Programs that receive grant awards from the Nevada Aging and Disability Services Division are required to measure the effect of services on the quality of clients' lives. The use of performance indicators is a national trend. Numbers of clients and units of service alone are no longer an adequate method to document the good works performed by agencies that serve the elderly. In fact, the Administration on Aging is currently experimenting with measurement tools similar to those contained on the following pages.

The trend is partially in response to Congressional demands for more detailed information about how federal tax dollars are spent. However, this mandate is not the only force driving the movement. The information collected through performance indicators is expected to help programs across the country determine ways to improve and enhance the outstanding services they currently provide. And it will also reinforce what aging service providers and advocates have known for decades – that the provision of supportive services such as nutrition, transportation and in-home assistance helps seniors enjoy more independent, healthy, and meaningful lives.

In Nevada, when a program receives funding from the Aging and Disability Services Division, the director and his/her staff need to implement the brief surveys that are the foundation of the required performance indicators. Before service is provided to a client, an initial survey must be completed to establish a baseline. After the service is provided, a follow-up survey must be completed in order to measure the impact of the service. Unless otherwise noted in this document, follow-up surveys should be completed six months after service begins and every six months thereafter. Note that if you wish to expand the survey with questions specific to your program, you are free to do so.

The process should not be limited to new clients. Existing clients should also be included. Although the effects of the service may not be as remarkable, the responses given by existing clients will be nonetheless valuable. Therefore, the initial survey should be conducted with existing clients as soon as reasonably possible and the follow-up surveys should be conducted at the same interval as new clients.

Details of how the survey is conducted (i.e., by phone or in person) may be developed by the program. Completed surveys should be retained for the duration of the grant cycle and a summary of results should (1) be provided to the Aging and Disability Services Division and (2) be attached to each group of surveys.

To provide a summary of results to the Aging and Disability Services Division, simply use a blank copy of the survey to record the number of responses received for each answer to each question. For example:
Performance Indicators

1) How would you rate your health?

5 Excellent  13 Very Good  20 Good  27 Fair  19 Poor

If clients write in general comments, it would be useful to list these comments either at the bottom of the survey or on a second sheet. Summaries must be labeled to identify whether the results are pre-service or post-service.

A program may enroll new clients throughout the grant year and the date when follow-up surveys need to be administered may vary from client to client. Therefore, the Aging and Disability Services Division is requesting that programs summarize any pre-service and post-service surveys collected each quarter. The summaries may be submitted along with the program’s normal quarterly report. If no surveys are administered during a particular quarter, this should be noted in the report narrative.

As programs begin to use these performance indicators, comments from staff will be welcomed. The Aging and Disability Services Division is interested in feedback that helps to determine whether the surveys fit smoothly into the ongoing service process, whether the questions are clear, and whether the information collected is considered useful to programs.

The performance indicators in this document focus on home-delivered meals, transportation, homemaker, personal care attendant, home repair and modification, medical equipment loan, senior companion, and case management/advocacy, and adult day care.

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Performance Indicators

1. **Home-Delivered Meals**

   **Initial Survey**

   1) How would you rate your health?
      __Excellent __Very Good __Good __Fair __Poor

   2) How often are you sick?
      __Seldom __Once every three months __Once a month
      __Twice a month __More than twice a month

   3) How much of the time does your physical health or emotional problems interfere with your ability to attend to your personal business, perform simple household chores, or participate in social activities?
      __All of the time __Most of the time __Some of the time
      __A little of the time __None of the time

   4) How would you rate your diet?
      __Excellent __Very Good __Good __Fair __Poor

   5) Do you ever feel hungry?
      __Yes __No

      If you answered “yes” to this question, what would you say is the reason(s)?
      __Can’t afford to purchase enough food
      __Don’t have a way to get groceries
      __Difficulty preparing meals due to a disability
      __Don’t know how to cook
      __Don’t have adequate food preparation equipment
      __Am alone and don’t want to go to the trouble just for myself
      __Just don’t feel up to cooking
      __Have health problems that interfere with eating (such as poor dental health or digestive problems)
      __Other ________________________________________

   **Follow-Up Survey**

   *To be conducted six months after service begins. Preface questions with the phrase “Since you have been receiving meals …”*

   1) How would you rate your health?
      __Excellent __Very Good __Good __Fair __Poor
Performance Indicators

2) How often are you sick?
   __Seldom   __Once every three months   __Once a month
   __Twice a month   __More than twice a month

3) How much of the time has your physical health or emotional problems interfered with your ability to attend to your personal business, perform simple household chores, or participate in social activities?
   __All of the time   __Most of the time   __Some of the time
   __A little of the time   __None of the time

4) How would you rate your diet?
   __Excellent   __Very Good   __Good   __Fair   __Poor

5) Do you ever feel hungry?
   __Yes   __No

If you answered “yes” to this question, what would you say is the reason(s)?
   __Can’t afford to purchase enough food
   __Don’t have a way to get groceries
   __Difficulty preparing meals due to a disability
   __Don’t know how to cook
   __Don’t have adequate food preparation equipment
   __Am alone and don’t want to go to the trouble just for myself
   __Just don’t feel up to cooking
   __Health problems that interfere with eating (such as poor dental health or digestive problems)
   __Other ____________________________________

If you answered “yes” to this question before you began receiving meals and “no” to this question now, what would you say has changed?  (Note that program staff may need to review the client’s initial answers to help him/her with this question.)

   __Home-delivered meals
   __Increase in income
   __Someone shops for me now
   __Someone cooks for me now
   __Learned how to cook
   __Obtained food preparation equipment
   __No longer live alone
   __Generally feel better and am more able to cook
   __Health problems that interfered with eating have improved
   __Other _________________________________
2. **Transportation**

**Initial Survey**

1) What kind of transportation do you currently use? (Check all that apply)
   - __Drive self__  __Driven by others__  __Assisted bus or van service__
   - __Taxi__  __None__

2) How many times in the last three months were you able to find transportation to a medical appointment?
   - __0__  __1-2__  __3-4__  __5 or more__

3) How many times in the last three months were you able to find transportation so that you could attend a social function such as a church service or community activity?
   - __0__  __1-2__  __3-4__  __5 or more__

4) How many times have you used our transportation service in the past three months? *(For new clients, programs should enter “0.”)*
   - __0__  __1-2__  __3-4__  __5 or more__

**Follow-up Survey**

1) What kind of transportation do you currently use? (Check all that apply)
   - __Drive self__  __Driven by others__  __Assisted bus or van service__
   - __Taxi__  __None__

2) How many times in the last three months were you able to find transportation to a medical appointment?
   - __0__  __1-2__  __3-4__  __5 or more__

   If the frequency has decreased or increased, state the reason.

3) How many times in the last three months were you able to find transportation so that you could attend a social function such as a church service or community activity?
   - __0__  __1-2__  __3-4__  __5 or more__

   If the frequency has decreased or increased, state the reason.

4) How many times have you used our transportation service in the past three months?
   - __0__  __1-2__  __3-4__  __5 or more__
3. **Homemaker**

**Initial Survey**

*Programs may answer the first question on behalf of the client.*

1) Do you currently receive homemaker services?  __Yes  __No
   
   If yes, how often?  __Once a week  __2-3 times a week  
   __4-5 times a week  __6-7 times a week

2) How many times in the last three months did you feel worried, anxious or depressed because you were unable to complete household tasks?
   
   __0  __1-2  __3-4  __5 or more

3) How many times in the last three months did you decline to welcome guests into your home because you did not feel it was presentable?
   
   __0  __1-2  __3-4  __5 or more

4) Would you say that your home is safe, free of hazards, and is a healthy environment?
   
   __Strongly agree  __Agree  __Somewhat agree  __Don't Agree

**Follow-up Survey**

*Programs may answer the first question on behalf of the client.*

1) Do you currently receive homemaker services?  __Yes  __No
   
   If yes, how often?  __Once a week  __2-3 times a week  
   __4-5 times a week  __6-7 times a week

2) How many times in the last three months did you feel worried, anxious or depressed because you were unable to complete household tasks?
   
   __0  __1-2  __3-4  __5 or more

3) How many times in the last three months did you decline to welcome guests into your home because you did not feel it was presentable?
   
   __0  __1-2  __3-4  __5 or more

4) Would you say that your home is safe, free of hazards, and is a healthy environment?
   
   __Strongly agree  __Agree  __Somewhat agree  __Don't Agree
4. **Personal Care Attendant**

**Initial Survey**

1) How many times are you able to take a bath or shower during the course of a month?
   ___0  __1-2  __3-4  __5 or more

2) In the past three months, have you worried about losing your independence because you did not have someone to assist with personal care?
   ___Yes  ___No

3) How many times in the past three months have you been hospitalized?
   ___0  __1-2  __3-4  __5 or more

**Follow-up Survey**

1) How many times are you able to take a bath or shower during the course of a month?
   ___0  __1-2  __3-4  __5 or more

2) In the past three months, have you worried about losing your independence because you did not have someone to assist with personal care?
   ___Yes  ___No

3) How many times in the past three months have you been hospitalized?
   ___0  __1-2  __3-4  __5 or more
5. **Home Repair and Modification**

**Initial Survey**

1) How many times did you fall in the last three months?
   ___0  ___1-2  ___3-4  ___5 or more

2) How many times per month are you able to take a bath or shower without having someone stand by to assist you?
   ___0  ___1-2  ___3-4  ___5 or more

3) How many times in the last three months have you been able to leave your home without someone to assist you?
   ___0  ___1-2  ___3-4  ___5 or more

4) During the last three months have you been able to use all the rooms in your home?
   ___Yes  ___No

5) How many times in the last three months did you feel worried, anxious or depressed because your home did not have the necessary modifications to enable you to use the bath or shower, walk up and down steps, or move from one room to another without assistance?
   ___0  ___1-2  ___3-4  ___5 or more

**Follow-up Survey**

*To be conducted three months after home repair or modification is complete.*

1) How many times did you fall in the last three months?
   ___0  ___1-2  ___3-4  ___5 or more

2) How many times per month are you able to take a bath or shower without having someone stand by to assist you?
   ___0  ___1-2  ___3-4  ___5 or more

3) How many times in the last three months have you been able to leave your home without someone to assist you?
   ___0  ___1-2  ___3-4  ___5 or more

4) During the last three months have you been able to use all the rooms in your home?
   ___Yes  ___No
Performance Indicators

5) How many times in the last three months did you feel worried, anxious or depressed because your home did not have the necessary modifications to enable you to use the bath or shower, walk up and down steps, or move from one room to another without assistance?

__0  __1-2  __3-4  __5 or more

6. Senior Companion

Initial Survey

1) In general, how would you describe your emotional well being?

__Excellent  __Very Good  __Good  __Fair  __Poor

2) During the past three months, have you felt lonely?

__Often  __Sometimes  __Never

3) During the past three months, have you had suicidal thoughts?

__Often  __Sometimes  __Never

4) During the past three months, how many times have you been able to attend to personal errands such as banking, postal services, shopping, and hairdresser?

__0  __1-2  __3-4  __5 or more

Follow-up Survey

1) In general, how would you describe your emotional well-being?

__Excellent  __Very Good  __Good  __Fair  __Poor

2) During the past three months, have you felt lonely?

__Often  __Sometimes  __Never

3) During the past three months, have you had suicidal thoughts?

__Often  __Sometimes  __Never

4) During the past three months, how many times have you been able to attend to personal errands such as banking, postal services, shopping, and hairdresser?

__0  __1-2  __3-4  __5 or more
7. **Case Management / Advocacy**

**Initial Survey**

1) If you needed help understanding or finding a service, would you know of someone to ask or call?  __Yes  __No

1) In the past three months, have you experienced a problem that you could not find help to resolve?  __Yes  __No

If yes, please specify what type of problem.

2) Are you aware of the following services?

- Assistance to pay your Medicare premium  __Yes  __No
- Assistance to pay your energy bill  __Yes  __No
- Assistance with prescription drug costs  __Yes  __No
- Transportation  __Yes  __No
- Senior or community center meals  __Yes  __No
- Home-delivered meals  __Yes  __No
- Homemaker  __Yes  __No
- Senior companion  __Yes  __No
- Personal care  __Yes  __No

**Follow-up Survey**

*To be conducted three months after service was initially provided.*

1) If you needed help understanding or finding a service, would you know of someone to ask or call?  __Yes  __No

1) In the past three months, have you experienced a problem that you could not find help to resolve?  __Yes  __No

If yes, please specify what type of problem.

When we asked you these questions previously, you told us about a problem you had that you could not find help to resolve. *(Remind the client of the problem if necessary.)* Since then, have you received help with this problem?  __Yes  __No

2) Are you aware of the following services?

- Assistance to pay your Medicare premium  __Yes  __No
- Assistance to pay your energy bill  __Yes  __No
- Assistance with prescription drug costs  __Yes  __No
- Transportation  __Yes  __No
- Senior or community center meals  __Yes  __No
Performance Indicators

- Home-delivered meals  __Yes  __No
- Homemaker  __Yes  __No
- Senior companion  __Yes  __No
- Personal care  __Yes  __No

8. **Adult Day Care**
   *These questions should be directed toward the caregiver.*

**Initial Survey**

1) How many times in the last three months have you missed work because you did not have someone to care for your loved one?
   __0  __1-2  __3-4  __5 or more

2) Would you be able to work if you did not have adult day care services?
   __Yes  __No

3) How many times in the last three months have you been able to attend a social function (dinner with friends, bowling, movies) or run errands (banking, post office, shopping) without worrying about your loved one?
   __0  __1-2  __3-4  __5 or more

**Follow-up Survey**

1) How many times in the last three months have you missed work because you did not have someone to care for your loved one?
   __0  __1-2  __3-4  __5 or more

2) Would you be able to work if you did not have adult day care services?
   __Yes  __No

3) How many times in the last three months have you been able to attend a social function (dinner with friends, bowling, movies) or run errands (banking, post office, shopping) without worrying about your loved one?
   __0  __1-2  __3-4  __5 or more

3) Considering your loved one’s medical condition, do you believe he/she has benefited from the activities and services offered at the adult day care center?
   __Yes  __No
   If yes, in what way? (Check all that apply)
   __More sociable  __More mentally alert  __Less dependent on you
10. **Volunteer Care**

1) How would you rate your health?
   __Excellent   __Very Good   __Good   __Fair   __Poor

2) How often are you sick?
   __Seldom   __Once every three months   __Once a month
   __Twice a month   __More than twice a month

3) In general, how would you describe your emotional well-being?
   __Excellent   __Very Good   __Good   __Fair   __Poor

4) During the past three months, have you felt lonely?
   __Often   __Sometimes   __Never

5) How many times in the last three months were you able to attend to a medical appointment? *(not by program transportation)*
   __0   __1-2   __3-4   __5 or more

6) During the past three months, how many times have you been able to leave your home to attend to personal errands, such as banking and shopping? *(not by program transportation)*
   __0   __1-2   __3-4   __5 or more

7) How many times have you used our transportation service in the past three months? *(For new clients, programs should enter “0.”)*
   __0   __1-2   __3-4   __5 or more

8) During the past three months, have you experienced a problem that you could not find help to resolve? __Yes   __No
   If yes, please specify what type of problem.

**Follow-up Survey**

1) How would you rate your health?
   __Excellent   __Very Good   __Good   __Fair   __Poor

2) How often are you sick?
   __Seldom   __Once every three months   __Once a month
Performance Indicators

__Twice a month  __More than twice a month

3) In general, how would you describe your emotional well-being?
   __Excellent  __Very Good  __Good  __Fair  __Poor

4) During the past three months, have you felt lonely?
   __Often  __Sometimes  __Never

5) How many times in the last three months were you able to find transportation to a medical appointment?
   By program transportation
   __0  __1-2  __3-4  __5 or more
   By other means
   __0  __1-2  __3-4  __5 or more

6) During the past three months, how many times have you been able to leave your home to attend to personal errands, such as banking, shopping and/or social events?
   By program transportation
   __0  __1-2  __3-4  __5 or more
   By other means
   __0  __1-2  __3-4  __5 or more

7) During the past three months, did the program assist you to resolve a problem?
   __Yes  __No  __Not applicable/No problem
   If yes, please specify what type of problem.