



## INDEPENDENT LIVING PERFORMANCE MEASURE SURVEY

OMB Control Number: [3045-XXXX]  
Expiration Date: 10/31/2024





**Thank you for taking the time to complete this survey. We would like to know how the AmeriCorps Seniors volunteer who has been assisting you has affected your life.**

**All information will be kept confidential; please do not disclose your name. You may choose not to answer a question.**

**This 1st question is about how many hours of service that you may have received in the past 4 weeks from your AmeriCorps Seniors volunteer.**

**Tell us how many TOTAL HOURS in a typical week you received services.**

**Here is an example of how Mrs. Jones would answer question #1:**

**Her AmeriCorps Seniors volunteer usually spends one hour on Monday with and two hours on Wednesday. Therefore, the total hours a week that she receives services is 3 hours a week.**

**1. In a typical week, my AmeriCorps Seniors volunteer is with me for**

**hours**

**Please turn the page for the questions 2-13**



**Because I Have a AmeriCorps Seniors volunteer ...**

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
2) ... I feel less lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) ... I feel I have close ties to other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) ... I am able to do the things I need to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) ... I am able to do most things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) ... I am more satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) ... I can remain living in my own home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) ... I am able to get to the grocery store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) ... I am able to get to medical appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) ... I am able to take care of other necessary errands/appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) ... I am eating regularly scheduled meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>12) Overall, I am satisfied with my AmeriCorps Seniors volunteer.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13) Overall, the AmeriCorps Seniors Program has met my expectations.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>