goals Efficiently (RAGE) – Las Vegas

Washoe County Senior Services (WCSS) – Reno

Script: “Hello. My name is _____ and I’m with the Sanford Center for Aging at the University of Nevada, Reno. I’m calling to follow-up with you regarding the assistance you received at [ADRC Site in [month listed on CIS]. At that time, [ADRC site] mailed you an Aging and Disability Resource Center Intake Survey. You completed the survey and agreed to participate in a follow-up survey.

First, I want to thank you for agreeing to participate in this brief survey.

Is this still a good time?” Yes No

If NO, “When would be a good time for me to call you back?” _____

If YES, “Great. Let’s get started. Before we begin, the survey should take roughly 10 minutes to complete. You can stop me at any time if you need me to repeat a question. You may also tell me at any time if you would like to stop the survey. Do you have any questions?”

If YES, [respond to questions]

If NO, “Okay, let’s begin.”

The following questions relate to your experience with [ADRC Site]. If there is a question you don’t want to answer, let me know and we can skip the question.”

1. How satisfied were you with the way your call or visit was handled by [SITE]?

Very Satisfied

Satisfied

Neither Satisfied Nor Unsatisfied

Unsatisfied

Very Unsatisfied

2. Was the information you received helpful in addressing the issue you called or visited about?

Yes No Unsure



3. How satisfied were you with the assistance provided by [SITE]?

- Very Satisfied
- Satisfied
- Neither Satisfied Nor Unsatisfied
- Unsatisfied
- Very Unsatisfied

4. Did [SITE] help you feel capable to make informed decisions about the services or benefits you needed?

- Yes
- No
- Unsure

5. Did you receive a referral to contact another agency for services?

- Yes
- No
- Unsure

6. If you received a referral to contact another agency for services, did you contact them?

- Yes
- No
- Unsure

If “No,” What were some of the reasons that you did not call?

7. Did you apply for supportive services either with [SITE] or the agency you contacted?

- Yes
- No
- Unsure

8. If **YES**, how long did it take to receive the services you needed?

- | | |
|---|--|
| <input type="checkbox"/> 1-2 weeks | <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"/> I haven't received services yet (pending) |
| <input type="checkbox"/> Unsure | <input type="checkbox"/> I was not eligible for services |

[Ask #9, only if consumer indicated in #8 that they were not eligible for services.]

9. **IF** you were not eligible for services, did [SITE] provide you with information on private pay service options?

- Yes
- No
- Unsure
- N/A



10. Did you apply for public benefits (such as Medicare, Medicaid, Senior Rx, Disability Rx, Food Stamps)?

Yes No Unsure

If **YES**, how long did it take to receive the public benefits you applied for?

- 1 month
- 2 months
- 3 months
- I haven't received benefits yet (pending)
- Unsure
- I was denied benefits
- N/A (consumer did not apply for benefits)

11. If you were denied public benefits, did you contact [SITE] for guidance on appealing the decision?

Yes No Unsure I didn't know they could help me with an appeal

12. Did anyone from [SITE] follow-up with you to see if you received the help you needed?

Yes No Unsure

13. Do you believe the services you received will help you live independently in the community

Yes No Unsure

13. Is there anything else you would like to add?

Survey Administrator Notes:
