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Final Report of the Senior Companion Quality of Care Evaluation

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- AmeriCorps, whose members serve with local and national organizations to meet community needs while earning education awards to help finance college or training;

- Learn and Serve America, which helps link community service and learning objectives for youth from kindergarten through college as well as youth in community-based organizations; and

- The National Senior Service Corps (Senior Corps), the network of programs that helps Americans aged 55 and older use their skills and experience in service opportunities that address the needs of their communities. Senior Corps includes the Retired and Senior Volunteer Program (RSVP), Foster Grandparent Program, and Senior Companion Program.

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*RTI International is a trade name of the Research Triangle Institute.

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Acknowledgments

This report is the final product of the *Senior Companion Program Quality of Care Evaluation*, prepared by RTI International for the Corporation for National and Community Service's Office of Evaluation. The report presents the study's findings about the role and value of senior companions at volunteer stations and in their communities.

The report represents substantial contributions from many individuals, including Donna Rabiner, Ph.D.; Scott Scheffler, M.Ap.St.; Beth Koetse, B.A.; Elizabeth Ponzi, B.A.; Jennifer Palermo, M.S.; Sandra Burt, B.A; Lynelle Hampton, B.A.; Benjamin Nemo, B.A. (all of RTI). The authors would like to acknowledge the assistance of the volunteer station supervisors who participated in the telephone survey and the Senior Companion Program project directors who facilitated communication with the volunteer station supervisors. They also would like to thank Mr. Chuck Helfer, Marcia Scott, Ph.D., and Nathan Dietz, Ph.D., Corporation for National and Community Service, Office of Research and Policy Development, and the staff from the National Senior Service Corps for their assistance in reviewing this report and for providing considerable input into the design and presentation of the information contained in this document.

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EXECUTIVE SUMMARY

This report presents findings for the national evaluation of the Senior Companion Program conducted for the Corporation for National and Community Service (Corporation). The Senior Companion Program provides grants to qualified agencies and organizations for the purposes of (a) engaging persons 60 and older, particularly those with limited incomes, in volunteer service to meet critical community needs and (b) providing a high-quality experience that will enrich the lives of the volunteers. The main goals of the program are to

(1) enable low-income persons aged 60 and over to remain physically and mentally active and to enhance their self-esteem through continued participation in needed community services;

(2) provide supportive services to adults with physical, emotional, or mental health limitations, especially older persons, in an effort to achieve and maintain their highest level of independent living;

(3) provide a stipend and other benefits, which enables eligible persons to participate as Senior Companions without cost to themselves.

The Senior Companions serve an average of 20 hours a week and generally visit between two and three clients each. The volunteers receive a small tax-free stipend for their service, along with insurance and certain other benefits. The clients that they serve are primarily homebound elderly people in frail health, most of whom live alone. The Senior Companions also visit clients with mental and developmental disabilities. In some cases, the companions assist clients in a group setting, such as a nutrition site or an adult day care center. For the most part, however, they visit clients in their homes.

The Senior Companion Program has helped many senior citizens to retain their dignity and independence in spite of failing health or disabilities. In addition, the visits of the Senior Companions provide a respite and reduce the level of stress for family members who are serving as caregivers.

Overview of Senior Companion Quality of Care Evaluation

In November 1998, RTI was awarded a contract by the Corporation to examine the impact of the Senior Companion Program on quality of life and quality of care outcomes for clients and families/caregivers served. The Corporation was also interested in examining the role and value of Senior Companions to their agencies and in their communities. To accomplish these objectives, RTI and the Corporation developed specific research questions, formalized study designs for each component of the evaluation, and developed and implemented several surveys that focused on specific issues. Site visits were also conducted at Senior Companion Program locations throughout the United States. Finally, rigorous data collection methods were used to analyze volunteer station, client, and family/caregiver data.

Volunteer Station Study and Survey Results

To examine the role and value of the Senior Companion Program to volunteer stations throughout the United States, RTI staff worked with the Corporation to develop a telephone survey that would be administered at one point in time to a national sample of volunteer station supervisors. The interview protocol was pre-tested with a group of volunteer station representatives. The following four study questions were the focus of the investigation:

- What agencies sponsored the Senior Companions, and what administrative procedures did they follow before deploying Senior Companions?
- How were Senior Companions deployed, and what services did they provide?
- What was the agencies' satisfaction with the Senior Companions?
- What effects did the Senior Companion Program services have on the agencies, the clients, their families, and the Senior Companions themselves?

Results from interviews with volunteer station supervisors in the spring of 2000 indicated the following:

- Typical agency sponsors were nonprofit home health agencies, nonprofit agencies on aging, multipurpose centers, public or congregate housing projects, or other social service agencies.
- Volunteer station supervisors generally assigned Senior Companions to clients based on geographic proximity, although a large proportion of respondents also considered first-come-first service status and the health status of clients when matching.
- Senior Companions typically served 2.7 clients each, with approximately nine Senior Companions serving at a given volunteer station.
- Typical tasks performed by Senior Companions to help clients included keeping clients company, assisting family/caregivers by giving them some time off, being with the client in case of an emergency, and making telephone calls for clients at home. Senior Companions were least likely to assist clients with paperwork, provide personal care assistance, and remind clients to take their medicine.
- Tasks routinely performed by Senior Companions to help agencies included notifying staff of client changes, providing an extra resource to the agency, serving as the eyes and ears of the agency, serving as client advocates, and directly communicating with family members.
- The vast majority of volunteer station supervisors were very satisfied with the overall quality of Senior Companion Program services (93 percent), the courtesy provided by Senior Companions (93 percent), and their ability to provide companionship to agency clients (93 percent). They also were very satisfied with the ability of companions to

provide respite for caregivers (87 percent) and with their reliability (87 percent). Volunteer station supervisors were the least satisfied with the Senior Companions' ability to provide transportation services to their clients (15 percent were not at all satisfied with this area).

- Seventy-nine percent of volunteer station supervisors felt that Senior Companions were as responsible as paid volunteer station staff and 72 percent felt that the skill level of Senior Companions was as high as that of volunteer station staff.

- Sixty-four percent of agency staff reported that Senior Companions freed up their staff to do other agency work. When the total responses were divided into various categories, 9 percent said that more than 30 percent of a staff person's time was saved, 8 percent said that between 20 and 30 percent of a staff person's time was saved, 24 percent said that between 10 and 20 percent of a staff person's time was saved, and 13 percent said that up to 10 percent of a staff person's time was saved. Approximately 36 percent of study respondents said that no staff time was saved.

Overall, Senior Companions played an important function in enabling the volunteer stations to expand the supply of independent living services available to clients served. Volunteer station supervisors valued the types of assistance that the Senior Companions provided to their staff, and they were very satisfied with the roles that Senior Companions performed at their various locations. Finally, volunteer station supervisors felt that other senior service providers, as well as the broader community-at-large, also recognized and valued the Senior Companion Program as an important resource to the communities served.

One suggestion made to improve the program was to refine and expand the training programs provided to Senior Companions on an ongoing basis. A goal of the training would be to increase the overall skill level of all Senior Companions placed at volunteer stations. (Approximately 22 percent of volunteer station respondents felt that Senior Companions were not as skilled as their paid employees). Senior Companions clearly should not be trained to perform medical procedures nor engage in many other "high tech" clinical services provided in many agency settings; however, there may be other areas where they can perform appropriate roles while better serving their volunteer stations (e.g., directly communicating with family members, serving as client advocates, being good listeners when visiting with clients, etc.). Additional training in these areas would likely increase the quality of services being provided, and as a result, the proportion of volunteer station supervisors who would feel that Senior Companions were at least as skilled as their paid agency staff.

Similarly, whereas 96 percent of volunteer station supervisors felt that Senior Companions were as responsible as (or more responsible than) their own agency staff, another 4 percent felt that Senior Companions were not as responsible as their agency staff. With additional training and/or ongoing supervision on the importance of being on time and staying for the allotted time frame at each client's home, it is likely that the proportion of volunteer station supervisors who feel that Senior Companions are as responsible as (or more responsible than) agency employees would increase even further.

Client and Family/Caregiver Studies and Survey Results

To examine the impact of the Senior Companion Program on quality of life and quality of care outcomes for clients and family members/caregivers served, it was necessary to develop a research design that would allow for interviews to be conducted over time. The goal was to conduct baseline telephone interviews with new Senior Companion Program clients and family members (our "treatment group" subjects) at the time of being matched with Senior Companions, and then again three and nine months later. It also was necessary to select one or more comparison groups to examine relative program effects over time.

A quasi-experimental group study was developed with one treatment group and at least one comparison group for the client and family/caregiver studies. The client comparison groups included (a) those newly placed on the waiting list for Senior Companion Program services and (b) those newly receiving other volunteer station services (but not Senior Companion Program services) at a volunteer station. The family comparison group included family members/caregivers of those newly placed on the waiting list for Senior Companion Program services.

Telephone surveys were developed, pre-tested, and further refined during the winter/spring of 1999. Interviews were conducted with clients and family members/caregivers from October 1999 through September 2002. Client and family outcomes examined at each of the three points in time included life satisfaction, depressive symptoms (clients only), caregiver burden (caregivers only), unmet need for services, health status of clients, functional status of clients, social functioning of clients, and satisfaction with services. Qualitative data also were obtained to determine the best and worst things about the Senior Companion Program (asked only of Senior Companion Program participants) and the most difficult aspect of caring for an older person (asked only of family members/caregivers).

The key study questions addressed included the following:

- How does the Senior Companion Program affect the quality of life of frail older adults?
- What is the level of client satisfaction with Senior Companion Program services compared to similar services delivered by other providers?
- To what extent do Senior Companions reduce clients' unmet needs for assistance with activities of daily living?
- How does the Senior Companion Program affect the quality of life of family members/caregivers?
- What is the level of family member/caregiver satisfaction with Senior Companion Program services as compared with similar services delivered by other providers?

Results from the Client Survey

A number of favorable outcomes were reported by Senior Companion Program clients relative to those on the waiting list and/or those receiving other agency services. At three-month follow-up, Senior Companion Program clients reported having relatively:

- more favorable self-reported health status,
- higher overall functional status,
- higher life satisfaction,
- fewer depressive symptoms,
- fewer unmet needs for special transportation,
- fewer unmet needs for personal care,
- higher overall satisfaction with care satisfaction with time off for family members, and
- increased satisfaction with time spent with the Senior Companion versus other health/social service in-home providers.

By nine-month follow-up, however, there was a reduction in the number of significant effects of the Senior Companion Program on client health and well-being.[1]

The following Senior Companion Program client effects were reported:

- improvement/maintenance of self-reported health now compared to one year ago,
- fewer depressive symptoms,
- fewer unmet needs for meal preparations, and
- increased likelihood of being very satisfied with the time off for family members.

Two Senior Companion Program client effects were stable and significant across both follow-up time frames, namely, the reduction in depressive symptoms and the increased likelihood of being very satisfied with the amount of time off given to family members.

Open-ended comments indicated that Senior Companion Program clients thought highly of the Senior Companion Program. The most appreciated components of the program included

[1] Possible explanations for the reduction in the number of client effects at nine-month follow-up are provided in Chapter Six.

the companionship provided, the actual existence of the "overall program," and their specific Senior Companions.

Of the Senior Companion Program clients who provided specific suggestions of ways to improve the program, typical recommendations included: increasing the amount of time that Senior Companions spent with them, providing an additional number of Senior Companions to serve the program, and improving the level of service quality.

Results from the Family/Caregiver Survey

A limited number of effects of the Senior Companion Program on family/caregiver well-being were observed at three- and nine-month follow-up. Whereas a smaller number of significant program effects were reported for Senior Companion Program family members relative to their Senior Companion Program clients at three- or nine-month follow-up, the magnitude of the family/caregiver effects tended to be quite large. At three-month follow-up, family members of Senior Companions reported being more likely (than family members of clients who were on the waiting list for Senior Companion Program services) to

- be very able to cope very well with the responsibility of caring for a frail relative, and
- have fewer unmet needs with special transportation services.

At nine-month follow-up, a slightly larger number of significant findings emerged. Specifically, Senior Companion Program family members were more likely to report:

- a higher level of client activity of daily living functioning,
- fewer unmet needs for special transportation services, and
- increased likelihood of being very satisfied with the reliability of their Senior Companion (relative to other in-home care providers).

Other effects reported from open-ended responses to the family survey also suggested that family members/caregivers benefited from and appreciated the services being provided to their relatives. The main components of the program that family members valued included the companionship provided, caregiver relief, and the reliability/necessity of the Senior Companions. Recommendations made to further improve the program included allowing Senior Companions to spend additional time with their relatives, improving the quality of services provided, and providing additional Senior Companions to serve the program.

Finally, results from the analysis of one additional question about the ability to work after affiliating with the Senior Companion Program indicated that at three-month follow-up, 24 percent of Senior Companion Program family members were "better able to work" as a result of having the Senior Companion visit their loved one. By nine-month follow-up, this proportion increased to 35 percent. In contrast, 76 percent of Senior Companion Program family members stated that having the Senior Companion made no difference in their ability to work at three-month follow-up; yet by nine-month follow-up, this percentage dropped to 64 percent.

Comparison of Results from Client and Family Member/Caregiver Surveys

The results reported above indicate that both clients and family members/caregivers benefited directly from the Senior Companion Program. More specifically, Senior Companion Program clients and Senior Companion Program family members reported having fewer unmet needs, improvements in some health status outcomes relative to comparison group members, and increased satisfaction with specific components of care. Whereas Senior Companion Program clients were found to experience a larger number of favorable outcomes relative to their Senior Companion Program family counterparts, the magnitude of reported effects tended to be larger for family members when outcomes were compared across survey types.

Among the consistent, favorable results reported by clients and/or family members over time were the reduction in the number of depressive symptoms reported by Senior Companion Program clients (relative to clients on the waiting list for Senior Companion Program services), the reduction in Senior Companion Program client unmet needs for assistance with various activities of daily living, the relative increase in satisfaction with Senior Companion Program (versus non-Senior Companion Program) in-home services provided, and the increased ability of family members/caregivers to remain employed as a result of having Senior Companions care for their frail relatives at home.

Other significant results that were less stable over time included the increase in life satisfaction among Senior Companion Program clients, the relative increase in the functional status of Senior Companion Program clients, the relative increase in client self-reported health, the increased likelihood that Senior Companion Program family members/caregivers were very well able to cope with the responsibility of caring for a frail relative, and the relative maintenance/improvement of Senior Companion Program client self-reported health when compared to that of one year ago.

Despite these positive findings, a number of family members and clients raised the issue of service quality when suggesting ways to improve the program. Therefore, it would be worthwhile for Senior Companion Program Directors to consider expanding or refining their existing training and screening programs to be sure that the volunteers whom they routinely place in clients' homes have received the best available information and training both before and throughout the time that they serve Senior Companion Program clients.

Similarly, it appears from reported findings that clients and family members perceive there to be a shortage of Senior Companions who are available to serve frail clients at home. Given this reported finding, additional Senior Companions need to be recruited to serve the increasing number of frail older adults who are eligible for program services.

Concluding Comments and Recommendations for Subsequent Research

With the large baby boom population getting ready to retire, the Senior Companion Program provides an opportunity for well intentioned seniors to give back to their communities. We know that the number of available volunteers aged 45 to 64 is expected to increase by 34 percent over the next two decades. Only 44 percent of the adult population generally volunteers in a given year; however, it is possible that by offering individuals new and expanded

opportunities to serve their communities, larger numbers of baby boomers would begin to participate in this type of service program. At the same time, with the number of Americans over age 65 rapidly increasing from 4.2 million in 2000 to 8.9 million in 2030, there will soon be a pressing need for policy makers to find alternative ways to serve frail older adults residing in the community.

Given the overall findings reported in this study, the Senior Companion Program has had a positive impact on the agencies, clients, and family members/caregivers served by the program. Overall, the respondents from this national evaluation valued the roles provided by Senior Companions and the activities that they performed. In fact, in the few instances in which improvements were recommended by clients and/or family members, the main suggestion made was to increase the number of hours that Senior Companions spent with clients on a weekly basis.

CHAPTER ONE
Introduction

The Senior Companion Program (SCP) provides grants to qualified agencies and organizations for the dual purposes of engaging persons aged 60 and older, particularly those with limited incomes, in volunteer service to meet critical community needs and providing a high-quality experience that will enrich the lives of the volunteers. The main goals of the program are to

(1) enable low-income persons aged 60 and older to remain physically and mentally active and to enhance their self-esteem through continued participation in needed community services;

(2) provide supportive services to adults with physical, emotional, or mental health limitations, especially older persons, in an effort to achieve and maintain their highest level of independent living; and

(3) provide a stipend and other benefits, which enables eligible persons to participate as Senior Companions without cost to themselves.

The Senior Companions serve an average of 20 hours a week and generally visit between two and three clients each. The volunteers receive a small tax-free stipend for their service, along with insurance and certain other benefits. The clients they serve are primarily homebound elderly people in frail health, most of whom live alone. The Senior Companions also visit clients with mental and developmental disabilities. In some cases, the companions assist clients in a group setting, such as a nutrition site or an adult day care center. For the most part, however, they visit clients in their homes.

Senior Companions help their clients with the tasks of daily living. They may buy groceries, prepare meals, do light chores, provide transportation, or do errands of various kinds. Most importantly, they provide vital human contact and companionship for the clients, some of whom have few other links to the outside world. The Senior Companions offer an essential communication link between the clients and the volunteer stations, since their regular visits allow continuous monitoring of clients' health and well-being. The SCP has helped many senior citizens to retain their dignity and independence in spite of failing health or disabilities. In addition, the visits of the Senior Companions provide a respite and reduce the level of stress for family members who are serving as caregivers.

The SCP was authorized under title II, Part C, of the Domestic Volunteer Service Act of 1973, as amended (Public Law 93-113). It funded its first projects in 1974, and by 2001 had grown to over 200 projects and several thousand volunteer stations nationwide. Each SCP provides Senior Companions to a number of agencies known as volunteer stations. The volunteer stations assign the Senior Companions to individual clients and, in some instances, adult day care and other settings. Staff members at the volunteer stations provide day-to-day supervision of the Senior Companions. In fiscal year 2001, the volunteer stations supported the service of 15,000 Senior Companions who served 61,000 mostly frail and elderly clients. The

federal budget for the program that year was $39.1 million, and local contributions by nonfederal agencies amounted to almost $27.3 million more (Corporation for National and Community Service, 2002). The SCP forms a part of the National Senior Service Corps, along with the Foster Grandparent Program (FGP) and the Retired and Senior Volunteer Program (RSVP). The National Senior Service Corps has been administered by the Corporation for National and Community Service (the Corporation) since 1993.

Rationale for, and Overview of the Senior Companion Quality of Care Study

In November 1998, RTI was awarded a contract by the Corporation to examine the impact of the SCP on quality of life and quality of care outcomes for clients and families/caregivers served. The Corporation was also interested in examining the value of Senior Companions to the agencies, known as volunteer stations, and communities served. RTI and the Corporation worked together to examine the impact of the program from a variety of important perspectives. We developed specific research questions, formalized study designs for each component of the evaluation, and drafted and implemented surveys to focus on specific issues.

Other national evaluations of home- and community-based services, such as the National Long Term Care (or "Channeling") Demonstration, previously assessed the impact of their federally-funded program on clients and caregivers served (Carcagno & Kemper, 1988). We decided that it would be important to determine whether family members/caregivers would be equally important in an evaluation of the SCP. Therefore, we conducted stakeholder interviews with a random sample of over 100 SCP Directors and volunteer station supervisors during our planning phase, and we found from the majority of respondents that caregivers/family members benefited as much from the SCP as did clients, themselves. Respondents felt strongly that unless we included a separate interview with family members/caregivers, we would overlook a critical perspective and an important beneficiary of the SCP. For this reason, we decided that the SCP study should include interviews with both clients and family members/caregivers.

We also wanted to understand both short-term and longer-term impacts of the program on clients and caregivers/family members being served. We recalled that the vast majority of volunteer station supervisors and SCP directors with whom we had spoken during our planning phase felt that the effects of the program on clients and family members/caregivers would be "immediate." We wanted to measure the short-term impact of the program to ensure that the main effects of the program would not be missed by waiting too long to follow-up with individuals served, but we also were curious to determine whether program effects would be sustained over an extended period of time. For this reason, we consulted with the Corporation and jointly decided that the client and family studies would include two follow-up intervals, one soon after the program was initiated by clients and their families/caregivers, and a second follow-up several months later.

We also found from preliminary interviews with volunteer station representatives that they very much valued and relied on the SCP, both to provide services to existing clients and to serve additional clients. Given this additional information, we decided that it would be important to systematically determine the impact of the program on the volunteer stations and larger community being served.

The volunteer station interview was conducted in the spring of 2000, with the baseline client and family interviews initiated in October 1998. Follow-up interviews with clients and family members/caregivers were planned to be conducted approximately three- and six-months later.

The Office of Management and Budget (OMB), the volunteer station assigned to oversee and approve any federally-funded study that obtained data on more than nine given subjects, approved the SCP Quality of Care Study, and allowed the volunteer station survey to be administered in the spring of 2000. It also allowed us to begin interviewing clients and family members starting in October 1998. However, OMB determined that aspects of the SCP Quality of Care Study could not be administered during the first six months of 2000, when the U.S Census was to be conducted in all U.S. households.

OMB allowed us to conduct three-month follow-ups with the initial baseline sample (collected between the months of October and December 1999), but we were not able to conduct six-month follow-up interviews, as planned, until after June 2000. Therefore, our second follow-up interval had to be postponed until July 2000, a full nine-months after the initial baseline sample was obtained. As a result, the study design of our client and family/caregiver surveys changed to the following: interviews with clients and family members at baseline (the start of the SCP program), and approximately three- and nine-months later. We followed this revised protocol for the duration of the study.

Site visits were also conducted at SCP locations throughout the United States. Finally, rigorous data collection methods were used to analyze volunteer station, client, and family data. A brief synopsis of each study is provided below.

Overview of the Volunteer Station Study

To examine the role and value of the SCP to volunteer stations throughout the United States, RTI staff worked with the Corporation to develop a telephone survey that would be administered at one point in time to a national sample of volunteer station supervisors. Respondents were located through a two-stage process. First, RTI staff selected 40 Senior Companion projects with probability of selection proportionate to the size of the project. Next, staff made a random selection of approximately four agencies per project. The SCP directors and volunteer station supervisors were contacted to secure their cooperation with the survey effort. Each volunteer station identified the individual who supervised its Senior Companions, and these supervisors were asked to respond to the telephone survey. Data were collected in April and May 2000. The interview protocol was pretested with a group of volunteer station representatives. The following four research questions were the focus of the investigation:

- What agencies sponsored the Senior Companions, and what administrative procedures did they follow before deploying Senior Companions?
- How were Senior Companions deployed, and what services did they provide?
- What was the volunteer stations' satisfaction with the Senior Companions?

- What effects did the SCP services have on the volunteer stations, the clients, their families, and the Senior Companions themselves?

The majority of the survey questions were developed specifically for this study. Additional information on the volunteer station study can be found in **Chapter Two**.

Overview of the Client and Family Studies

To examine the impact of the Senior Companion program on quality of life and quality of care outcomes for clients and family members/caregivers served, it was necessary to develop a research design that would allow for interviews to be conducted over time. The goal was to conduct baseline interviews with new SCP clients and family members (our "treatment group" subjects) right at the time of being matched with Senior Companions and then again at three- and nine-month follow-ups. It also was necessary to select one or more comparison groups to examine relative program effects over time. RTI collaborated with the Corporation to develop its comparison group strategy.

A quasi-experimental group study was developed with one treatment group and comparison groups for the client and family member/caregiver surveys. The client comparison groups included (a) those newly placed on the waiting list for SCP services and (b) those newly receiving other volunteer station services (but not SCP services) at a volunteer station. The family comparison group included family members of those newly placed on the waiting list for SCP services.

The key research questions to be answered included the following:

- How does the SCP affect the quality of life of frail older adults?
- What is the level of client satisfaction with SCP services compared to similar services delivered by other providers?
- To what extent do Senior Companions reduce clients' unmet needs for assistance with activities of daily living?
- How does the SCP affect the quality of life of family members/caregivers?
- What is the level of family member/caregiver satisfaction with SCP services as compared to similar services delivered by other providers?

Client and family/caregiver quality of life outcomes were selected after thoroughly reviewing the literature. We selected items that had been used widely, had strong psychometric properties, and were sensitive to changes over time. A few measures were developed specifically for this study, such as client and family satisfaction with care, as there were no extant measures available to examine these specific items.

The key outcomes analyzed included life satisfaction, depressive symptoms (clients only), caregiver burden (caregivers only), unmet need for services, health status of clients, functional status of clients, social functioning of clients, and satisfaction with services.

Qualitative data also were obtained to determine the best and worst things about the SCP (asked only of SCP participants) and the most difficult aspect of caring for an older person (asked only of family members/caregivers). Additional information on the client and family studies may be found in **Chapters Three** and **Four**.

CHAPTER TWO
Highlights from the Volunteer Station Study

This chapter provides an overview of the volunteer stations study, including characteristics of the volunteer station sample, research questions asked, methods followed, and key results from the volunteer station survey.[2] The volunteer station survey was designed to assess the extent to which the SCP was valued by service providers and examine how it affected the quality of services delivered to frail older adults in the community. In particular, it sought to determine what roles the Senior Companions played at the volunteer stations and whether they enabled their volunteer stations to expand the services that they provided to senior citizens. The volunteer station study focused on the following four research questions:

- What agencies sponsored the Senior Companions, and what administrative procedures did they follow before deploying Senior Companions?
- How were Senior Companions deployed, and what services did they provide?
- What was the volunteer stations' satisfaction with the Senior Companions?
- What effects did the SCP services have on the volunteer stations, the clients, their families, and the Senior Companions themselves?

Volunteer Station Study Design and Methods

The cross-sectional (one-time) survey of volunteer station staff was conducted by telephone during the spring of 2000. Respondents were located through a two-stage process. First, RTI staff selected 40 Senior Companion projects with probability of selection proportionate to the size of the project. Next, staff made a random selection of approximately four agencies per project. The SCP directors and volunteer station supervisors were contacted to secure their cooperation with the survey effort. Each volunteer station identified the individual who supervised its Senior Companions, and these supervisors were asked to respond to the telephone survey. Of 172 interview attempts, 155 were successful, which gave the telephone survey a response rate of just over 90%. The interview protocol was pretested with a group of volunteer station representatives. A complete copy of the questions asked of volunteer station respondents may be found in **Appendix D1**. The volunteer data were analyzed using descriptive analytic methods, including frequencies and percentages, for each response category. Results for each of the four research questions are presented in tabular or graphic form below.

Key Volunteer Station Survey Results

The key volunteer station survey results are reported by study question below.

[2] The complete set of findings from this volunteer station survey may be found in the following document: Corporation for National and Community Service (2001). The Role and Value of Senior Companions in Their Communities. Prepared for the Corporation by RTI. Washington, DC: U.S. Government Printing Office.

RESEARCH QUESTION 1:
What volunteer stations sponsored Senior Companions, and what administrative procedures did they follow before deploying Senior Companions?

The community agencies that recruited, trained, and supervised Senior Companions provide services to senior citizens—social services, health services, or a combination of the two. The respondent group for this study consisted of 155 volunteer station supervisors. Their characteristics are described again in **Exhibit 1**.

Exhibit 1. Characteristics of a Typical Survey Respondent to the Volunteer Station Survey

Respondent Characteristics	Typical Respondent Profile
Age	49 years old
Gender	Female
Duration employed by volunteer station	9 years
Duration served as volunteer station supervisor	5.5 years
Educational background/training	Social work or nursing

The characteristics of typical sponsoring agencies are presented in **Exhibit 2**. Those who participated in this survey reported that their agencies had been involved with Senior Companions for an average of nine and one-half years. The volunteer stations provide various types of services to their senior citizen clients or younger adults with special needs. These ranged from adult day care or senior citizen services, special transportation, and home-delivered meals to visiting nurse or home health aide services, physical therapy, and mental health services.

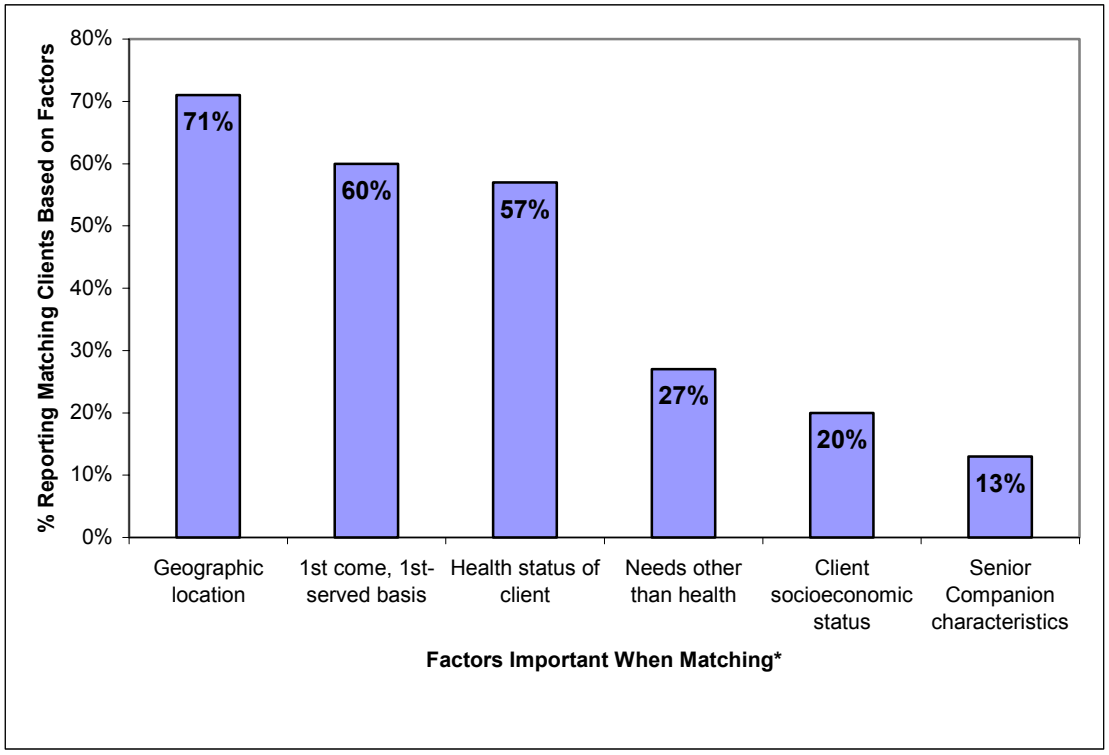
Exhibit 2. Characteristics of a Typical Sponsoring Volunteer Station Partner

Volunteer Station Characteristics	Typical Volunteer Station Profile
Number of years involved with SCP	9.5 years
Number of Senior Companions	9, with 8 serving in a home setting and 1 serving in a group setting
Number of clients seen by Senior Companions	23 clients, with 18 served in the home setting and 5 served in a group setting
Type of services provided	40% providing non-health related services, 38% providing both health and non-health services (full-service agencies), and 22% providing health-related services

For purposes of analysis in this study, the volunteer stations were divided into three groups, according to the types of services provided: those providing primarily health-related services (22%), those providing services that are not health-related (40%), and those providing services of both types (38%) (here termed the "full-service" group of agencies).

The factors considered when assigning Senior Companions to clients are shown in **Exhibit 3**. The majority of volunteer station supervisors matched clients and companions based on geographic proximity (71%), although a large proportion of respondents also considered first-come-first-serve status and the health status of clients when matching. The non-health needs of clients, client socioeconomic status, and characteristics of Senior Companions were less often considered when making the initial Senior Companion/client match.

Exhibit 3. Factors Considered when Assigning Senior Companions to Clients



*Percentages sum to greater than 100% since multiple responses were possible.

RESEARCH QUESTION 2:
How were the Senior Companions deployed?

The Senior Companions provided a wide range of services to their clients, each of whom had a different set of needs. In addition, the Senior Companions played a variety of roles at the volunteer stations. For example, some volunteer stations reported that the Senior Companions made it possible for them to serve more clients. Others said that the Senior Companions served a vital monitoring function and provided valuable input into case management decisions.

Services to clients

The majority of Senior Companions served clients in an individual setting. On average, volunteer stations reported supervising approximately nine Senior Companions in all, including eight who served clients in their homes, and one who served clients in a group setting. The average number of clients per Senior Companion was 2.7 for all Senior Companions and 2.5 for

Senior Companions who provided services in a home setting. The one-on-one aspect of most Senior Companions' work was an important feature of the program.

Exhibit 4 presents some of the tasks that the Senior Companions perform to help their clients, as reported by the survey respondents.

Exhibit 4. Tasks Senior Companions Perform to Help Clients, by Frequency (percentage of agencies reporting each frequency)

Type of Service	How Often Performed		
	Often	Sometimes	Not at All
Keeping clients company	98%	2%	0
Assisting family/caregivers by giving them time off	59%	30%	12%
Being there in case of an emergency	58%	31%	11%
Making phone calls for clients	34%	43%	23%
Reminding clients to take medicine	32%	35%	33%
Running errands	28%	49%	24%
Preparing meals	26%	55%	19%
Assisting with light chores	26%	52%	22%
Taking clients to medical appointments	24%	50%	26%
Going shopping	20%	55%	25%
Providing personal care assistance	14%	46%	40%
Assisting with paperwork	13%	54%	33%

Note: Because of rounding, totals may not equal 100%.

Services provided to volunteer stations

The Senior Companions played a number of valuable roles for their volunteer stations, above and beyond the specific services that they performed for the clients. Because of their regular visits and close attention to the clients, the Senior Companions served as a key communication link between the clients and the staff of the volunteer station.

Exhibit 5 presents the functions that Senior Companions generally performed to help volunteer station personnel.[3] Whereas 75% of volunteer station respondents felt that Senior Companions often notified staff of client changes, and 61% reported that Senior Companions often provided an additional resource to the volunteer station, a surprisingly large proportion (44%) did not feel that Senior Companions freed up staff time to see other patients. Similarly, 58% stated that Senior Companions did not attend case management sessions. The results from **Exhibit 5** indicate that many of the delineated functions were performed by Senior Companions on a routine basis; however, there were a few areas where Senior Companions did not serve at the volunteer station.

Exhibit 5. Functions Senior Companions Performed to Help Volunteer Stations, by Frequency (percentage of agencies reporting each frequency)

	How Often Performed		
Function or Task	**Often**	**Sometimes**	**Not at All**
Notifying staff of client changes	75%	15%	10%
Providing an additional resource to the volunteer station	61%	15%	24%
Serving as the eyes and ears of the volunteer station	57%	30%	13%
Serving as client advocates (i.e., asking for what the client may need from the volunteer station)	57%	38%	5%
Directly communicating with family members	49%	41%	10%
Freeing up staff time to see other volunteer station clients	40%	16%	44%
Attending case management meetings	16%	26%	58%

Note: Because of rounding, totals may not equal 100%.

[3] The main difference between Exhibits 4 and 5 is that the results from Exhibit 4 focus on benefits of the program to clients, whereas the results from Exhibit 5 highlight benefits of the program to the volunteer stations.

RESEARCH QUESTION 3:
What was the agencies' satisfaction with the Senior Companions?

The survey data showed that the volunteer stations were extremely satisfied with most of the services that the Senior Companions provided to their clients. The volunteer station representatives addressed several different aspects of the Senior Companions' services in reporting their level of satisfaction, as shown in **Exhibit 6**.

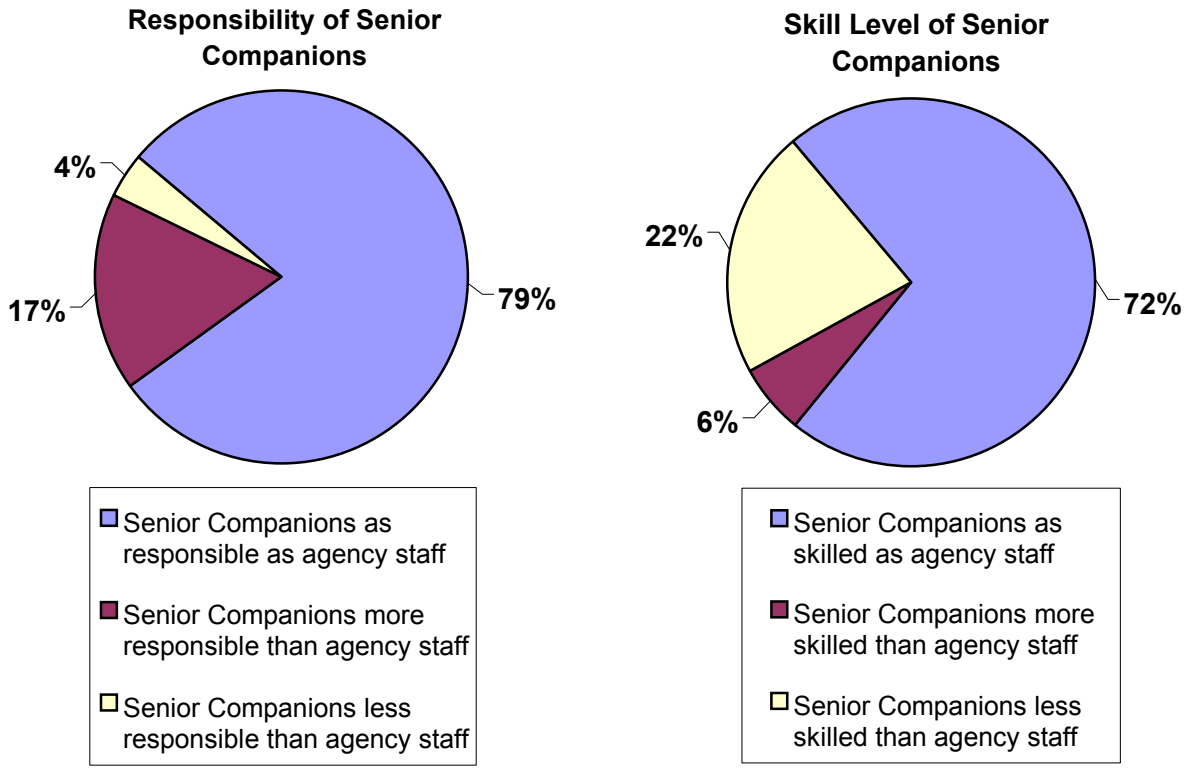
Exhibit 6. Agencies' Level of Satisfaction with Specific Aspects of Senior Companion Services

Aspect of Services	Percentage Reporting Each Level of Satisfaction		
	Very Satisfied	Somewhat Satisfied	Not at all satisfied
Overall quality of Senior Companion Services	93%	7%	0%
Courtesy	93%	7%	0%
Ability to provide companionship	93%	7%	0%
Ability to provide respite for caregivers	87%	13%	0%
Reliability	87%	13%	1%
Amount of time spent with clients	77%	23%	0%
Ability to provide assistance with clients' personal care needs	74%	25%	1%
Ability to prepare meals	73%	27%	0%
Number and type of services to meet clients' special needs	65%	35%	1%
Ability to provide transportation	45%	40%	15%

Note: Because of rounding, totals may not equal 100%.

In addition to reporting their overall satisfaction with the Senior Companions' services, survey respondents were asked to compare the Senior Companions to volunteer station staff in terms of their responsibility and level of skill. These results are shown in **Exhibit 7**. Seventy-nine percent of volunteer station supervisors felt that Senior Companions were as responsible as paid volunteer station staff, whereas 72% felt that the skill level of Senior Companions was as high as that of volunteer station staff. An additional 17% felt that Senior Companions were more responsible than volunteer station staff, and an additional 6% felt that Senior Companions were more skilled than typical volunteer station staff. Only 4% of volunteer station supervisors felt that Senior Companions were less responsible than typical volunteer station staff; however, 22% believed that Senior Companions were less skilled than paid volunteer station staff.

Exhibit 7. Responsibility and Skill Level of Senior Companions Relative to Volunteer Station Staff



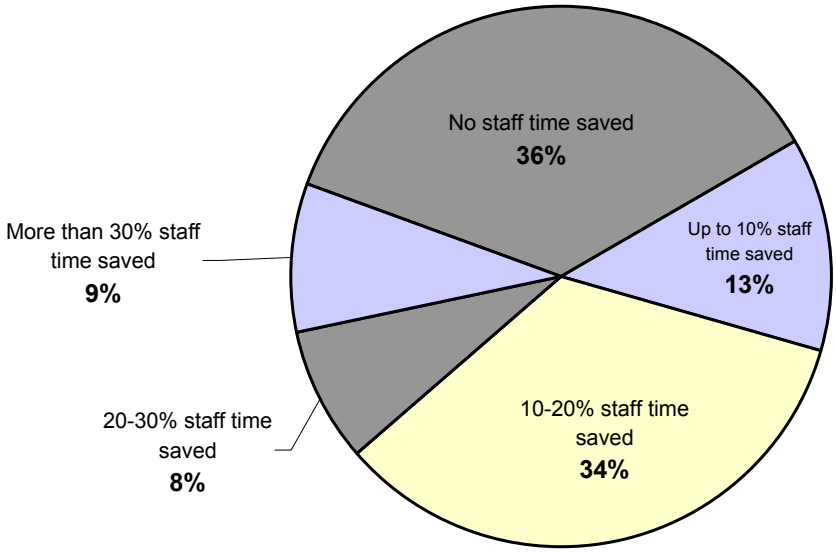
RESEARCH QUESTION 4:
What effects did the SCP services have on volunteer stations, clients, and other interested parties?

Looking beyond the question of volunteer station satisfaction with SCP services, the survey included several questions about the effect of the SCP on the volunteer stations themselves. The questions addressed the effect of program services on the agencies' service capacity and costs and the value that the volunteer stations assign to the SCP in general. Respondents were also asked to state what effects the program has had on the clients served and also on clients' family members or caregivers.

Effects of the SCP on volunteer stations' service capacity

A majority of the agencies (64%) reported that the Senior Companions freed up their staff to do other volunteer station work. The total responses were divided into various categories, as shown in **Exhibit 8**.

Exhibit 8. Percentage of Volunteer Station Staff Member's Time Freed



When asked what types of activities their staff members could do as a result of the assistance of Senior Companions, 98% of the agencies that said their staff's availability had been increased reported that they could provide additional services to their current clients. Almost as many in this group (95%) said they could provide services to new clients. In addition, 86% of these respondents said that the Senior Companions enabled them to offer more services to clients who had special needs or required special attention. One volunteer station respondent noted that "the [Senior Companion] Program provides services to clients that staff do not have time for…a wonderful positive asset to the organization."

Effects of the SCP services on clients

The volunteer station representatives reported a number of benefits resulting from the services that Senior Companions provided to their clients. The survey asked in particular about cost savings of various types for the clients being served. In the categories of personal care and assistance with meal preparation, a majority of the respondents (55% and 70%, respectively) reported that their clients spent about the same amount of money as they did before they had a Senior Companion. However, a substantial number of respondents (44%) said that clients spent less on personal care than before they had a Senior Companion, and 29% said that clients spent less on meal preparation. Cost savings to clients were reported most often in the area of special transportation to help them get around (55%). Almost none of the respondents (1 to 2%) reported that their clients spent more money for these purposes after they were paired with a Senior Companion.

Effects of SCP services on clients' families

As mentioned earlier, many Senior Companions provided a respite for the family members or other full-time caregivers of their clients. Knowing that the clients were in capable

hands allowed the caregivers to take time off for themselves. The Senior Companions' regular visits also provided greater peace of mind to family members who were not caregivers on a full-time basis but needed to spend much of their day at work. One volunteer station respondent noted that "we deal with caregivers who sometimes can be very stressed. Four hours a day is a big break for a caregiver."

Summary of Volunteer Station Findings

The major findings of the volunteer station study are reported below.

- There was a very high level of satisfaction with the Senior Companions and the services that they provided. In particular, the volunteer stations gave high marks to the Senior Companions for their courtesy and reliability, the amount of time they spent with the clients, and their ability to provide most types of services.

- Senior Companions enabled agencies to serve additional clients and to expand the services that they provided to their present clients. When surveyed, 57% of the volunteer station representatives said that having the Senior Companions made it possible for their agencies to serve additional clients. Those who credited the Senior Companions with allowing them to serve more clients reported serving an average of 45 additional volunteer station clients (or approximately five clients per Senior Companion) as a result of the Senior Companions' service. Several respondents said that they assigned Senior Companions to clients with a higher level of functioning so that volunteer station staff could focus on the clients with the greatest service needs.

- Senior Companions performed important roles to help agencies. Ninety percent of volunteer station respondents felt that Senior Companions often or sometimes notified staff of client changes, served as client advocates, and directly communicated with family members about client needs. Similarly, 87% of the volunteer station representatives stated that Senior Companions served as the "eyes and ears" of the volunteer station.

- Agencies regarded the Senior Companion as an extremely valuable resource for client care. About 89% of the volunteer station representatives rated the Senior Companions as "extremely valuable" in what they contributed to clients' care. They also reported that the SCP was highly valued by other senior-serving agencies and the community at large.

- Senior Companions provided clients with much needed services. The volunteer station respondents stated that Senior Companions provided clients with a number of very necessary services, and in some cases they enabled clients to spend less money on transportation, personal care, and meal preparation. Cost savings to clients were greatest in the area of special transportation, with 55% of respondents saying that their clients spent less money for these services once they were matched with Senior Companions, although 44% also said that their clients spent less on personal care, and 29% said that their clients spent less on meal preparation.

- For the client's family members and caregivers, the Senior Companions provided valuable respite care. Over 75% of the volunteer station representatives said that family

members were better able to remain employed as a result of SCP services. Many volunteer station respondents also reported that family members had reduced levels of stress and a greater sense of well-being as a result of having Senior Companions to assist their family members at home.

- Lastly, a number of respondents reported mental and physical health benefits to the Senior Companions as a result of their work. One primary goal of the SCP was to enable low-income persons aged 60 and older to remain physically and mentally active and to enhance their self-esteem through continued participation in needed community services. Many volunteer station respondents stressed that the SCP clearly had achieved this goal. They reported that many Senior Companions increased self-esteem and self-worth through the experience of helping frail seniors to remain healthy and living independently at home.

In conclusion, Senior Companions played an important function in enabling the volunteer stations to expand the supply of independent living services available to the clients that they served. While Senior Companions did not provide every possible function delineated in **Exhibit 5** on a routine basis, volunteer stations generally were very satisfied with the roles that Senior Companions performed at their various locations. They also greatly valued the types of assistance that the Senior Companions provided to their volunteer station staff, who were then free to attend to other important volunteer station activities. Finally, volunteer station respondents felt that other senior service providers, as well as the broader community at large, also recognized and valued the SCP as an important resource to the communities served.

CHAPTER THREE
Highlights from the Client Study

This chapter provides an overview of the client study, including the research questions asked, methods followed, characteristics of the client sample, and results from the three-month and nine-month follow-up analyses. The client surveys were designed to determine the impact of the program on quality of care and quality of life outcomes for frail older adults living in the community over time. The client study focused on examining the following three research questions:

- How does the SCP affect the quality of life of frail older adults?
- What is the level of client satisfaction with SCP services compared to similar services delivered by other providers?
- To what extent do Senior Companions reduce clients' unmet needs for assistance with activities of daily living?

Client Study Design and Methods

As noted in **Chapter One**, in order to examine the impact of the SCP on quality of life and quality of care outcomes for clients served, it was necessary to develop a research design that allowed for data collection at multiple points in time. The goal was to conduct baseline interviews with new SCP clients at the time of being matched with Senior Companions and at follow-up interviews three and nine months later. It also was necessary to select one or more comparison groups to examine relative program effects over time. A quasi-experimental design was developed with sampling at three stages.

At the first stage, 50 SCP projects were randomly selected from a national listing. Projects were selected with probability proportional to size (PPS) to ensure that both large and small projects would be represented. At the second stage, a random sample of four volunteer stations was selected at each of the 50 previously selected projects (or a total of about 200 agencies). At the third and final stage, a census was taken of all prospective clients.

Clients were classified into one of the following three mutually exclusive groups: (1) those newly receiving SCP services (the "treatment group" for this study), (2) those newly placed on the waiting list for SCP services (known as "WL"), and (3) those newly receiving other agency services from the community (known as "Other Agency"). Two different comparison groups were used to examine the impact of the SCP as compared to receiving little else and as compared to receiving other services in the community.

RTI staff developed both baseline and follow-up telephone survey instruments that were approved by OMB in the fall of 1999. Next, RTI obtained the names of all new clients from the 50 randomly selected SCP projects and the over 200 randomly selected community agencies that were affiliated with the SCP. Potential clients were identified from the sites on a monthly basis over an 18-month intake period (between October 1999 and September 2001, with a six-month

hiatus from January to June 2001 as required by the OMB).[4] Advance letters and study brochures were sent to all prospective respondents at each wave of the study. RTI telephone interviewers contacted each individual to confirm eligibility and schedule a convenient time for a telephone interview. The same protocol was followed for all waves of the study.

Eligible clients included those who were (a) 65 years of age and over; (b) either newly receiving SCP services, newly placed on the waiting list for a Senior Companion, or newly provided with other community-based services; (c) residing in the community; (d) reachable by telephone; and (e) able to hear and respond to interview questions on their own behalf.

A total of 2,104 clients were eligible to be interviewed at baseline, 723 were eligible at three-month follow-up,[5] and 436 clients were eligible at nine-month follow-up.[6] Over 72% of eligible clients at baseline (n=1,520), over 90% of eligible clients at three-month follow-up (n=658), and over 90% of eligible clients at nine-month follow-up (n=394) responded to the telephone survey. The weighted sample sizes used in client analyses were as follows: N=54,104 at three-month client follow-up and N=32,164 at nine-month client follow-up.

Client status was determined at the time of entry into the study. Clients were coded in this analysis through the use of two binary variables. Clients were coded either as being on the waiting list (coded as WL=2; versus all other client groups=1) or receiving other agency services (coded as Other Agency=2; versus all other client groups=1). The SCP treatment group was the omitted reference category in all client analyses. Therefore, all comparisons reported in this study were made either between the SCP group and the WL group or between the SCP group and the Other Agency client group. The SCP "treatment" variable was the key variable in all multivariate analyses.

Descriptive and multivariate procedures were used to analyze data at baseline and three- and nine-month follow-up. The client outcomes are described under each study question below. Follow-up models included the same baseline variables (shown in **Exhibit 9** below), plus the baseline measure for the given outcome in question to control for initial variation in that characteristic at the time of the baseline interview. Ordinary least squares (OLS) regression procedures were used on continuous outcome variables, and logistic procedures were used on all dichotomous (yes/no) outcome variables.

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[4] As noted previously, it was necessary to halt data collection and survey operations during the time of the 2000 U.S. Decennial Census as required by the OMB. We obtained names of potential respondents and conducted baseline interviews from October to December 1999 and resumed client and family baseline interviews in July 2000. We then continued to accrue names and interview subjects for 15 additional months (from July 2000 to September 2001).

[5] Reasons for loss of eligibility between baseline and three-month follow-up for clients included death (n = 19); mental or physical incapacity (n = 176); institutionalization (n = 7); no longer receiving SCP services, no longer on the waiting list, or no longer receiving other agency services (n = 498); and no phone or no valid phone number (n = 81).

[6] Reasons for loss of eligibility between three- and nine-month follow-up for clients included death (n = 32); mental or physical incapacity (n = 119); institutionalization (n = 13); no longer receiving SCP services, no longer on the waiting list, or no longer receiving other agency services (n = 178); and no phone or no valid phone number (n = 154).

As noted previously, for all client analyses, the SCP group was the reference group being compared with both WL clients and Other Agency clients in the tables shown. For ease in presentation and interpretation of client effects, we do not present the results for all control variables used in the models. However, the effects of all control variables on client three- or nine-month outcomes are available from the first author upon request. A fuller discussion of all control variables, outcome variables, and methods used for the client survey may be found in **Appendix B**. The client baseline and follow-up surveys may be found in **Appendices D2 and D3**. The full set of client three- and nine-month results is shown in **Appendix E**.

Client Baseline Sample

Exhibit 9 presents weighted descriptive information on the characteristics of individuals in each of the client groups at baseline, with baseline differences noted relative to the SCP client group. The variables listed in **Exhibit 9** were used as control variables in multivariate analyses. Overall, the sample was fairly senior in age (mean age between 77 and 81 years old), female, white, with less than a high school education, widowed, and living alone. Only a minority of respondents was in excellent or very good health, and many individuals had prevalent health conditions. Even so, most individuals were only slightly functionally impaired (i.e., they scored relatively highly on the functional status indexes) and in good mental health (i.e., they scored relatively high on the life satisfaction scale and had few self-reported depressive symptoms).

There were no significant differences between the three client groups in the proportion of females responding to the survey, the proportion who were married or widowed, the educational background of study respondents, their geographic location, their self-reported health, their independence with instrumental activities of daily living, their prevalence of medical conditions, or their overall satisfaction with life. However, clients from the two comparison groups (WL and Other Agency clients) differed from SCP clients with respect to some baseline characteristics. The Other Agency client group was disproportionately younger and relatively less likely to be white than the SCP client group, whereas the WL group was more likely to be of Hispanic descent. Those in either the WL or Other Agency client group were less likely to live alone relative to the SCP client group. Those in the WL group scored slightly lower on both the Activity of Daily Living (ADL) subscale and the overall functional status scale relative to the SCP client group. Finally, those in the WL client group reported a slightly larger number of depressive symptoms at baseline. These initial baseline differences were controlled for in multivariate analyses.

Exhibit 9. Weighted Descriptive Data for Analytic Sample by Client Group

Baseline Characteristic	SCP (N=21,930) % or Mean (SD)	WL (N=11,180) % or Mean (SD)	Other Agency (N=20,993) % or Mean (SD)
Sociodemographic Characteristics			
Age (in years)	80.7 (0.96)	79.2 (0.65)	76.8 (1.01)**
Gender (% female)	86.5%	84.4%	76.3%
Race (% white)	82.1%	75.2%	63.9%**
Ethnicity (% Hispanic)	3.0%	14.5%**	3.3%
Education (% < high school)	41.2%	42.8%	27.8%
Geographic location (% rural)	46.2%	30.7%	33.6%
Social Support			
Marital status (% married)	10.0%	15.6%	22.1%
Marital status (% widowed)	68.8%	67.2%	62.4%
Living arrangement (% alone)	83.6%	66.2%**	67.0%*
Health/Functional Status			
Self-reported health (% excellent/very good)	10.9%	16.9%	14.2%
Activities of Daily Living (ADL) subscale (range 0–12)	10.9 (0.11)	10.2 (0.25)**	10.4 (0.27)
Instrumental Activities of Daily Living (IADL) subscale (range 0–14)	10.3 (0.26)	9.6 (0.31)	10.0 (0.38)
Functional status scale (0–26)	21.2 (0.35)	19.8 (0.53)*	20.5 (0.61)
Prevalent Conditions			
Diabetes (%)	24.2%	32.9%	42.2%
Stroke (%)	22.2%	27.4%	18.6%
Heart disease (%)	50.0%	51.1%	36.2%
Mental Health Status			
Life satisfaction scale (0–11)	6.2 (0.29)	5.4 (0.24)	5.7 (0.38)
Depressive symptoms (0–9)	2.4 (0.09)	3.5 (0.19)**	2.9 (0.31)

Note. Comparisons reflect differences between each client group and the SCP client group.

*Significant at $p < .05$.
**Significant at $p < .01$.

Client Outcomes and Key Client Findings

The client survey outcomes and key findings at three- and nine-month follow-ups are reported by research question below. We conclude this chapter with a summary of overall findings from the client study.

RESEARCH QUESTION 1:
How does the SCP affect the quality of life of frail older adults?

Client outcomes examined

To answer this first study question, we analyzed study outcomes representing the following quality of life domains:

- physical health status
- functional status
- mental health status
- social well-being

More extensive information on each study outcome may be found in **Appendix B**.

The physical health status outcomes considered at three- and nine-month follow-ups included the following four study items:

- What is your current health status?

  Response range: 1 = poor health; 5 = excellent health

- How does your health now compare to one year ago?

  Response range: 1 = much worse now; 5 = much better now

- To what extent have physical problems limited social activities in the past month?

  Response range: 1 = not at all; 5 = extremely

- To what extent have emotional problems limited social activities in the past month?

  Response range: 1 = not at all; 5 = extremely

The functional status outcomes included three scale items:

- A composite scale examining six ADLs, including ability to eat, bathe, dress, get in and out of bed, walk, and groom oneself, with higher values indicating greater functional independence. These items came from the Duke University OARS Instrument (Duke University, 1978).[7]

[7] OMB requested that we remove the seventh ADL item, namely the ability to toilet without assistance, as it was concerned that this item might offend some study participants. We reluctantly made this change and deleted this final ADL item. As a result, however, the ADL scale included in this analysis varies to some degree from the initial Duke OARS ADL scale.

- A composite scale examining seven Instrumental Activities of Daily Living (IADL), including ability to use the telephone, get to places outside of walking distance, go shopping for groceries or clothes, prepare meals, do housework, manage money, and take medications, with higher values indicating greater functional independence. All of these items came from the Duke OARS Instrument (Duke University, 1978).

- An overall summary functional status scale, including all 13 ADL and IADL items combined, with higher values indicating increased functional independence.

The mental health status outcomes included the following two measures:

- A composite life satisfaction scale, examining 11 different aspects of life satisfaction among older adults, with higher values signifying greater satisfaction with life.

- A composite depressive symptoms scale, examining nine depressive symptoms, with higher values signifying increased depressive symptoms.

Finally, the social well-being outcomes included the following two study items:

- How many friends have you seen or spoken to on the phone in the past month? Would you say that you have seen or spoken with:

  Nine or more friends (coded as 5)
  Five to eight friends (coded as 4)
  Two to four friends (coded as 3)
  One friend (coded as 2)
  No friend (coded as 1)

- How times during the past month have you gone out socially with other people? For example, how many times have you visited friends, gone to church, or invited friends to your home? Would you say:

  Nine or more times (coded as 5)
  Five to eight times (coded as 4)
  Two to four times (coded as 3)
  One time (coded as 2)
  No time (coded as 1)

We also analyzed qualitative data to determine among SCP clients what was the best thing about the program, the worst thing about the program, and what aspects of the SCP needed to change in the future. Complete information on the coding of open-ended qualitative data may be found in **Appendix F1**.

Key quantitative results

With respect to physical and functional status outcomes, we found some differences were observed between SCP, WL, and Other agency clients at the time of the three- and nine- month follow-up interviews. Highlights of the findings are described below.

- WL clients reported their current health status to be somewhat lower than that of SCP clients at three-month follow-up. While SCP clients had an adjusted mean score of 2.46 on this 5-point index, WL clients had an adjusted mean score of 2.15, or 87% as high an adjusted mean score as for SCP clients. (Higher values on the current health status measure indicated better current health). The difference between SCP and WL clients in reported current health status was not significant by nine-month follow-up, however. Finally, there were no differences between SCP and Other agency clients on current health status at three- and nine-month follow-up.

- Although no differences were reported in clients' health status compared to that of one year ago at the time of the three-month follow-up survey, when this same question was asked at nine-month follow-up, both WL and Other agency clients reported that their health status had declined somewhat relative to that reported by SCP clients. Specifically, SCP clients had an adjusted mean value of 3.02 on the scale, while WL clients had an adjusted mean value of 2.73; Other agency clients had an adjusted mean value of 2.64 on this health status outcome. (Values at or greater than 3 on this index indicated the maintenance or improvement of health while values below 3 indicated at least some decline in health).

- At three-month follow-up, there were no differences between client groups in the two final health status outcomes, namely, the extent to which clients were limited in social activities during the past month due either to physical or emotional problems. However, at nine-month follow-up, Other agency clients were somewhat less limited than SCP clients when examining these two health status outcomes. The adjusted mean value for extent of limitations in social activities due to physical problems was 3.11 for SCP clients versus 2.12 for Other agency clients, indicating that Other agency clients had only 68% the adjusted mean value reported by SCP clients. (Higher values on this social activity scale indicated relatively more limitations due to physical or emotional problems). Similarly, the adjusted mean value for limitations in social activities during the past month due to emotional problems was 1.84 for SCP clients versus 1.45 for Other agency clients, indicating that Other agency clients had only 79% of the adjusted mean value reported on this index for SCP clients. These were the only two quality of life outcomes where Other agency clients reported being in relatively better health than SCP clients.

- WL clients reported having a 7% lower functional status score (indicating somewhat less independence) relative to SCP clients at three-month follow-up. However, the difference between SCP and WL clients was not significant by nine-month follow-up.

With respect to mental health outcomes, some significant differences were observed between SCP clients and WL clients at three-month follow-up, but not all of the effects remained significant at nine-month follow-up. Highlights are described below.

- WL clients reported having a somewhat lower adjusted mean score on the life satisfaction scale relative to SCP clients at the time of the three-month follow-up survey. While SCP clients had an adjusted mean score of 5.97 on the life satisfaction index, WL clients had a score of 5.06, or 85% as high an adjusted mean score as for SCP clients. (Higher values on this index indicated greater satisfaction with life). However, by nine-month follow-up there was no significant difference between the mean score reported by SCP and WL clients.

- WL clients reported having a somewhat higher adjusted mean score on the depressive symptoms scale relative to SCP clients both at three- and nine-month follow-up. At three-months, SCP clients had an adjusted mean score of 2.74 on this index while WL clients had an adjusted mean score of 3.25, an approximately 16% higher relative value on this index. (Higher values on this scale indicated a larger number of depressive symptoms). Similarly, at nine-month follow-up, WL clients continued to have a somewhat higher adjusted mean value on the depressive symptoms scale relative to SCP clients. While SCP clients had an adjusted mean score of 2.84 on this index at nine-month follow-up, WL clients had an adjusted mean score of 3.46, or approximately 18% higher relative value on this index at the second follow-up interval.

Finally there were no differences between SCP clients, WL clients and Other agency clients in social well-being at three- and nine-month follow-up.

RESEARCH QUESTION 2:
What is the level of client satisfaction with SCP services compared to similar services delivered by other providers?

Client outcomes examined

Both overall satisfaction with care and satisfaction with individual components of care were assessed for all SCP clients and for those WL and Other agency clients who were receiving some other form of in-home care at three- and nine-month follow-up.

Seven individual satisfaction items initially were scored as follows: 2=very satisfied; 1=somewhat satisfied; 0=not at all satisfied. The following seven individual components of care were evaluated:

- If the client was very satisfied with companion/aide's ability to provide assistance with personal care needs (yes/no)

- If the client was very satisfied with companion/aide's ability to help family member/caregiver by giving him/her some time off (yes/no)

- If the client was very satisfied with the companion/aide's ability to listen to him/her, visit with him/her, and be a companion to him/her (yes/no)

- If the client was very satisfied with the reliability of his/her companion/aide (yes/no)

- If the client was very satisfied with amount of time spent with companion/aide (yes/no)
- If the client was very satisfied with ability of companion/aide to be courteous and polite (yes/no)
- If the client was very satisfied with the number and types of services that his/her companion/aide provided to meet his/her special needs (yes/no)

In addition, an overall composite satisfaction scale, ranging from 0-14, was created by summing across all seven satisfaction items, with higher values indicating greater levels of satisfaction with care.

Finally, we asked only SCP clients three open-ended questions to indicate what was the best thing about the SCP, the worst thing about the SCP, and what aspect of the SCP needed to be changed.

Key quantitative results

Although SCP clients, WL clients using other services, and Other agency clients using other services were all satisfied with their overall level of care (e.g., the adjusted mean overall satisfaction scale ranged from 12.25 to 13.11 on a 14-point scale at three-month follow-up), there were some significant differences in their degree of satisfaction with different aspects of care at three- and nine-month follow-up. The following differences were found.

- SCP clients scored 8% higher on the overall satisfaction with care scale relative to WL clients at three-month follow-up. However, at nine-month follow-up, there were no significant differences between client groups in reported overall satisfaction with care.
- Satisfaction with two specific components of care varied significantly for SCP clients relative to WL and Other agency clients at three-month follow-up. First of all, WL clients were less likely than SCP clients to be very satisfied with the amount of time off given to family members. Second of all, both WL clients and Other agency clients were less likely to be very satisfied with the amount of time they spent with their in-home provider. Specifically, WL clients had only 18% the odds of being very satisfied with the amount of time off given to family members relative to SCP clients. Similarly, WL clients and Other agency clients only had 24% and 17% the odds, respectively, of being very satisfied with the time that they spent with their companion/aide relative to SCP clients. However, there were no other significant differences between SCP, WL, and Other agency clients in their degree of satisfaction with the other five components of care at three-month follow-up.
- At nine-month follow-up, there was only one significant difference in satisfaction with specific components of care. WL clients had only 18% the odds of being very satisfied with the amount of time off given to family members relative to SCP clients. However, satisfaction with the remaining six components of care did not vary by type of client at nine-month follow-up.

Key qualitative results

As noted previously, SCP clients were asked to describe their satisfaction with SCP care by stating the best, and the worst thing about the program. They also were asked to provide information on aspects of the program that needed to be improved in the future. Highlights of study findings are shown below. A complete listing of all qualitative study findings, plus a description of the qualitative study analysis plan, may be found in **Appendix F1**.

The three most prominent things that SCP clients liked about the program at three-month follow-up were companionship (29%), the actual presence of the overall program (16%), and the actual Senior Companion (12%). Typical comments for each response category were as follows:

Companionship

- The most important thing is having somebody with me twice a week.
- Companionship, somebody coming.
- Well, it's some companion—I enjoy having somebody to talk to—feel comfortable.

Overall program

- Wonderful program, little things cannot do, she helps do things.
- All-round good program.
- It's wonderful for seniors who can't get out of their homes.

Actual companion

- Very good, he's very helpful and I like him to read the Bible to me.
- The companion is thoughtful and takes excellent care of me.
- I don't know what I would do without her.

By nine-month follow-up, the order of top responses changed somewhat. Companionship remained the best thing about the program (34%), but travel became the second most frequent response (14%). The third overall response was the overall program (13%). While companionship and the overall program had been listed as positive elements at three-month follow-up, travel increased in relative importance at nine-month follow-up. Typical responses for the "travel" response category follows

Travel

- Transportation, friendship.
- For me, it's a little transportation to get around.

When asked about the worst things about the SCP program, most respondents either declined to answer the question, or had no specific response. At three-month follow-up, 75% of study respondents said "None" to this question, while another 7% responded that they "Don't know." Another 2% said that the question was not applicable to them. Given the small sample size responding substantively to this question at three-month follow-up (n=66), the following percentages should be interpreted with caution. Among the 16% responding to this question, the top three things that SCP clients did not like about the program at three-month follow-up were: the limited amount of time with companions (23%), the limited number of companions (20%), and a category known as companionship behaviors (18%).

Typical comments for each response category were as follows:

Limited time with companions

- The Senior Companion can't come over as often.
- The time situation is not the best for me.
- The missed time due to holidays and meetings.
- Have somebody on Saturday and Sundays come to visit.

Limited number of companions

- They don't have enough to go around
- There are not enough volunteers
- Not enough people

Companionship behaviors

- I don't know if it is the program—my Senior Companion is bossy.
- Do not need person to answer telephone. Has bad attitude—don't do some things.
- Sometimes she gets to yakking and I wish she'd shut up—but glad to have her.

By nine-month follow-up, the order of top responses changed somewhat. Again, 75% had no response to provide, another 7% did not know what to say, and 1% said that the question was not applicable. Given the extremely small sample size responding substantively to this question at nine-month follow-up (n=48), the following percentage results should be interpreted with caution. Among the 17% providing responses to this question, the top three worst things about the program were: companion behaviors (33%), SCP rules/program inconsistencies (23%), and limited time available (19%). Both companion behaviors and limited time available had been prominent issues at three-month follow-up, but SCP rules/program inconsistencies increased in importance as a response category at the time of the nine-month survey. Typical responses for the "SCP rules/program inconsistencies" category follow:

SCP rules/program inconsistencies

- Rules they go by.
- The consistency is not good.
- They can only go in certain areas.

When asked about what could be done to improve the SCP, the majority of study respondents had no suggestions, did not know, or said that the question was not applicable to them. Specifically, at three-month follow-up, 58% had no suggestions to make, 11% did not know of any suggestions to make, and another 4% said that the question was not applicable to them. Given the small sample size responding to this question at three-month follow-up (n=122), the following percentages should be interpreted with caution. Of the 27% of study respondents who answered this open-ended question, the top three recommendations were as follows: increase/change the number of hours spent with the Senior Companion (31%), provide more travel (21%), and provide domestic help (15%). Typical statements made for each of these response categories are as follows:

Change/increase hours

- You could get a little more time with the Senior Companion.
- More time with her.
- Would like it from 10 am to 2 pm and then I could take a nap.

More travel

- Somebody that could take me places.
- If I could have a person that could drive my car for me.
- The caregivers should have cars to take us out with them.

Domestic help

- Come in for four hours—mop kitchen, clean bathtub and bathroom
- Get someone to run sweeper and keep kitchen straight
- Get washing done. Somebody to run errands and go to the grocery store

At nine-month follow-up, 57% had no suggestions to make regarding ways to improve the SCP, 13% did not know of any suggestions to make, and another 2% said that the question was not applicable to them. Given the small sample size responding to this question at nine-month follow-up (n=77), the following percentages should be interpreted with caution. Of the 28% who answered this open-ended question, the top three recommendations were:

increase/change the number of hours spent with the client (31%), improve service quality (21%), and provide domestic help (17%). Both increase/change hours and provide domestic help were prominent concerns at three-month follow-up, but service quality increased in importance as a response category at the time of the nine-month survey. (However, only 16 individuals reported this concern so results should be interpreted cautiously). Typical statements made for the service quality response item were the following:

Service quality

- Having someone that can speak better English.
- Changes in the way that the worker helps.
- They should ask to do things; all they do is sit and talk.

In sum, results from the qualitative component of the client survey indicate that SCP clients were generally satisfied with the companionship provided, the overall program, and the actual Senior Companion provided. Even so, for those responding to the open-ended question about the worst thing about the program (roughly 16-17% of all study respondents at three- and nine-month follow-ups), it was advised that: SCP clients spend more time with their companions, more Senior Companions become available to serve clients, Senior Companions improve some interpersonal behaviors (e.g., by talking less and/or being less "bossy"), and more opportunities for Senior Companions and clients to travel together outside of the client's home. By nine-month follow-up, an increasing number of clients also felt that SCP rules were applied inconsistently or in need of being changed (for example, to enable the Senior Companions to serve a larger number of service areas).

Recommended changes to improve the SCP program were made by between 27% and 28% of SCP respondents at three- and nine-month follow-ups. Among the recommendations made were the following: increase or change the number of hours that Senior Companions spent with their clients, increase the opportunities for Senior Companions to provide transportation for their clients, and improve service quality (e.g., ensuring that Senior Companions spoke English and provided specific services requested of their clients).

RESEARCH QUESTION 3:
To what extent do Senior Companions reduce clients' unmet needs for assistance with activities of daily living?

Client outcomes examined

The following three questions were asked of clients regarding their unmet need for care at three- and nine-month follow-up:

- During the past three months, was there any time when you needed more help with personal care in your home but were unable to get it (yes/no)?
- During the past three months, was there any time when you needed more help with meal preparations in your home but were unable to get it (yes/no)?

- During the past three months, was there any time when you needed more help with special transportation from your home but were unable to get it (yes/no)?

Key quantitative results

Results from the analyses of these three questions revealed that WL clients and Other agency clients had some perceived unmet needs relative to SCP clients at three- and nine-month follow-ups, but these unmet needs varied by follow-up interval. More specifically:

- WL clients were over five times more likely than SCP clients to have unmet needs for personal care at three-month follow-up. Similarly, other agency clients were almost four times more likely than SCP clients to have unmet needs for personal care at three-month follow-up. Finally, WL clients were over two times more likely than SCP clients to have unmet needs for special transportation at three-month follow-up. There were no differences between the three client groups in unmet need for assistance with meal preparations at three-month follow-up.

- At nine-month follow-up, fewer differences in unmet needs were reported. WL clients were almost six times more likely than SCP clients to have unmet needs with meal preparations. However, there were no longer significant differences between SCP, WL and Other agency clients in unmet needs for personal care or special transportation at nine-month follow-up.

Summary of Client Findings

This section provides a summary of the quantitative and qualitative analyses of the three- and nine-month client survey data.

Physical and functional health status quality of life outcomes

- SCP clients reported being in somewhat more favorable current health relative to WL clients at the time of the three-month survey, but this effect was no longer significant by nine-month follow-up.

- SCP clients reported a more favorable current health status relative to that of a year ago when compared with WL and Other agency clients at nine-month follow-up, although this effect was not significant at three-month follow-up.

- SCP clients reported a higher overall level of functioning relative to WL clients at the time of the three-month survey but this effect was no longer significant by nine-month follow-up.

- However, at nine-month follow-up, SCP clients were somewhat more likely to have been limited in their social activities during the past month due to physical health or emotional problems when compared with Other agency clients (i.e., they were more likely to have moderate versus slight interference with social activities due to physical health problems and more likely to have slight versus no interference with social activities due to

emotional problems during the past month). No significant differences were reported between client groups in social activity limitations at three-month follow-up.

Mental health status quality of life outcomes

- SCP clients had a higher life satisfaction score relative to WL clients at the time of the three-month survey, but this effect was no longer significant by nine-month follow-up.

- SCP clients had a lower self-reported depressive symptoms score relative to WL clients (meaning relatively fewer depressive symptoms) at the time of both the three- and nine-month surveys .

Social well-being quality of life outcomes

- There were no significant differences between client groups in reported social activities at three- and nine-month follow-up.

Satisfaction with care outcomes

Results from the quantitative and qualitative analyses of satisfaction survey items indicated the following:

- SCP clients were more satisfied with the overall quality of care provided to them relative to WL clients at three months, although this effect was no longer significant by nine-month follow-up.

- SCP clients were more likely than WL clients to be very satisfied with the amount of time off given to family members as a result of having the Senior Companion both at three- and nine-month follow-ups.

- SCP clients were more likely than WL and Other agency clients to be very satisfied with the amount of time that they spent with their companion/aide at three-month follow-up; however, this effect did not remain significant at nine-month follow-up.

Results from the qualitative analysis of satisfaction items asked only of SCP clients indicated that:

- A large proportion of SCP clients found the best thing about the program to be the companionship provided, the overall SCP, or the actual companion him/herself.

- For those responding to the open-ended question about the worst thing about the program (roughly 16-17% of all study respondents at three- and nine-month follow-ups), SCP clients wanted to be able to spend more time with their companions, have more Senior Companions available to serve clients, have Senior Companions improve some of their interpersonal behaviors (e.g., by talking less and/or being less “bossy”), and have greater opportunities to travel with Senior Companions outside of their homes. By nine-month follow-up, a number of clients also felt that some SCP rules were applied inconsistently

or in need of being changed (for example, to enable the companions to serve a larger number of service areas).

- Among those recommending changes to improve the SCP (approximately 27-28% of SCP respondents), the main suggestions made included: increasing or changing the number of hours that Senior Companions spent with their clients, increasing the potential for Senior Companions to provide transportation for their clients, and improving service quality (e.g., to ensure that Senior Companions spoke English, and provided specific services requested of their clients).

Unmet need for care outcomes

- SCP clients were less likely to have an unmet need for personal care relative to WL and Other agency clients at three-month follow-up, although this effect was no longer significant at nine-month follow-up.

- SCP clients were less likely to have an unmet need for special transportation relative to WL clients at three months, although this effect was not significant by 9-month follow-up.

- SCP clients were less likely to have an unmet need for meal preparations relative to WL clients at nine-month follow-up, although this effect was not significant at three-month follow-up.

In sum, some improvements were suggested to further improve the SCP; however, the SCP had beneficial effects on a number of important quality of life, satisfaction, and unmet need outcomes for clients served at three- and/or nine-month follow-up. The number of significant effects on client well-being at nine months was not as great as that reported at three-month follow-up; nonetheless, SCP clients who remained in the program at nine months did either as well as, or relatively better than, clients either on the waiting list for SCP services or receiving other in-home services for all but two client outcomes (i.e., limitations in social activities due to physical health or emotional problems). For these final two client outcomes, the differences between the SCP and Other agency group were statistically significant, favoring Other agency clients at the time of the nine-month follow-up survey.

CHAPTER FOUR
Highlights from the Family/Caregiver Study

This chapter provides an overview of the family/caregiver study, including the research questions asked, methods followed, characteristics of the family sample, and results from the three-month and nine-month follow-up analyses. The family surveys were designed to determine the impact of the program on quality of care and quality of life outcomes for family members/caregivers served by the program. We also added a small set of questions to the family survey (known as the "proxy survey") to be answered by a subgroup of family members/caregivers when clients were too frail to respond on their own behalf. The proxy portion of the family member/caregiver survey included questions about client functioning, client medical conditions, client role limitations, and client health behaviors.

The overall family member/caregiver study focused on examining the following three research questions:

- How does the SCP affect the quality of life of family members/caregivers served by the program?
- What is the level of family member/caregiver satisfaction with SCP services compared to similar services delivered by other providers?
- To what extent do Senior Companions reduce clients' unmet needs for assistance with activities of daily living, as reported by family members/caregivers?

Family Study Design and Methods

As noted in **Chapter One,** in order to examine the impact of the SCP on quality of life and quality of care outcomes for family members/caregivers served, it was necessary to develop a research design that allowed for data collection at multiple points in time. The goal was to conduct baseline interviews with family members/caregivers of new SCP clients at the time of being matched with Senior Companions and at follow-up interviews three and nine months later. It was also necessary to select one or more comparison groups to examine relative program effects over time.

A quasi-experimental design was developed with sampling at three stages. At the first stage, 50 SCP projects were randomly selected from a national listing. Projects were selected with PPS to ensure that both large and small projects would be represented. At the second stage, a random sample of four volunteer stations was selected at each of the 50 previously selected projects (or a total of about 200 agencies). At the third and final stage, a census was taken of all family members/caregivers whose names were provided from volunteer station supervisors.

Family members/caregivers were classified into one of the following two mutually exclusive groups: (1) those individuals whose family members were newly receiving SCP services (the "SCP family group") and (2) those individuals whose family members were newly placed on the waiting list for SCP services (known as "WL family group").

Although volunteer stations were willing to provide us with the names of clients who were receiving other agency services (but not affiliated in any way with the SCP) to serve as a second comparison group for the client study, they were unwilling to share the names of family members whose relatives were receiving other agency services. As a result, for the family study, only one comparison group was available to examine the impact of the SCP on family quality of life and well-being (i.e., namely, family members whose relatives were on the waiting list for SCP services).

As reported in **Chapter Three**, RTI staff developed both baseline and follow-up telephone survey instruments that were approved by the OMB in the fall of 1999. Next, RTI obtained the names of all new clients from the 50 randomly selected SCP projects and the over 200 randomly selected community agencies that were affiliated with the SCP. Potential family members were identified from the sites on a monthly basis over an 18-month intake period (between October 1999 and September 2001, with a six-month hiatus from January to June 2001 as required by the OMB (see footnote 2) Advance letters and study brochures were sent to all prospective respondents at each wave of the study. RTI telephone interviewers contacted each individual to confirm eligibility and schedule a convenient time for a telephone interview. The same protocol was followed for all waves of the study.

Family members were eligible to be interviewed if they had been identified by participating agencies as the next of kin for one of the two types of clients (SCP or WL) identified above. In addition, eligible family members/caregivers were (a) residing in the community, (b) reachable by telephone, and (c) able to hear and respond to interview questions on their own behalf. Approximately 50% of all clients had next of kin at the time of the client baseline interview.

A total of 1,050 family members were eligible to be interviewed at baseline, 437 were eligible to be interviewed at three-month follow-up,[8] and 235 family members/caregivers were eligible to be interviewed at nine-month follow-up.[9] Over 76% of eligible family members at baseline (n=803), 83% of eligible family members at three-month follow-up (n=362) and over 79% of family members at nine-month follow-up (n=186) responded to the telephone survey. The weighted sample sizes used in all family analyses were as follows: N=34,111 at three-month family follow-up and N=17,329 at nine-month family follow-up.

Family/caregiver status was determined at the time of entry into the study. Individuals were coded in this analysis through the use of two binary variables. Respondents were coded as being a family member of a SCP client (SCP family=1; 0 otherwise) or as a family member of a WL client (WL family=1; 0 otherwise). The SCP family group was the omitted reference category in all family analyses. Therefore, all comparisons reported in this study were made

[8] Reasons for loss of eligibility between baseline and three-month follow-up for family members included client death (n = 37); family member death (n = 2); mental or physical incapacity (n = 12); client institutionalization (n = 12); the client of the family member was no longer receiving SCP services, or no longer on the waiting list (n = 235) and no phone or no valid phone number (n = 41).

[9] Reasons for loss of eligibility between three- and nine-month follow-up for family members included client death (n = 31); mental or physical incapacity (n = 3); client institutionalization (n = 13); family institutionalization (n = 3); client of family member no longer receiving SCP services, or no longer on the waiting list (n = 106); and no phone or no valid phone number (n = 46).

between the SCP family group and the WL family group. The SCP family "treatment" variable was the key variable in all multivariate analyses.

Descriptive and multivariate procedures were used to analyze data at baseline and three- and nine-month follow-up. The family outcomes analyzed are described under each study question below. Three-month follow-up models included the same baseline variables (shown in **Exhibit 10** below), plus the baseline measure for the given outcome in question to control for initial variation in that characteristic at the time of the baseline interview. At nine-month follow-up, however, a reduced set of variables were included in multivariate models (including family member age, gender, race, and client baseline health status, plus the baseline measure for a given outcome in question) due to the smaller sample size (n=186 unweighted) available for the analysis.

OLS regression procedures were used on continuous outcome variables, and logistic procedures were used on all dichotomous (yes/no) outcome variables. As noted previously, for all family analyses, the SCP family group was the reference group being compared with WL family members in the table shown. For ease in presentation and interpretation of family group effects, we do not describe the results for all control variables used in the models. However, the effects of all control variables on family three- or nine-month outcomes are available from the first author upon request. A fuller discussion of all control variables, outcome variables, and methods used for the family survey may be found in **Appendix B**. The family baseline and follow-up surveys may be found in **Appendices D4 and D5**. The full set of family three- and nine-month results are shown in **Appendix E**.

Family/Caregiver Baseline Sample

Exhibit 10 presents weighted descriptive information on the characteristics of individuals in each of the family groups at baseline, with baseline differences noted relative to the SCP family group. The variables listed in **Exhibit 10** were used as control variables in multivariate analyses, with a somewhat reduced number of variables included in the nine-month analyses, as described above.

Overall, the family sample was middle aged (mean age between 56 and 61 years old), female, white, with more than a high school education, married, and consisted of individuals who were the primary caregiver for an older relative. Almost half of family respondents were in excellent or very good health, and overall, the family sample was in good mental health (i.e., they scored relatively high on the life satisfaction scale).

There were no significant differences between the groups in the proportion of females responding to the survey, the proportion who were married or widowed, the educational background of study respondents, their geographic location, the proportion serving as the primary caregiver, the proportion living with the client, self-reported health, or their overall satisfaction with life. However, SCP and WL family members differed on two baseline characteristics. Specifically, WL family members were somewhat younger in age, and a larger proportion of WL family members was of Hispanic descent. These initial baseline differences were controlled for in multivariate analyses.

Exhibit 10 Weighted Descriptive Data for Analytic Sample by Family Group

Baseline Characteristic	SCP (N=20,486) % or Mean (SD)	WL (N=13,641) % or Mean (SD)
Sociodemographic Characteristics		
Age (in years)	60.7 (1.88)	55.6 (1.76) *
Gender (% female)	63.7%	70.8%
Race (% white)	72.6%	76.3%
Ethnicity (% Hispanic)	1.0%	8.9%**
Education (% < high school)	16.0%	15.3%
Geographic location (% rural)	44.2%	53.7%
If primary caregiver (% yes)	71.3%	83.4%
If lived with client (% yes)	43.1%	55.8%
Social Support		
Marital status (% married)	67.4%	68.4%
Marital status (% widowed)	8.1%	7.5%
Health Status		
Self-reported health (% excellent/very good)	41.1%	45.5%
Mental Health Status		
Life satisfaction scale (0–11)	6.63 (0.35)	6.20 (0.42)

Note. Comparisons reflect differences between the WL and the SCP family group

*Significant at $p < .05$.
**Significant at $p < .01$.

Family/Caregiver Outcome Measures and Key Family/Caregiver Findings

The family/caregiver survey outcomes and key family/caregiver findings at three- and nine-month follow-ups are reported by research question below. We conclude this chapter with a summary of overall findings from the family/caregiver study.

RESEARCH QUESTION 1: How does the SCP affect the quality of life of family members/caregivers served by the program?

Family outcomes examined

To answer this first study question, we analyzed study outcomes representing the following four quality of life domains:

- physical health status of clients, as reported by family members, themselves

- functional health status of clients, as reported by family members, themselves (asked only of proxy respondents)
- mental health status of family members
- social well-being of clients, as reported by family members, themselves

We focused on client health status, rather than family/caregiver health status, when selecting measures for the physical health, functional status, and social well-being domains, as we knew from the literature on caregiving that client medical status would have a very important direct effect on the quality of life and well-being of caregivers.[10] As we selected our variables for inclusion for this study, we hypothesized that the SCP would maintain or improve the physical, functional, and social health of SCP clients (rather than the family members/caregivers of SCP clients being served). For example, we did not expect that the SCP would directly affect the physical health status of the family members/caregivers involved with the program; instead, we thought that this effect would be indirect, operating primarily through the direct improvement/ maintenance of health of the SCP clients served.

Still, we did expect that the SCP would have a direct positive effect on the remaining quality of life domain, namely mental health status, for the family members/caregivers served. This hypothesis stemmed from the literature on caregiver interventions, which showed that some client-based interventions were effective for caregivers, as well.[11] Therefore, as we selected variables to assess the mental health status for the family survey, we focused on those outcomes that measured the impact of the program on family members, themselves.

More extensive information on the quantitative family/caregiver study outcomes may be found in **Appendix B**. More extensive information on the qualitative family/caregiver outcomes may be found in **Appendix F2**.

The physical health status outcomes considered in our study at three- and nine-month follow-ups included the following four client health status items:

- What is ___ (Client's name) current health status (as reported by the family member)?

  Response range: 1 = poor health; 5 = excellent health

- How does ____ (Name of client's) health now compare to one year ago?

  Response range: 1 = much worse now; 5 = much better now

[10] See the following references for more information on the direct relationship between the health status of the care recipient and the health and well-being of the family/caregiver (Hughes et al., 1999; Clipp & George, 1993; Schulz, Visintainer, & Williamson, 1990; Silliman & Sternberg, 1988; George & Gwyther, 1986).

[11] A recent meta-analysis on community-based interventions for older persons showed that a variety of interventions, including those focused only on clients, had beneficial impacts on the mental health status of family members/caregivers served (Sorensen, Pinquart, Dr habil, et al., 2002).

- To what extent have physical problems limited ____ (Client's name) social activities in the past month?

  Response range: 1 = not at all; 5 = extremely

- To what extent have emotional problems limited ____ (Client's name) social activities in the past month?

  Response range: 1 = not at all; 5 = extremely

The functional status outcomes included three scale items related to the status of the client, as reported by family members/caregivers. It should be noted that these questions were asked only of family members/caregivers who were serving as proxy respondents for clients themselves. In other words, the functional status questions were only asked as part of the proxy interview, which was imbedded in the family interview, and used by a minority of the family respondents whose relatives were unable to respond to these same questions during the administration of the client survey:

- A composite scale of client functioning examining six Activities of Daily Living (ADLs) including ability to eat, bathe, dress, get in and out of bed, walk, and groom oneself, with higher values indicating greater functional independence of clients, as reported by family members.

- A composite scale of client functioning examining seven Instrumental Activities of Daily Living (IADLs) including ability to use the telephone, get to places outside of walking distance, go shopping for groceries or clothes, prepare meals, do housework, manage money, and take medications, with higher values indicating greater functional independence of clients, as reported by family members.

- An overall summary client functional status scale, including all 13 ADL and IADL items combined, with higher values indicating increased functional independence of clients, as reported by family members.

The mental health status outcomes of family members/caregivers included the following several quantitative and qualitative measures:

- A composite life satisfaction scale, examining eleven different aspects of life satisfaction among family members/caregivers, with higher values signifying greater satisfaction with life.

- Four individual items measuring caregiver burden. The following four items were asked of family members/caregivers at three- and nine-month follow-up:

  – To what extent do you worry about __ (Name of client's) ability to live at home?

    Response options ranged from 1=very well able to 4=not at all able with higher values indicating greater burden.

- Currently, how well do you cope with the responsibility of caring for ___ (Name of client)?

  Response options ranged from 1=very well able to 4=not at all able, with higher values indicating greater burden.

- Currently, how would you rate the quality of your relationship with __ (Name of client)?

  Response options ranged from 1=very well able to 4=not at all able, with higher values indicating greater burden.

- Currently, how would you rate your overall patience with __ (Client's name)?

  Response options ranged from 1=very well able to 4=not at all able, with higher values indicating greater burden.

- Finally, one open-ended question was asked of SCP and WL family members regarding the most difficult aspect of caring for a frail relative. This final mental status measure was analyzed using qualitative analytic methods.

The social well-being outcomes included the following two study items asked of family members/caregivers about the client:

- How many friends has __ (Client's name) seen or spoken to on the phone in the past month? Would you say that he/she has seen or spoken with:

  Nine or more friends (coded as 5)
  Five to eight friends (coded as 4)
  Two to four friends (coded as 3)
  One friend (coded as 2)
  No friend (coded as 1)

- How times during the past month has ___ (Client's name) gone out socially with other people? For example, how many times has he/she visited friends, gone to church, or invited friends to your home? Would you say:

  Nine or more times (coded as 5)
  Five to eight times (coded as 4)
  Two to four times (coded as 3)
  One time (coded as 2)
  No time (coded as 1)

We also analyzed additional qualitative data to determine among SCP family members what was the best thing about the program, the worst thing about the program, and what aspects of the SCP needed to change in the future.

Key quantitative and qualitative results

With respect to physical and functional health outcomes of clients, as reported by family members, we found only one significant difference between SCP and WL family members' reports of the health status of their relatives.

- Of the four measures assessing client physical health status, and the three measures assessing client functional status, the only significant difference reported was that family members of WL clients reported that their relatives had relatively lower ADL functioning relative to SCP clients at the time of the nine-month interview. More specifically, WL family members reported adjusted mean ADL client functioning of 6.62, whereas SCP family members reported adjusted mean ADL client functioning of 7.80. (Higher values on this scale indicated greater functional independence). This meant that the family-reported WL client functioning was only 85% of that reported for SCP clients at the time of the nine-month follow-up interview. It is important to note that these results were only reported on behalf of clients who were too frail to report on their own behalf. (Only proxy family respondents answered functional status questions as part of the family/caregiver survey.[12])

With respect to mental health outcomes, no differences in life satisfaction were observed between SCP and WL family members at three- or nine-month follow-up. Even so, we found some significant differences between SCP family members and WL family members regarding coping ability and attitudes toward caring for a relative, although not all of these results remained significant over time. A summary of these findings is reported below.

- For one of the four caregiver burden items, namely ability to cope with the responsibility of caring for a relative, there was a significant difference between SCP family members and WL family members at the time of the three-month follow-up. Specifically, WL family members were only 23% as likely as SCP family members to report being able to cope with the responsibility of caring for a relative very well at three-month follow-up. However, by nine-month follow-up, the reported difference between the two groups was no longer significant.

- When analyzing comments to the open-ended question "What is the most challenging aspect of being a caregiver?" at three- and nine-month follow-ups, we found some interesting differences between SCP family members and WL family members. While time commitment was the most challenging aspect of being a caregiver for both groups at three- and nine-month follow-ups (with over 22% reporting this as the most prevalent challenge at three months and 27% reporting this challenge at nine months), the second and third most prominent challenges faced by SCP family members versus WL family members varied somewhat over time. At three-month follow-up, general client concerns

[12] Proxy respondents and clients generally answered questions about functional ability in the same way. More specifically, both SCP clients, and the family members of SCP clients who served as proxy respondents reported relative increases in functional ability for SCP clients. The exact findings, however, varied by functional status item and time frame. The full set of client and family results may be found in Appendix E.

were the second and third most prominent issues for both groups; however, by nine-month follow-up, family-based concerns took on relatively greater importance for the WL family group.

- More specifically, at three-month follow-up, the disposition of the client was the second most prominent challenge for SCP family members (with 16% reporting this caregiving challenge) and client limitations was the second most prominent challenge for WL family members (with 13% reporting this as the key challenge). Similarly, the third most prominent challenge reported by both SCP family and WL family members was caring for the health/hygiene of the client. Thus, at three-month follow-up, both SCP and WL family members were primarily concerned with the time commitment involved in caring for a relative, and then, with the overall health and well-being of their loved ones.

- At nine-month follow-up, the second and third most prominent challenges for SCP family members continued to focus on the health and well-being of the client, whereas the second and third most prominent challenges for WL family members now focused on their own physical limitations. Specifically, while the concern for the client was the second most prominent challenge for SCP family members (with 16% reporting this challenge), whereas WL family members indicated that their own limitations were an increasing challenge for them (with 19% reporting this caregiver challenge). Similarly, while the third most prominent challenge for SCP family members was client disposition (with 13% reporting this challenge), the third most prominent challenge for WL family members was their own tolerance/patience with the client (with 14% reporting this challenge).

Typical responses to each of these response categories follow.

Time commitment

- Not always being available when she needs me.
- Being up 24-hours a day, along with caring for the children and going to work.
- I can't go anywhere because there is no one else to take care of him.

Health/hygiene of the client

- The personal care, such as giving her baths.
- To see her health deteriorate.
- Daily tasks; because of her dementia, she needs help with everything.

Client disposition

- She thinks that I never do enough for her as far as helping her.
- She looks at me as a child. She still tells me how things should be done.

Client limitations

- Dealing with her inability to do the things that she used to do.
- Her inability to do the things she likes to do.

Concern for client

- Wondering if everything is being done for him that can be done.
- Keeping track of him, and making sure he does not wander off.
- Making sure he does not hurt himself.

Family limitations

- I can't do the things that she wants me to do because of my own disabilities.
- Due to me being disabled—two back surgeries—it is hard to get to her. I'm in about as worse shape as she is.

Family members' tolerance/patience with client

- Being able to cope with the things being said over and over.
- We have two viewpoints on how things should go.
- As I get older, I have less patience with her.

Finally, with respect to the two social well-being outcomes reported by family members on behalf of clients served, there were no differences between SCP family members and WL family members at three- and nine-month follow-up interviews.

RESEARCH QUESTION 2:
What is the level of family member/caregiver satisfaction with SCP services compared with similar services delivered by other providers?

Family outcomes examined

Both overall satisfaction with care and satisfaction with individual components of care were assessed for all SCP family members and for those WL family members whose relatives were receiving some other form of care at three- and nine-month follow-up. The same satisfaction items noted under Research Question 2 in **Chapter Three** also were examined for family members/caregivers. We also asked SCP family members the same three open-ended questions reported in **Chapter Three** to indicate what they thought was the best thing about the SCP, the worst thing about the SCP, and what aspect of the SCP needed to be changed.

Key quantitative results

- There were no significant differences between SCP family members and WL family members in their overall satisfaction with care at three- and nine-month follow-up.

- Two specific components of care varied significantly for SCP family members versus WL family members at the time of the nine-month (but not three-month) survey.

- Specifically, WL family members who were receiving in-home help at the time of the nine-month survey were more likely than SCP family members to be very satisfied with the personal care assistance provided to meet the clients' special needs. Stated differently, WL family members were almost six times more likely than SCP family members to report being very satisfied with the personal care assistance provided to meet their relatives' special needs at the time of the nine-month follow-up survey. Although this finding was not anticipated, it may be explained in part by the fact that WL clients were more likely than SCP clients to be seen by a visiting nurse or public health nurse.[13]

- In contrast, family members of WL clients were less likely to be very satisfied with the reliability of their in-home provider. On average, these individuals reported being only 23% as likely to be very satisfied with the reliability of their health care provider as were SCP family members at nine-month follow-up.

- Finally, the other six components of care did not vary by family member at nine-month follow-up.

Key qualitative results

As noted previously, SCP family members/caregivers were asked to describe their satisfaction with SCP care by stating the best, and the worst thing about the program. They also were asked to provide information on aspects of the program that needed to be improved in the future. Highlights of study findings are shown below. A complete listing of all qualitative study findings, plus a description of the family member/caregiver qualitative study analysis plan may be found in **Appendix F2**.

The top three things that SCP family members liked about the program at three- and nine-month follow-up were companionship (41% and 47%, at three and nine months, respectively), caregiver relief (22% and 19%), and the reliability/necessity of the Senior Companion (8% and 9%). Typical family/caregiver comments for each response category were as follows:

Companionship

- That they come and provide company for someone; outside link as well.

[13] More specifically, data from the nine-month follow-up family survey indicated that 48.6% of family members of WL clients reported that their family member had been seen by a visiting nurse or public health nurse during the past three months. In contrast, only 29.1% of family members of SCP clients reported that their relative had been seen by a visiting nurse or public health nurse during the past three months.

- Having someone to talk and laugh with.
- The companionship.

Caregiver relief

- It helps to avoid burnout and getting too weary; preserves the health of the caregiver.
- Relieves me from being tied down.
- Having somebody there to help takes a load off of the family.

Reliability/necessity of senior companion

- The reliability of the Senior Companions.
- Can't be praised highly enough—the things they do so people can stay home.
- Their flexibility and willingness to see Ben when [it is] convenient for him.

When asked about the worst things about the SCP program, most respondents either declined to answer the question or had no specific response. At three-month follow-up, 57% of study respondents said "None" to this question, while another 9% responded that they "Don't know." Given the small sample size responding to this question at three-month follow-up (n=84), the following percentages should be interpreted with caution. Among the 34% of SCP family members who directly responded to this question, the top three things not liked about the program at three-month follow-up were the limited time available (37%), companion behaviors (18%), and SCP rules/inconsistencies (18%).

Typical comments for each response category were as follows:

Limited time

- The Senior Companion does not come often enough; would love to have someone come every day.
- Not enough time and days for the companion and come help the client.
- We live in a rural area so we can only get her one day [a week].

Companion behavior

- Sometimes they are a little bossy—nothing serious.
- Some people who are employed by the SCP don't have the patients' interest at heart and don't care about the patient

SCP rules/inconsistencies

- I have some concerns about the selectivity of the companions—how well they can be trusted, etc.
- Selection of the companion aide.
- Don't think I know enough about it [and they have] not communicated to me about the services SCP provides.

By nine-month follow-up, the order of top responses changed somewhat. Again, a large proportion (52%) had no response to provide, and another 10% did not know what to say. Given the small sample size responding to this question at nine-month follow-up (n=60), the following percentages should be interpreted with caution. Among the 38% providing responses to this question, the three worst things about the program were the limited help available (20%), companion behaviors (18%), and limited time available (18%). Both companion behaviors and limited time available had been listed at three-month follow-up, but limited help increased in importance whereas SCP rules/program inconsistencies decreased in importance at the time of the nine-month survey. Typical responses to the response category entitled "Limited Help" follow.

Limited help

- Lack of ability to do various things that mother may need, such as helping her go to the bathroom, prepare meals, etc.
- I don't know much about it; seems her services are limited.
- That the lady who used to come does not give her a bath anymore and [she] would really like that.

When asked about what can be done to improve the SCP, the majority of study respondents had no suggestions, did not know, or said that the question was not applicable. Specifically, at three-month follow-up, 34% had no suggestions to make, 22% did not know of any suggestions to make, and another 2% said that the question was not applicable to them. Given the small sample size responding to this question at three-month follow-up (n=128), the following percentage results should be interpreted with caution. Of the 42% of study respondents who answered this open-ended question, the top three recommendations were as follows: increase/change the number of hours spent with the client (42%), improve service quality (15%), and provide more health/hygiene services for the client (11%). Typical statements made for each of these response categories were as follows:

Change/increase hours

- If he could have more time with a companion or other groups of people.
- Offering the nighttime hours.

- More flexible times to fit grandmother's schedule. She needs more options.

Improve service quality

- I'd like to see more of a case management approach. There is no one coordinating all this—lack of shared information. If agencies worked together better, [they would be better] able to support senior citizens.

- They need training.

- I would like to see the person come as a friend, not as a babysitter or an employee—let's go out for lunch or to the store—just as a companion.

More health/hygiene services

- Getting someone who can minister to physical and personal hygiene needs.

- They should have a broader base as far as her care. For example, help her with bathing and personal hygiene; [it] would be nice if they could take her someplace.

- Would like to have her be able to fix her meals in the morning along with her medicine; [and] be more capable of giving her a bath.

At nine-month follow-up, 40% had no suggestions to make regarding changes to improve the SCP, and 12% did not know of any suggestions to make. Given the small sample size responding to this question at nine-month follow-up (n=63), the following percentage results should be interpreted with caution. Of the 48% of study respondents who answered this open-ended question, the top three recommendations were as follows: increase/change the number of hours spent with the client (30%), provide domestic help (19%), and improve service quality (18%). Both increase/change hours and improve service quality had been listed at three-month follow-up, but the provision of domestic help increased in importance as a response category at the time of the nine-month survey (while providing health/hygiene services became less prominent). However, only 12 people mentioned domestic help, so this result should be interpreted cautiously. Typical statements made for the domestic help response item are as follows:

Domestic help

- If they were allowed to do more, such as housekeeping chores or vacuum[ing]; helping her with cleaning.

- Need someone to do heavier work.

- Volunteer with outside work—for example, when it snows and when leaves need to be raked.

In sum, results from the qualitative component of the family/caregiver survey indicated that family members generally were satisfied with the companionship provided, the caregiver

relief, and the reliability or necessity of the Senior Companion. Even so, for those responding to the open-ended question about the worst thing about the program (roughly 35-38% of all study respondents at three- and nine-month follow-ups), it was advised that Senior Companions spend more time with their clients, Senior Companions improve some interpersonal behaviors (e.g., by talking less and/or being less "bossy"), and SCP rules be better communicated to family members (e.g., to help family members understand how companions are screened and selected). By nine-month follow-up, family members were particularly concerned with the limited type of help provided to their family members (e.g., many things were "off limits" to the companion to provide).

Recommended changes to improve the SCP program were made by between 42 and 48% of SCP family/caregiver respondents at three- and nine-month follow-ups. Among the recommendations made were to increase or change the number of hours that Senior Companions spent with their clients, improve service quality (e.g., more case management, training, and companionship services provided), and provide more domestic services.

RESEARCH QUESTION 3:
To what extent do Senior Companions reduce clients' unmet needs for assistance with activities of daily living, as reported by family members/caregivers?

Family outcomes examined

The following three questions were asked of family members/caregivers regarding their relatives' unmet need for care at three- and nine-month follow-up:

- During the past three months, was there any time when __ (Client's name) needed more help with personal care in his/her home but were unable to get it (yes/no)?
- During the past three months, was there any time when __ (Client's name) needed more help with meal preparations in his/her home but were unable to get it (yes/no)?
- During the past three months, was there any time when __ (Client's name) needed more help with special transportation from his/her home but were unable to get it (yes/no)?

Key quantitative results

Results from the analyses of these three questions revealed that there were few significant differences between the two family members groups in perceived unmet needs at three- and nine-month follow-ups. Specific findings follow.

- Perceived unmet need for personal care and meal preparations did not vary for SCP and WL family members at three- and nine-month follow-up.
- However, at both three- and nine-month follow-up WL family members reported having greater unmet need for special transportation relative to SCP family members. Specifically, at three-month follow-up, WL family members reported having four times greater unmet need for special transportation services relative to SCP family members.

Similarly, at nine-month follow-up, WL family members reported having over six times greater unmet need for special transportation services relative to SCP family members.

Summary of Family Member/Caregiver Findings

This section provides a summary of the quantitative and qualitative analysis of the three- and nine-month family survey data. The following client findings were reported:

Health and functional status outcomes, as reported by family members

- SCP family members reported a higher level of client ADL functioning relative to WL family members at nine months, although no significant health or functional status differences were reported by SCP and WL family members on behalf of clients at three-month follow-up. These results were reported only on behalf of clients who were too frail to report on their own.

Mental health status outcomes of family members

- SCP family members were more likely than WL family members to be able to cope with the responsibility of caring for a relative very well at three months, although this finding was not significant at nine-month follow-up.

- SCP family members tended to focus on client well-being issues when asked about the major challenge they faced when dealing with caring for a relative at three- and nine-month follow-ups. In contrast, by nine-month follow-up, WL family members began focusing increasingly on their own limitations as significant challenges faced as a result of their caregiving responsibilities.

Social well-being quality of life outcomes, as reported by family members

There were no significant differences reported by SCP versus WL family members in the number of client social contacts or client social activities at three- and nine-month follow-up.

Family satisfaction with care outcomes

Results from the quantitative analysis of satisfaction survey items indicated the following:

- SCP family members were less likely than WL family members to be very satisfied with the personal care provided to their family member at nine months (i.e., WL family members were 6 times more likely to be very satisfied with this aspect of care, due in part to the fact that WL family members were more likely than SCP family members to have a professional in-home provider taking care of their relative at nine-month follow-up).

- SCP family members were more likely than WL family members to be very satisfied with the reliability of their companion/aide at nine months, although there were no significant differences between SCP and WL family members on this measure at three-month follow-up.

- There were no other significant differences between SCP and WL family members at three- and nine-months on overall satisfaction, or on the other six components of care evaluated.

Results from the qualitative analysis of satisfaction items asked only of SCP family members indicated the following:

- A large proportion of SCP family members found the best thing about the program to be the companionship provided, the caregiver relief offered, and the reliability/necessity of the program.

- For those responding to the open-ended question about the worst thing about the program (roughly 35-38% of study respondents), SCP family members were concerned about the limited time that Senior Companions spent with their family members, they desired improvements in some Senior Companion behaviors (such as reduced "bossiness"), and they were unclear about some of the SCP rules and program benefits.

- Among those recommending changes to improve the SCP program (roughly 47-53% of family respondents), primary recommendations included: increasing or changing the number of hours that Senior Companions spent with their clients, improving service quality (e.g., providing more training for companions, and more case management services), and providing some additional services (such as domestic chores and hygiene care).

Client unmet need for care outcomes, as reported by family members

- SCP family members were less likely than WL family members to report having an unmet need for special transportation services at three- and nine- months (i.e., WL family members were between four and six times more likely than SCP family members to have unmet needs with special transportation services for their family members at three- and nine-months, respectively).

- There were no significant differences between SCP and WL family members in reported unmet needs for personal care or meal preparations at the time of the three- and nine-month follow-up survey.

These quantitative and qualitative findings suggest that overall, the SCP had some beneficial effects and one comparatively negative effect on families served by the program at three- or nine-month follow-up. Of particular benefit to family members was the special transportation services provided to clients at three- and nine-months, the support provided to relieve caregivers, and the reliability of the Senior Companion at the time of the nine-month follow-up. SCP family members also reported that their family members were relatively better off in terms of ADL functioning at nine-month follow-up relative to WL client counterparts. Finally, SCP family members were better able to cope with the responsibility of caring for frail relatives at the time of the three-month survey.

As noted above, the one negative finding for satisfaction with personal care services provided by Senior Companions (relative to other in-home providers) was due in part to the fact that SCP family members reported on their satisfaction with the Senior Companion, while WL family members reported on their satisfaction with a more highly trained provider—generally a registered nurse—who was delivering health and supportive services to their relative at home.

In sum, although there were fewer SCP effects on family members than that reported for SCP clients, themselves, the magnitude of the family member effects generally was quite large (e.g., WL family members had four to six times greater unmet need for special transportation services relative to SCP family members, while WL family members were only 23% as likely as SCP family members to be able to cope with the responsibility of caring for a frail relative very well at three-month follow-up.)

CHAPTER FIVE
Why Senior Companion Clients Left the Program within Three Months

During the first few months of data collection, RTI staff observed that a considerable proportion of SCP clients (24%) were dropping out of the program prior to their three-month follow-up interview.[14] Given this finding, RTI staff consulted with the Corporation staff and agreed that a sub-study was needed to examine the reasons why so many SCP clients had left the program after such a short period of time. We were particularly interested in determining whether the reasons for leaving the program were driven by client-related, family-related, or SCP program/companion issues. It was decided to conduct interviews with agency personnel who were familiar with the SCP clients who had left the program by the time of the three-month follow-up survey in order to determine reasons why they had terminated.

Before data collection could take place, it was necessary to develop a brief instrument that could be administered by telephone to agency personnel familiar with each SCP client who dropped out by the three-month mark. In order to develop appropriate questions to track why individuals were leaving the program so early, the RTI project director conducted a series of open-ended interviews with a random sample of Project Directors and State Directors who were familiar with the SCP and/or already participating in the SCP Quality of Care Evaluation. Based on these discussions, a list of reasons for leaving the SCP program was developed (see **Exhibit 11)**.

Next, an Access database template was developed to track three key questions:

- How long had each SCP client been in the program before leaving?
- Which of the stated reasons was/were applicable to why the client had left the SCP program (i.e., any or all of the reasons shown below)?
- Any open-ended response that the agency respondent wanted to share with the interviewer regarding the client's termination of SCP services.

Then, RTI staff obtained a list of SCP clients who had left the program by the time of the three-month follow-up survey. This list was updated as new names were added over a five-month period. From the list, RTI contacted each agency supervisor and posed the three questions listed above for each SCP client identified on that agency's SCP client roster. This procedure was repeated over the period of time from October 2000 to February 2001, until complete information had been obtained on 100 SCP clients.

Once the agency calls were complete, the Access database was revised to include any unforeseen responses. Then the data were analyzed to generate statistics for each of the possible

[14] By the end of the 18-month intake period, 201 of the 832 SCP clients who had either completed, or partially completed the baseline client survey were no longer receiving SCP services, roughly 24% of the baseline SCP client sample.

responses. A separate table was created for each response that at least one agency gave as a reason for a client dropping out of the SCP. Each response table calculated the number of clients; percentage of total number of responses given for all response categories (n=105); and the minimum, maximum, and average number of weeks that the clients received the SCP services. For purposes of this analysis, we did not include individuals who died between baseline and three-month follow-up.[15] Specifically, we coded the reasons why SCP clients left the program for only those individuals who remained alive but were no longer using SCP services at the time of the three-month follow-up interview.

Exhibit 11. Reasons Why the Clients Left the SCP

Reason	
Client changed mind	Client initially agreed to receive SCP services but changed his/her mind and no longer wanted SCP services
Client too ill	Client became too ill to receive SCP services/was institutionalized
Senior Companion unavailable-not illness	The Senior Companion was unavailable to provide SCP services to the client for reasons other than illness
Senior Companion ill	The Senior Companion became ill and was no longer able to provide SCP services to the client
Senior Companion uncomfortable with client	The Senior Companion was uncomfortable with the client
Family changed mind	The client's family initially agreed to receive SCP services but changed their mind and no longer wanted SCP services
Client received other services; did not need SCP	Client received other community-based services and no longer needed SCP services
Client uncomfortable with Senor Companion	Client was uncomfortable with the senior companion
Client did not understand why SCP offered and decided did not want services	Client did not understand why SCP services were being provided and decided that he/she did not want to receive SCP services
Family did not understand program and decided did not want services	Client's family did not understand the nature of the SCP and decided that they did not want to receive SCP services
Other	Other responses

[15] Even so, we did track the number of individuals who died during the interval between baseline and three-month follow-up. Among the 100 individuals who were initially in this sub-study sample, seven had died by the time of our follow-up interview with agency staff. We did not include these cases as they were not considered voluntary departures from the program.

Aside from performing the quantitative analysis, we also examined the comments that each respondent provided. Each comment was paired with the response option that the agency chose. The final part of the analysis concentrated on comparing the number of responses between response options in order to determine how, if at all, they could be related. The analysis examined how many respondents gave one response and not another, or if someone gave both responses.

Results

As some respondents answered affirmatively to more than one reason, the total number of responses equaled 105. No one gave the final two response options (i.e., the family did not understand program and decided they did not want SCP services, and "Other"). Of the 105 responses classified into the 10 response categories,

- The number of responses per reason ranged from 3 (the client did not understand why SCP services were offered and decided he/she did not want services) to 29 (the client changed his/her mind). As the most common response, the client changed his/her mind, made up 27.6% of the total. As the least common response, the client did not understand why SCP services were offered and decided he/she did not want services, comprised 2.9%.

- The minimum number of weeks that a client received SCP services ranged from zero (less than one week) to six across the reasons. The average minimum number of weeks across the reasons was 2.8.

- The maximum number of weeks that a client received SCP services ranged from 4 to 27 across the reasons. The average maximum number of weeks across the reasons was 19.6.

- The average number of weeks that a client received SCP services, for each reason, ranged from 2.3 (the client did not understand why SCP services were offered and decided he/she did not want services) to 12.3 (the Senior Companion was ill). The average number across the reasons was 9.1.

Exhibit 12 provides a complete list of the total number of responses, percentages, and the minimum, maximum, and average number of weeks for each reason.

Exhibit 12. Reasons for Leaving SCP Program and Weeks in the Program Before Leaving

Category	Total*		Weeks in SCP		
	Number	Percentage	Min	Max	Average
Client changed mind	29	27.6	0	22	8.2
Client too ill	26	24.8	4	26	11.7
Senior Companion unavailable-not illness	12	11.4	6	24	12.2
Senior Companion ill	9	8.6	2	27	12.3
Senior Companion uncomfortable with client	9	8.6	2	19	8
Family changed mind	7	6.7	2	18	8
Client received other services; did not need SCP	5	4.8	6	24	11.8
Client uncomfortable with Senior Companion	5	4.8	2	12	7
Family did not understand program and decided did not want services	3	2.9	1	4	2.3
Total	**105**				
Average			**2.8**	**19.6**	**9.1**

* Total number of respondents = 100. Some respondents answered affirmatively for more than one reason.

Sample comments to open-ended responses

Although 14 of the agency respondents provided no specific reason why SCP clients terminated from the program, 98 agency respondents provided open-ended comments describing why the client left. Listed below are a few comments given for each reason.

The client changed his/her mind

- Companion went to client's home and watched TV because client wasn't interested in visiting with her. Client eventually requested that companion stop coming.
- Client's ex-husband talked her into not receiving services anymore.

The client became too ill

- Client became too ill for companion to help. Family made arrangements for in-home care.
- Moved in with daughter after illness.
- Client became ill and went into a nursing home.

The Senior Companion was unavailable

- Companion had to quit volunteering due to another job. Client is back on waiting list for a new companion.
- Companion quit because client lived too far out in the country and companion's driving wasn't very good.
- Senior Companion stopped volunteering and no one was able to take her place.

The Senior Companion was ill

- Companion had to quit volunteering due to back surgery and there was no replacement for her.
- Companion became ill and was unable to continue volunteering. Client is in a remote area and no other companion is available at this time.
- Companion got sick due to allergies from client's cat and discontinued seeing that client. Client does not have a companion at this time.

The Senior Companion was uncomfortable with the client

- Client became hostile as health started failing.
- Companion was not comfortable working with the particular client. No specific reason was given and no replacement companion was assigned.
- Client started out okay, but got dementia and actually took out a gun, asking companion, "Who do you work for?" Obviously, services were cut off.

The family changed its mind

- Client only wanted services until she recovered from an illness. No longer needed services after that.
- Wife was the one who actually had the companion. Her husband decided to get her services and she wanted to discontinue because she thought she didn't need SCP help.

The client received other services and did not need SCP services

- Went off SCP and is now receiving Elder Choice.
- Client only wanted a companion until she recuperated and then had meals on wheels.

The client was uncomfortable with the Senior Companion

- Companion became uncomfortable with going to client's house after client's son moved in.

- Both client and companion were unhappy with the relationship. Not a good match. Client cut service after two weeks.

- Client and companion did not get along. Family decided to stop SCP services and provide care themselves.

The client did not understand why the SCP was offered and decided he/she did not want services

- Client's family got the service for her, but client did not want services and cancelled after two visits.

- Client's family really wanted him to try the service. He didn't like it after one week of trying it out.

Implications of results for the SCP

Although some of the reasons given by agency supervisors for terminating a Senior Companion match may have been unavoidable, the prevalence of certain types of responses is noteworthy. More specifically, it may be possible for the SCP to examine the reasons why SCP clients left the program and consider undertaking the following activities in the future: (a) providing a comprehensive set of initial information to potential clients/family members about what the program can and cannot do before individuals agree to join the program, (b) encouraging new clients and family members to have realistic expectations about the SCP once they sign up so that they give the program a chance before deciding that it is "not for them," and (c) obtaining complete baseline information on both potential clients and potential Senior Companions during the intake process to ensure that the best possible matches are made.

Whereas client illness and Senior Companion illness are unavoidable reasons for a client or Senior Companion to have terminated from the program, other reasons for leaving the program might have been anticipated and rectified so that a match might not have ended within the first three months. As an example, a significant proportion of agency providers either said that the client or the family member initially had agreed to receive SCP services but later changed his/her mind and no longer wanted these services. Such statements suggest that some clients and family members may not have received adequate preliminary information about the scope of services provided and the nature of the program. Without complete information early on, some of these individuals may have agreed to receive SCP services while having unrealistic expectations about what the program actually could provide to them. Subsequently, when these individuals actually understood the true nature of the SCP (after having been matched for a period of time), they might have been unhappy that their initial expectations were not met. As a result, they may have decided to leave the program. Given this possibility, it would be advisable for all SCP Program Directors to reevaluate their initial orientation materials to be sure that the information being provided is as accurate and complete as possible. Program directors also should do whatever possible to ensure, before services are provided, that the expectations of potential clients and family members are both reasonable and in line with what the program actually can provide to them.

Similarly, over 10% of respondents felt that the SCP match was terminated due to the fact that the Senior Companion was unavailable to provide services for reasons other than illness. Specific reasons given included the fact that the Senior Companion found employment elsewhere, the client lived a long distance from the Senior Companion and the Senior Companion did not want to drive that far to get there, and the Senior Companion stopped volunteering and no other Senior Companion was available at that time. While some of these reasons may have been unavoidable, it is possible that with a more comprehensive initial assessment of the Senior Companions' availability prior to making a match, SCP staff members and volunteer station supervisors might become better able to anticipate the potential vulnerability of particular matches to minimize the chance that they would be terminated so quickly.

Finally, in a number of cases, either the client or the Senior Companion was uncomfortable with the match. As noted previously, while the impact of all matches cannot be anticipated in advance, with careful data collection and research at the time of the initial assessment with clients and Senior Companions, SCP Directors and/or volunteer station supervisors may become increasingly adept in determining the types of clients who would do best with specific kinds of Senior Companions, and vice versa.

CHAPTER SIX
Conclusions and Policy Implications

This final chapter provides an overview of study findings from a larger policy perspective. We also discuss implications and recommendations for improvements in the design and administration of the SCP in the years to come. The chapter is organized by topical area, beginning with a review of the cross-sectional agency survey findings and their implications, followed by client and family survey results and implications. We then compare client and family responses to similar survey items. Finally, we present study limitations and suggest directions for research in the years to come.

Volunteer Station Survey Findings and Implications

The results from the volunteer station survey indicated that the volunteer station supervisors valued the assistance provided by the SCP. As shown in **Chapter Two**, there was a high level of satisfaction with the program (i.e., 93% of agency respondents were very satisfied with the overall quality of SCP services). In addition, the majority of volunteer station supervisors (86%) could provide additional services to clients with special needs due to having Senior Companions at their agency site. Finally, almost 90% of volunteer station supervisors rated the Senior Companions as "extremely valuable" in what they contributed to clients' care.

Whereas some volunteer station supervisors reported that Senior Companions did not perform the full panoply of potential services to support the agency (e.g., 58% reported that Senior Companions did not attend case management meetings), it is clear from the results provided in **Chapter Two** that the majority of agency staff felt that Senior Companions performed important roles to assist them on a routine basis. Most notably, Senior Companions notified staff of client changes (90% said that they performed this task often or sometimes), provided an additional resource to the agency (76% said that they performed this task at least sometimes), and served as the "eyes and ears" of the agency (87% said that Senior Companions served in this way at least sometimes).

One suggestion made to improve the program was to refine and expand the training programs provided to Senior Companions on an ongoing basis. A goal of the training would be to increase the overall skill level of all Senior Companions placed at volunteer stations (since roughly 22% of volunteer stations respondents felt that Senior Companions were not as skilled as their paid employees). While Senior Companions clearly should not be trained to perform medical procedures nor engage in many other "high tech" clinical services provided in many agency settings, there may be other areas where they can perform appropriate roles while better serving their volunteer stations (e.g., directly communicating with family members, serving as client advocates, being good listeners when visiting with clients, etc.). Additional training in these areas would likely increase the quality of services being provided, and as a result, the proportion of volunteer station supervisors who feel that Senior Companions were at least as skilled as their paid agency staff.

Similarly, 96% of volunteer station supervisors felt that Senior Companions were as responsible as (or more responsible than) their own agency staff; however, another 4% felt that

Senior Companions were not as responsible as their agency staff. With additional training and/or ongoing supervision regarding the importance of being on time and staying for the allotted time frame at each client's home, it is likely that the proportion of volunteer station supervisors who feel that Senior Companions are as responsible as (or more responsible than) agency employees would increase even further.

Client Survey Findings and Implications

The results from **Chapter Three** on the client survey showed a significant improvement in SCP client well-being and functioning at three-month follow-up. Results were favorable (relative to the WL and/or Other agency comparison groups) for the following client outcomes: self-reported health status, overall functional status, life satisfaction, depressive symptoms, unmet need for special transportation, unmet need for personal care, overall satisfaction with care, satisfaction with time off for family members, and satisfaction with time spent with the Senior Companion versus other health/social service in-home providers.

By nine months, however, there was a reduction in the number of significant effects of the SCP on client health and well-being. The following positive program effects were found at nine-month follow-up: an improvement or maintenance in self-reported health now compared to a year ago, a reduction in depressive symptoms, a reduction in unmet need for meal preparations, and an increased likelihood of being very satisfied with the time off for family members.

There were also two effects that were unfavorable: SCP clients were found to be more limited in their social activities due to both physical and emotional health problems. More specifically, SCP clients were more likely than Other agency clients to be moderately versus somewhat limited in their social activities due to physical problems, and they were more likely than Other agency clients to be slightly versus not impaired in social activities due to emotional problems at three-month follow-up.

These two findings may initially appear to have reflected negatively on the program; however, it is possible that SCP clients were being appropriately referred to the SCP explicitly because of the fact that they had no other social support systems available to them. Stated differently, it may be that SCP clients were more likely than Other agency clients, who did not seek out the program, to be at risk of needing someone to visit them to compensate for their limited ability to perform outside social activities. For this reason, it is understandable why individuals at risk of being isolated at home would be either more likely than Other agency staff to be referred to the SCP or given preferential status when initial SCP matches were being considered. The fact that SCP clients were found to be more likely to be limited in their social activities, thus, may simply be the result of the explicit screening/matching process that predisposed those with a lack of social support or social engagement in the community to have an increased opportunity to obtain alternative social stimulation through the SCP.

Two client effects were stable and significant across both follow-up time frames, namely, the reduction in depressive symptoms for SCP clients and the greater likelihood of SCP clients being very satisfied with the amount of time off that Senior Companions gave their family members while visiting with them at home.

There are several possible explanations as to why so few client effects remained over time. First, it is possible that the loss in the sample size between baseline and nine-month follow-up sufficiently reduced statistical power, meaning that there were not enough study subjects left in the sample at nine months to produce model estimates that were statistically significant. The larger the study sample, the more likely one is to find significant differences between groups. Unfortunately, since so much of the initial sample (n=1,520) was lost by nine-month follow-up (n=394), it is likely that the nine-month sample was just too limited in size to enable us to detect small differences that otherwise might have emerged between the three client groups.[16]

Second, it is possible that the SCP client effects peaked and then stabilized by three-month follow-up. This hypothesis was expressed during our planning interviews with SCP Directors and agency supervisors; at that time, the majority of interviewees claimed that SCP effects would occur "immediately." If this scenario were true, and thus, if program effects actually reached a plateau by the time of the three-month follow-up, then it becomes understandable why few, if any, additional effects in client well-being would be observed at the time of the nine-month follow-up.

In light of the quantitative findings reported here, it appears that Senior Companions were able to make a number of meaningful differences in the quality of life of frail older adults over time. Although it remains unclear which explanation may fully account for the reported reduction in the number of client effects over time, the results reported here suggest that many SCP clients benefited quickly from the program, but that over time, Senior Companions were less able to offset the negative effects of poor health and reduced functioning on longer-term quality of life outcomes for clients served.

Open-ended comments from SCP clients revealed that they particularly liked the companionship being provided through the program, the existence of the actual "overall program," and their specific Senior Companion. They were particularly concerned with the limited number of companions available to serve the program, they wanted to have more opportunities to travel outside of the home, and in a few cases, they wanted the companions to improve their behaviors (such as by talking less or being less bossy).

Based on the minority of study respondents who offered suggestions about how to improve the program, the main recommendations made were to increase the number of hours that Senior Companions spent with their clients, provide more transportation so that clients could travel more, and increase service quality (e.g., by ensuring that Senior Companions can speak English).

Family/Caregiver Survey Findings and Implications

The results from **Chapter Four** on the family survey suggest that there were a limited number of significant effects of the SCP on family/caregiver well-being. However, the

[16] For a detailed explanation of (a) why so many individuals either were no longer eligible to be in the study, or were lost to follow-up over time, and (b) the frequencies and percentages for each category that was ineligible or lost to follow-up, see Appendix A. Similarly, see Chapter Three, for a condensed explanation by survey type and time period.

magnitude of these effects was quite large. At three-month follow-up, family members of Senior Companions reported being much more likely (than WL family members) to be very well able to cope with the responsibility of caring for a frail relative. Similarly, family members of SCP clients were much less likely to report that the client had an unmet need for special transportation services.

At nine-month follow-up, a slightly larger number of significant findings emerged. Specifically, SCP family members reported that their frail family members had a relatively higher level of ADL functioning relative to WL family members. In addition, SCP family members reported that their relatives were much less likely to have an unmet need for special transportation services. Finally, SCP family members were more likely to be very satisfied with the reliability of their Senior Companion (relative to other in-home care providers).

There was one unfavorable finding reported by SCP family members at nine-month follow-up. SCP family members were less likely than WL family members to be very satisfied with the personal care provided by the Senior Companion/in-home provider. This finding may be explained, in part, by the fact that a larger proportion of WL family members who responded to this question had relatives who were being seen by trained professional staff (e.g., registered nurses or licensed practicing nurses). In other words, the relatives of WL family members were more likely to be receiving care from a higher level of visitor/health care provider than were SCP clients. Given that the point of reference varied when WL family members and SCP family members were remarking on their satisfaction with their personal care provider, the results from this question should be interpreted with caution.

The results shown in **Chapter Four** did not include a description of the analysis of one additional question from the family/caregiver three- and nine-month follow-up surveys.[17] This question asked SCP family members:

> "During the past three months, how has having a Senior Companion affected your ability to remain employed (i.e., work outside the home)?
>
> Would you say that you have been...
>
> 1 = Better able to work outside the home
> 2 = Less able to work outside the home
> 3 = No difference in your ability to work outside the home."

Results from the analysis of this question indicated that at three-month follow-up, 24% of SCP family members were "better able to work" as a result of having the Senior Companion visit their loved one. By nine-month follow-up, this proportion increased to 35%. In contrast, 75% of SCP family members stated that having the Senior Companion made no difference in their ability to work at three-month follow-up, but by nine-month follow-up, this percentage dropped to 64%.

[17] We did not evaluate this response using a multivariate modeling approach, because we only asked this question to the subgroup of family members who had relatives with Senior Companions visiting them at home.

In summary, whereas the quantitative data reported by family members indicated that there were few significant effects of the SCP on family member/caregiver well-being, the magnitude of these effects was fairly dramatic. In addition, other effects reported from the open-ended responses to the family also suggested that these individuals benefited from and appreciated the services that were being provided to their relatives. Still, in light of the overall quantitative findings described in this report, it appears that at least some of the impact of the SCP on quality of life findings for family members was indirect, operating through the positive effects it had on clients, themselves.

Open-ended comments from SCP family members revealed that these family members particularly liked the companionship being provided, caregiver relief, and the reliability/ necessity of the Senior Companion. They were particularly concerned with the limited amount of time that Senior Companions were available to visit their relatives and the limited number of Senior Companions available to serve the program. A number of SCP family members also wanted the companions to improve their behaviors (such as by talking less or being less bossy), and they wanted to be sure that they understood the program's rules regarding Senior Companion screening and selection into the program.

Based on the minority of study respondents who offered suggestions about how to improve the program, recommendations included increasing the number of hours that Senior Companions spent with their clients, improving service quality (e.g., through additional training), and providing additional personal care and domestic services to assist the client at home.

Client Versus Family/Caregiver Findings

Given that a number of identical survey items were asked of clients and family members/caregivers at three- and nine-month follow-up, we compared responses between the two samples to see if any important differences emerged in the two groups' assessments of the SCP. Results are summarized first, for quantitative survey responses, and then, for qualitative responses to identically worded questions.

Comparison of quantitative survey responses

Although clients reported both a different array and a larger number of significant effects of the program relative to their family counterparts, the magnitude of comparable effects for family members tended to exceed those of clients. For example, both SCP clients and SCP family members reported having a relatively lower unmet need for special transportation services relative to WL clients and WL family members. While the odds of having an unmet need for special transportations was two times greater for WL clients relative to SCP clients at three-month follow-up, the magnitude of the reported unmet need for special transportation was four and six times greater for WL family members (at three- and nine-month follow-ups, respectively) relative to SCP family members.

Even so, the most striking difference between the results for clients versus family members/caregivers was the relatively larger number, types, and mix of significant outcomes for clients as shown below.

Significant client outcomes

- Higher self-reported health status at three months
- Higher overall functional status at three months
- Higher life satisfaction at three months
- Fewer depressive symptoms at three and nine months
- Fewer unmet needs for special transportation at three months
- Fewer unmet needs for personal care at three months
- Higher overall satisfaction with care at three months
- More likely to be very satisfied with the amount of time off for family members at three months
- More likely to be very satisfied with time spent with the Senior Companion versus other health/social service in-home providers at three months
- Improvement/maintenance of self-reported health now compared to a year ago (reported at nine-month follow-up)
- Fewer unmet needs for meal preparations at nine months
- More likely to be very satisfied with the time off for family member at nine months

In contrast, there were relatively few statistically significant effects for family members, as shown below.

Significant family/caregiver outcomes

- More likely to be very well able to cope with the responsibility of caring for a frail relative at three months
- Fewer unmet needs for special transportation at three and nine months
- Higher level of client ADL functioning at nine months
- More likely to be very satisfied with reliability of their Senior Companion (relative to other in-home care providers) at nine months

Comparison of qualitative survey responses

The results from **Chapters Three** and **Four** suggest that when study respondents were given the opportunity to speak at length about the SCP, some individuals had specific things to

recommend (and/or share as concerns). Overall, both clients and family members/caregivers thought highly of the SCP. As noted previously, the main components of the program that they appreciated included the companionship provided, caregiver relief, the reliability/necessity of the Senior Companions, the assistance provided with transportation, and the actual presence of the "overall program." Over time, family members tended to value the program for the benefits it provided to both their relatives and themselves, whereas clients tended to value the program solely for the benefits it provided to them.

Fewer than half of the study respondents had something negative to say about the SCP. As a result, only a small proportion of respondents provided specific comments to this open-ended question (approximately 30% of family members and 20% of clients). Overall, family members who provided specific responses felt that the limited amount of time that Senior Companions spent with clients was the worst thing about the program. The limited number of Senior Companions available also emerged as a concern among a minority of family member respondents. Similarly, by nine-month follow-up, the limited amount of help being provided by Senior Companions emerged as an issue for these study respondents. Finally, "companion behaviors" was cited by a small but consistent minority as an issue of concern for family members at three- and nine-month follow-up.

Overall, clients had less to say about the worst thing about the SCP. The limited amount of time that clients had with Senior Companions was cited by the largest number of respondents to this question. The second most common concern had to do with the limited number of companions available to be matched with needy clients. A third issue had to do with the behavior of the companion. Typical responses to this concern had to do with the "bossiness" of a companion, his/her lateness in arriving, or his/her excessive chattiness during each visit. SCP inconsistencies or rules (i.e., rigid SCP service requirements for clients, and unclear Senior Companion screening (for family members) were also cited by a proportion of respondents as the worst thing about the program.

Responses to the question, "What could be done to improve the SCP?" were also only answered by a minority of study participants. More specifically, approximately 70% of clients, and between 52% and 58% of family members, had nothing specific to recommend at three- and nine-month follow-ups. Similar recommendations were made by the subgroup of clients and family members responding to this question. Suggestions included increasing the amount of time that Senior Companions spent with clients, increasing the number of Senior Companions available to serve the program, and improving the level of service quality.

These open-ended results suggest to us that while the majority of study respondents felt that the SCP was providing important services to frail older adults served by the program, there were some areas in which additional improvements were warranted. One improvement would be to more carefully match Senior Companions to clients in need. In doing so, those clients determined to need additional support should be given the opportunity to spend more than the typical four-hour-per-week visit received from Senior Companions on a routine basis. In addition, it appears from reported findings that clients and family members perceive there to be a shortage of Senior Companions who are available to serve frail clients at home. Therefore, assuming that the perceived shortage is indeed accurate, additional Senior Companions need to be recruited to serve the increasing number of frail older adults who are eligible for program

services. Third, given that a number of family members and clients raised the issue of service quality when recommending improvements to the program, it would be worthwhile for SCP Directors to consider expanding or refining their existing training and screening programs to be sure that the volunteers whom they routinely place in clients' homes have received the best available information and training both before and throughout the time that they serve in SCP clients' homes.

Implications of Findings for SCP Clients Who Left the Program within Three Months

As noted in **Chapter Five**, one unanticipated outcome of the study was the knowledge that a fairly large proportion of SCP clients left the program by the time of the three-month follow-up survey. More specifically, of the 832 clients who had completed or partially completed the baseline client questionnaire and were receiving SCP services at the start of our study, 201 of them (roughly 24%) were no longer receiving SCP services by three-month follow-up. We learned from an additional study of the first 100 SCP clients who left the program at three months that there were a variety of reasons for their leaving the program. Some reasons had to do with clients, others had to do with family members/caregivers, and still other reasons were related to the Senior Companions themselves. While some of the reasons provided could not have been anticipated by the program (e.g., the client or the Senior Companion became too ill), other possible reasons for leaving the program might have been anticipated with additional care paid to the matching process.

As noted in **Chapter Five**, some clients and family members may not have received adequate preliminary information about the scope of services provided and the nature of the program. As a result, they may have had false expectations of what the program could have provided to them and were disappointed when certain services (e.g., domestic help) were not offered as part of the program. Still others noted that Senior Companions left after a short period of time. Specific reasons given included the fact that the Senior Companion found employment elsewhere or did not want to drive as far to the client's home. While some of these reasons may not have been avoided, it is possible that with a more comprehensive initial assessment of the Senior Companions' availability prior to making the match, SCP staff and volunteer station supervisors might become better able to anticipate the potential vulnerability of some matches and minimize the chance that they will be terminated prematurely in the future.

Finally, in a number of cases, either the client or the Senior Companion was uncomfortable with the match. Again, while not all potential interpersonal conflicts can be avoided in advance, with careful data collection and research at the time of the initial assessment with clients and Senior Companions, SCP staff and volunteer station supervisors may become increasingly adept at determining the types of clients who would do best with particular kinds of Senior Companions, and vice versa.

Study Limitations

The following two study limitations need to be noted. First, because it was necessary for ethical reasons to study individuals in their self-selected groupings rather than randomly assigning them into one of the three client groups, we could not ensure that those who

participated in the study were equivalent on both measured and unmeasured characteristics at baseline. We compared clients by baseline factors and found that the client groups were similar in many ways and differed in others that subsequently were controlled for in analysis. Even so, clients also could have varied in ways that were not examined in this study but were still related to the reported study outcomes. Unmeasured factors such as the extent of family support, availability of neighbors to help, and support from other charitable organizations also could have been associated with study outcomes. It would have been ideal to learn as much as possible about the clients' initial caregiving network; however, we were required by OMB to limit the length of our survey instrument to 25 to 30 minutes. As a result, several social support items had to be eliminated from our baseline instrument. In order to avoid a potential omitted variable problem in the future, it would be advisable for those conducting similar studies to consider including a few additional questions about the support system at home.

Second, we were only able to generalize study findings to those who met the initial eligibility requirements for the study (as described in **Appendix A**). These requirements were determined as necessary to focus the study on Medicare-eligible older adults; those who were receiving the services of interest to this evaluation; and those in a position to be able to provide reliable information about their health status, use of services, and quality of life over time. Unfortunately, using eligibility criteria required us to screen out some individuals whose opinions also mattered. We used a number of methods to divide the interview into more manageable "chunks," including interviewing individuals in as few as five-minute intervals to allow especially frail respondents to participate. Still, we were unable to interview those who were in such extreme discomfort that they could not speak to us by telephone or were so cognitively impaired that they could not give reliable responses to the survey question.

Proxy respondents were interviewed when clients were too frail or cognitively impaired to answer on their own behalf, but in many cases, there was no next of kin available to be interviewed. Even when we could identify and locate next of kin, we only asked proxy respondents to report on factors that could be reliably reported (such as the prevalence of client medical conditions, client functional status, and client health behaviors). Although we analyzed family survey data to learn more about the health and functional status of clients whose health or cognitive status was so poor that they could not respond to the client survey, it was not possible to gain additional insight into several of the quality of life outcomes reported here. Many of these topics (such as depressive symptoms of clients, life satisfaction of clients, and client satisfaction with care) intentionally were avoided, since we knew from prior research that proxy and study respondents often perceive these attributes differently.

Concluding Comments and Recommendations for Subsequent Research

With the large baby boom population getting ready to retire, the SCP provides an opportunity for well intentioned seniors to give back to their communities. We know that the number of available volunteers aged 45 to 64 is expected to increase by 34% over the next two decades (Administration on Aging, 2001). Although only 27% of the adult population generally volunteers in a given year (Current Population Survey, 2002), it is possible that by offering individuals new and expanded opportunities to serve their communities, larger numbers of baby boomers would begin to participate in this type of service program. At the same time, with the number of Americans over age 65 rapidly increasing from 4.2 million in 2000 to 8.9 million in

2030 (Administration on Aging, 2001), there will soon be a pressing need for policy makers to find alternative ways to serve frail older adults residing in the community.

The SCP is one viable, low-cost way to enable senior volunteers to serve frail elders in need of assistance at home. The findings in this report indicate that the SCP has had a positive impact on the agencies, clients, and family members/caregivers served by the program. Overall, the respondents from this national evaluation valued the roles provided by Senior Companions and the activities that they performed. In fact, in the few cases in which improvements were recommended by clients and/or family members, the main suggestion made was to increase the number of hours that Senior Companions spent with clients on a weekly basis.

Among the consistent, favorable results reported by clients and/or family members over time were the significant reduction in the number of depressive symptoms reported by SCP clients (relative to WL clients), the reduction in SCP client unmet needs for assistance with various activities of daily living, the relative increase in satisfaction with SCP (versus non-SCP) in-home services provided, and the increased ability of family members/caregivers to remain employed as a result of having Senior Companions care for their frail relatives at home.

Other significant results that were less stable over time included the significant increase in life satisfaction among SCP clients, the relative increase in the functional status of SCP clients, the relative increase in client self-reported health, the increased likelihood that SCP family members/caregivers were very well able to cope with the responsibility of caring for a frail relative, and the relative maintenance/improvement of SCP client self-reported health when compared to that of a year ago.

It is important to recognize that the SCP provided a fairly "low tech" intervention to clients and family members/caregivers over time. More specifically, Senior Companions typically visited with clients one to two times per week, and spent four hours per week with each client (both at three- and nine-month follow-ups). Given that Senior Companions were limited in what they could do for clients and family members/caregivers (i.e., mostly visiting and providing social support) on a weekly or biweekly basis, it becomes more striking that the program was able to have even modest effects on quality of life outcomes for clients and family members either at three- or at nine-month follow-up.

The U.S. House of Representatives has recently proposed legislation reauthorizing the Citizen Service Act, which amends the Domestic Volunteer Service Act of 1973 to reduce existing restrictions placed on many of the Corporation's senior volunteer programs (including the SCP). Various versions of the bill have been promulgated, expanding the eligibility of seniors to volunteer and reducing barriers to eligibility. The existing SCP eligibility requirements increasingly have hampered SCP directors, many of whom have had difficulty filling their Senior Companion "slots" because potential volunteers either (a) were too young, (b) were of an income that just exceeded the 125% poverty guidelines, or (c) wanted to serve fewer than 20 hours per week. If the Citizen Service Act becomes law, it will become significantly easier to recruit and retain an expanded number of Senior Companions over time.

Assuming that the Citizen Service Act becomes law, it will be important for the Corporation to track changes in eligibility and the number of individuals applying for, and being

accepted to, the SCP. It also will be critically important to rigorously examine the impact that this legislation may have on subsequent use of, satisfaction with, and potential health outcomes resulting from the increased availability of Senior Companions in the years to come.

Those interested in examining the impact of the SCP on clients and family members/caregivers in the future should also seriously consider including both quantitative and qualitative items to enable respondents both to report general facts and also expand upon their thoughts, likes, and dislikes with the program. By obtaining both types of information, as was done in this investigation, the Corporation will remain better equipped to make the kinds of changes necessary to continuously improve this important national service program for older adults in the years to come.

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APPENDIX A: *Eligibility Criteria and Response Rates by Client Type and Time Period*

APPENDIX A

Eligibility Criteria and Response Rates by Client Type and Time Period

This Appendix provides important information on the response rates from the client and family baseline surveys, along with a description of the reasons for screening individuals as ineligible prior to administration of the client and family baseline surveys. Results from the client baseline survey (Sections A.1-A.3) precede the presentation of results from the family baseline survey (Sections A.4-A.6). We also provide the same information at three-month follow-up (Sections A.7-A.12) and nine-month follow-up (Sections A.13-A.18).

A.1. Eligible Individuals and Overall Response Rate from Client Baseline Survey

Table 1 presents the number of eligible individuals who responded to the client baseline survey, the percentage of individuals belonging to each eligibility category, and the overall client baseline survey response rate.

Table 1. Eligible Individuals and Overall Response Rate from Client Baseline Survey

Client Eligibility Category	Sample Size (n)	Percentage
Partially completed survey	13	0.62%
Completed survey	1,507	71.63%
Case became too old to be interviewed (time trials exhausted)	138	6.56%
Refusal	446	21.20%
Total number eligible for client baseline survey	2,104	100.01%
Response Rate for All Clients	**(13 + 1,507) / 2,104**	**72.24%**

Results shown above indicate that the overall response rate across all types of clients (SCP, WL, and Other agency) was 72.2% at the time of the baseline survey. Eligible individuals included those who (a) were 65 years of age and over, (b) were either newly receiving Senior Companion services, newly placed on the waiting list for a Senior Companion, or newly provided with other community-based services, (c) were residing in the community at the time of the baseline survey, (d) had access to and were reachable by telephone, and (e) were able to hear and respond to interview questions on their own behalf. Client cases became "too old" if individuals were unable to be reached within 45 days of receiving their name from a given agency location. These cases would no longer be valid, as these individuals would have been receiving services for approximately 3 months, and thus, would not be true baseline cases. Approximately 7% of the cases were deemed "too old." Approximately 21% of the potential SCP clients refused to be interviewed. Almost 72% of eligible clients completed all interview

questions, and another fraction of a percent partially completed the client baseline survey. Results for subgroups of clients (SCP clients, WL clients, and Other agency clients) are shown below.

A.2. Eligible Individuals and Response Rates by Type of Client from Client Baseline Survey (Subgroup Analysis)

Table 2 presents the number of eligible individuals who responded to the client baseline survey by type of client (SCP, WL, or Other agency client) and the client baseline survey response rate by type of client.

Table 2. Eligible Individuals and Response Rates by Type of Client from Client Baseline Survey

Client Eligibility Category	SCP Client Sample Size (n)	WL Client Sample Size (n)	Other Client Sample Size (n)
Partially completed survey	6	5	2
Completed survey	826	531	150
Case too old to be interviewed (time trials exhausted)	52	62	24
Refusal	197	181	68
Total number eligible for client baseline survey by client type	1,081	779	244
Response Rate by Client Type	**(6 + 826) / 1,081= 76.97%**	**(5 + 531) / 779= 68.81%**	**152 / 244= 62.30%**

In this analysis, we subdivided all client respondents into their initial three client groups—SCP clients, WL clients, and Other clients—in order to calculate response rates for each subgroup. We found that the response rates varied by type of client. As was to be expected, SCP clients had the highest response rate (almost 77%). WL clients had the next highest response rate (almost 69%), while Other agency clients had the lowest response rate (just over 62%). Response rates differed largely due to the difference in refusal rates across the client types. More specifically, only 18% (197/1,081) of SCP clients refused to complete the baseline survey, while 22% (181/779) of WL clients refused to complete the baseline survey, and almost 36% (68/224) of Other agency clients refused to complete the baseline survey.

We have not as yet decided the extent to which other client samples will be used in follow-up analyses (we will know how many Other agency clients remain in the three-month data file and are available for analysis once we have completed three-month client interviews later this year). If we do decide to include both the WL and Other client samples in our three-month follow-up analyses, we will be certain to adjust for differential response rates among these two comparison groups during the process of creating sampling weights.

A.3. Individuals Screened Out (Ineligible) Prior to Administration of Client Baseline Survey

Table 3 presents the number of individuals who were ineligible to participate in the client baseline survey and the percentage of individuals belonging to each ineligibility category.

Table 3. Individuals Screened Out (Ineligible) Prior to Administration of Client Baseline Survey

Client Ineligibility Category	Sample Size (n)	Percentage
Client underage	246	7.30%
Client no longer receiving SCP/WL/Other agency services	359	10.65%
Client died prior to interview	76	2.25%
Invalid case (client never received SCP/WL/Other agency services)	64	1.90%
Client unable to be located (no phone, or invalid phone number)	826	24.50%
Client unavailable for duration of study (client located, but either leaving the country or moving to an institution)	69	2.05%
Client incapable (due to mental and/or physical limitations)	1,528	45.31%
Client does not speak English	148	4.39%
Client institutionalized prior to baseline survey	56	1.66%
Total Ineligible Clients Prior to Baseline Survey	**3,372**	**100.01%**

A large proportion of the client names received from participating volunteer stations were individuals who were ineligible to participate in the SCP study. More specifically, of the 5,476 names that we ultimately received from the participating agencies in the SCP Quality of Care Study, only 2,104 (approximately 61.6%) ended up being eligible to participate in the SCP study. The remaining 3,372 were found to be ineligible, as shown above. We spent a large proportion of our time screening out the ineligible individuals based on previously established criteria for their inclusion/exclusion into the study. As noted in Section A, above, eligible clients included all those individuals who were (a) 65 years of age and over, (b) were either newly receiving Senior Companion services, newly placed on the waiting list for a Senior Companion, or newly provided with other community-based services, (c) were residing in the community at the time of the baseline survey, (d) had access to and were reachable by telephone, and (e) were able to hear and respond to interview questions on their own behalf.

Ineligible clients included those who (a) were under the age of 65, (b) were no longer receiving SCP services, no longer on the waiting list, and no longer receiving any Other agency services at the time of the baseline survey, (c) never received these types of services in the first place (and should not have been in our sampling frame in the first place), (d) had died, (e) had

been institutionalized, (f) did not speak English, (g) were found to be too ill to participate in the telephone interview (either due to mental or physical limitations), (h) were in the process of moving out of the country or to an institution, or (i) did not have a telephone or a working telephone number.

Over 45% of those ineligible to participate in the study were incapable of participating due to considerable physical and/or mental health problems. Although these clients were not able to respond on their own behalf, we do have information from proxy respondents in those cases where the client or agency could identify a family member or next of kin. (We have proxy response data from 399 proxy respondents on behalf of 223 SCP clients and 176 WL clients.) In most cases, however, no proxy respondent was available to respond to questions on behalf of these individuals. We will combine proxy response data with SCP and WL response data (as described in a separate memo to you) so that we can more fully describe the experience of both clients who can and cannot respond on their own behalf.

The next most common reason for being ineligible to participate in the client baseline survey was that the client was unable to be located. Over 24% of clients could not be reached—either due to the lack of a phone, the lack of a working phone number, or an invalid phone number. The third most common reason for being ineligible (over 10%) was a status change since the client's name was initially provided by the agency in question. Between the time of receiving these clients' names and the time of the initial call from RTI, these individuals had a status change and were no longer receiving SCP services, were no longer on the waiting list for SCP services, or were no longer receiving Other agency services. Since these individuals were no longer the types of clients required for inclusion into the study, they were screened out prior to administration of the baseline survey.

A.4. Eligible Individuals and Overall Response Rate from Family Baseline Survey

Table 4 presents the number of eligible individuals who responded to the family baseline survey, the percentage of individuals belonging to each eligibility category, and the overall family baseline survey response rate.

Table 4. Eligible Individuals and Overall Response Rate from Family Baseline Survey

Family Eligibility Category	Sample Size (n)	Percentage
Partially completed survey	3	0.29%
Completed survey	800	76.19%
Case became too old to be interviewed (time trials exhausted)	113	10.76%
Refusal	134	12.76%
Total number eligible for family baseline survey	1,050	100.00%
Response Rate for all Family Members	**(3 + 800) / 1,050**	**76.48%**

Results shown above indicate that the overall response rate for both types of family members (relatives/caregivers of SCP clients, and relatives/caregivers of waiting list clients) was 76.5% at the time of the baseline survey. Family members/caregivers were eligible to participate in the study if they were caring for relatives/care recipients who (a) were 65 years of age and over, (b) were either newly receiving Senior Companion services, newly placed on the waiting list for a Senior Companion, or newly provided with other community-based services, (c) were residing in the community at the time of the baseline survey, (d) had access to and were reachable by telephone, and (e) were able to hear and respond to interview questions on their own behalf. Family cases became "too old" if individuals could not be reached within 60 days of receiving their name from a given agency location. These cases would no longer be valid as these individuals would have been reporting on clients who had received services for approximately 3 to 4 months and thus would not be true baseline cases. Approximately 11% of the cases were deemed "too old." Approximately 13% of the family members of potential clients refused to be interviewed. Over 76% of eligible family members completed all interview questions, and another fraction of a percent partially completed the family baseline survey. Results for subgroups of family members (relatives/caregivers of SCP clients, and relatives/caregivers of WL clients) are shown below.

A.5. Eligible Individuals and Response Rates by Type of Family Member from Family Baseline Survey (Subgroup Analysis)

Table 5 presents the number of eligible individuals who responded to the family baseline survey by type of family member (relative/caregiver of SCP client or relative/caregiver of WL client) and the family baseline survey response rate by type of family member.

Table 5. Eligible Individuals and Response Rates by Type of Family Member from Family Baseline Survey

Family Eligibility Category	Family of SCP Client Sample Size (n)	Family of WL Client Sample Size (n)
Partially completed survey	2	1
Completed survey	475	325
Case became too old to be interviewed (time trials exhausted)	65	48
Refusal	68	66
Total number eligible for family baseline survey by family member type	610	440
Response Rate by Family Type	**(2 + 475) / 610= 78.20%**	**(1 + 325) / 440= 74.09%**

In this analysis, we subdivided the family respondents into their initial two groups—family members/caregivers of SCP clients, and family members/caregivers of WL clients—to calculate response rates for each family subgroup. We found that the response rates did not vary much by type of family respondent. Family members of SCP clients had a slightly higher

response rate (78%) relative to family members of WL clients (response rate=74%). Approximately 11% (68/610) of family members of SCP clients refused to complete the baseline survey, while 15% (66/440) of family members of WL clients refused to complete the baseline survey. Although the difference in response rates by type of family member was not dramatic, we will adjust for the difference in response rates between the SCP and WL family groups during the process of creating sampling weights.

A.6. Individuals Screened Out (Ineligible) Prior to Administration of Family Baseline Survey

Table 6 presents the number of individuals who were ineligible to participate in the family baseline survey and the percentage of individuals belonging to each ineligibility category.

A considerable proportion of the family member names that were received from the volunteer stations were for individuals who were ineligible to participate in the SCP study. More specifically, of the 1,529 names that we ultimately received from the participating agencies or clients in the SCP Quality of Care Study, only 1,050 (approximately 68.7%) ended up being eligible to participate in the SCP study. The remaining 479 were found to be ineligible, as shown above. We spent a large proportion of our time screening out the ineligible individuals based on previously established criteria for their inclusion/exclusion into the study. As noted in Section D above, family members/caregivers were eligible to participate in the study if they were caring for relatives/care recipients who (a) were 65 years of age and over, (b) were either newly receiving Senior Companion services, newly placed on the waiting list for a Senior Companion, or newly provided with other community-based services, (c) were residing in the community at the time of the baseline survey, (d) had access to and were reachable by telephone, and (e) were able to hear and respond to interview questions on their own behalf.

Ineligible family members/caregivers were caring for **clients** who (a) were under the age of 65, (b) were no longer receiving SCP services, no longer on the waiting list, and no longer receiving any Other agency services at the time of the baseline survey, (c) were not receiving these types of services in the first place (and should not have been in the sampling frame in the first place), (d) had died or been institutionalized, (e) did not speak English, (f) were found to be too ill to participate in the telephone interview (either due to mental or physical limitations), (g) were in the process of moving out of the country or to an institution, or (h) did not have a telephone or working telephone number. Additional reasons for being ineligible had to do the **family member him/herself**, including the facts that he/she (i) died before the family survey was administered, (j) did not have a telephone or working telephone, (k) was in the process of going out of the country or to an institution, (l) was incapable due to mental or physical limitations, (m) did not speak English, or (n) was institutionalized prior to administration of the family baseline survey.

Table 6. Individuals Screened Out (Ineligible) Prior to Administration of Family Baseline Survey

Family Ineligibility Category	Sample Size (n)	Percentage
Client underage	2	0.42%
Client no longer receiving SCP services	45	9.39%
Family member died prior to interview	1	0.21%
Client died prior to interview	17	3.55%
Invalid case (Client never received SCP/WL/Other agency services)	82	17.12%
Family member unable to be located (no phone, or invalid phone number)	162	33.82%
Family member unavailable for duration of study (family member located, but either leaving the country or moving to an institution)	11	2.3%
Family member incapable (due to mental and/or physical limitations)	30	6.26%
Family member does not speak English	8	1.67%
Family member institutionalized prior to baseline survey	2	0.42%
Client institutionalized prior to baseline survey	14	2.92%
Family baseline quota reached so no interview attempted	27	5.64%
Family baseline cases halted during OMB-mandated hiatus	78	16.28%
Total Ineligible Family Members Prior to Baseline Survey	**479**	**100.00%**

The two final reasons why family members/caregivers were ineligible had to do with the study design and OMB mandates. As you recall, we were required to stop conducting client and baseline family interviews during the time when the U.S. Census Bureau was conducting its decennial census. Therefore, we stopped conducting interviews between January 1, 2000 and June 30, 2000. We still had some family member names in our queue to be called after January 1. These individuals (n=78) could not be called during the time of the OMB-mandated hiatus, and they were thus deemed to be ineligible. The final reason why a family member/caregiver was ineligible to complete the family baseline surveys resulted from the fact that our sample size goal of 800 completed interviews had already been achieved. Once we reached that number, we stopped conducting subsequent family baseline interviews. There were a few potential family member names (n=27) that remained in our telephone queue once our quota had been filled. These final family members were deemed ineligible, since we were no longer authorized by the contract to conduct additional family baseline interviews once we reached our sample size of 800.

Over 33% of those deemed ineligible to participate in the family baseline survey could not be reached by telephone. These individuals did not have a working phone number, their phone number was invalid, or they had no telephone. The next most common reason for being ineligible to participate in the family baseline survey was that the client for whom they cared was not receiving any of the required services (SCP, WL, or Other agency) to be included in the client baseline study. More specifically, when client cases were deemed to be ineligible, the associated family member/caregiver case also was deemed to be ineligible. The fourth most common reason for being ineligible resulted from the fact that we were mandated to halt family interviews during the OMB-required hiatus. Some of these family names otherwise might have been valid, but these individuals were determined to be ineligible during this six-month period of time.

A.7. Eligible Individuals and Overall Response Rate from Client Three-Month Follow-Up Survey

Table 7 presents the number of eligible individuals who responded to the client three-month follow-up survey, the percentage of individuals belonging to each eligibility category, and the overall client three-month follow-up survey response rate.

Results shown above indicate that the overall response rate across all types of clients (SCP, WL, and Other agency) was 91% at the time of the three-month follow-up survey. As was the case at baseline, clients were eligible for three-month follow-up interviews if they (a) were 65 years of age and over, (b) were receiving Senior Companion services, on the waiting list for a Senior Companion, or receiving other community-based services, (c) were residing in the community at the time of the three-month follow-up survey, (d) had access to and were reachable by telephone, and (e) were able to hear and respond to interview questions on their own behalf. Client cases became "too old" to be interviewed at three-month follow-up if they could not be reached within 45 days of the date that they were due to receive a three-month follow-up interview. These cases were no longer valid, as these clients would have been receiving services for at least 5 months, and thus would not be true three-month follow-up cases. Approximately 2% of the cases were deemed "too old." Approximately 7% of the follow-up clients refused to be interviewed. Over 90% of eligible clients completed all interview questions, and another fraction of a percent partially completed the client three-month follow-up survey. Results for subgroups of clients (SCP clients, WL clients, and Other agency clients) are shown below.

Table 7. Eligible Individuals and Overall Response Rate from Client Three-Month Follow-Up Survey

Client Eligibility Category	Sample Size (n)	Percentage
Partially completed survey	5	0.69%
Completed survey	653	90.32%
Case became too old to be interviewed (time trials exhausted)	14	1.94%
Refusal	51	7.05%
Total number eligible for client three-month follow-up survey	723	100.00%
Response Rate for All Clients	**(5 + 653) / 723**	**91.01%**

A.8. Eligible Individuals and Response Rates by Type of Client from Client Three-Month Follow-Up Survey (Subgroup Analysis)

Table 8 presents the number of eligible individuals who responded to the client three-month follow-up survey by type of client (SCP, WL, or Other agency client) and the client three-month follow-up survey response rate by type of client.

Table 8. Eligible Individuals and Response Rates by Type of Client from Client Three-Month Follow-Up Survey

Client Eligibility Category	SCP Client Sample Size (n)	WL Client Sample Size (n)	Other Client Sample Size (n)
Partially completed survey	1	3	1
Completed survey	442	156	55
Case too old to be interviewed (time trials exhausted)	8	4	2
Refusal	28	16	7
Total number eligible for client three-month follow-up survey by client type	479	179	65
Three-Month Follow-Up Response Rate by Client Type	**(1 + 442) / 479 = 92.48%**	**(3 + 156) / 179 = 88.83%**	**(1 + 55) / 65 = 86.15%**

In this analysis, we subdivided all client respondents into their initial three client groups—SCP clients, WL clients, and Other clients—to calculate three-month follow-up response rates for each subgroup. Follow-up response rates varied to some degree by type of client. As was expected, SCP clients had the highest response rate (over 92%). Waiting list clients had the next highest response rate (almost 89%), while Other agency clients had the lowest response rate (just over 86%). Response rates differed largely due to the difference in refusal rates across the client types. More specifically, only 6% (28/479) of SCP clients refused

to complete the three-month follow-up survey, while almost 9% (16/179) of WL clients and over 10% (7/65) of Other agency clients also refused.

A.9. Individuals Screened Out (Ineligible) Prior to Administration of Client Three-Month Follow-Up Survey

The following table presents the number of individuals who were ineligible to participate in the client three-month follow-up survey and the percentage of individuals belonging to each ineligibility category.

Table 9. Individuals Screened Out (Ineligible) Prior to Administration of Client Three-Month Follow-Up Survey

Client Ineligibility Category	Sample Size (n)	Percentage
Client underage	7	0.88%
Client no longer receiving SCP/WL/Other agency services*	498	62.48%
Client died prior to interview	19	2.38%
Invalid case (duplicate cases)	3	0.38%
Client unable to be located (no phone, or invalid phone number)	81	10.16%
Client unavailable for duration of study (client located, but either leaving the country or moving to an institution)	3	0.38%
Client incapable (due to mental and/or physical limitations)	176	22.08%
Client does not speak English	3	0.38%
Client institutionalized prior to three-month follow-up survey	7	0.88%
Total Ineligible Clients Prior to Three-Month Follow-Up Survey	797	100.00%

* Of the 498 individuals whose status changed between baseline and the three-month follow-up interview, 201 (40.4%) were SCP clients who no longer were receiving SCP services, 228 (45.8%) were initially WL clients who were neither on the waiting list to receive SCP services nor receiving any other community-based services at three-month follow-up, and 69 (13.9%) were other agency clients who were neither receiving Other agency services nor on the waiting list to receive SCP services at three-month follow-up.

A large proportion of the clients who were initially interviewed at baseline were ineligible to participate at three-month follow-up. More specifically, of the 1,520 names that we interviewed at baseline, only 723 (approximately 47.57%) were eligible to participate in the SCP study at three-month follow-up. The remaining 797 clients were found to be ineligible, as shown above. We spent a large proportion of our time screening out the ineligible individuals based on previously established criteria for their inclusion/exclusion into the three-month follow-up sample. As noted in Section A.1, above, eligible clients included all those individuals who (a) were 65 years of age and over, (b) were still receiving Senior Companion services, on the waiting list for a Senior Companion, or receiving other community-based services, (c) were residing in the community at the time of the three-month follow-up survey, (d) had access to and

were reachable by telephone, and (e) were able to hear and respond to interview questions on their own behalf.

Ineligible clients included those who (a) were under the age of 65, (b) were no longer receiving SCP services, on the waiting list, or currently receiving any Other agency services at the time of the three-month follow-up survey, (c) had died, (d) had been institutionalized, (e) did not speak English, (f) were found to be too ill to participate in the telephone interview (either due to mental or physical limitations), (g) were in the process of moving out of the country or to an institution, or (h) did not have a telephone or a working telephone number.

The most common reason for being ineligible to participate in the study at three-month follow-up was a significant change in the initial status of the client, meaning that the subject was no longer receiving SCP services, on the waiting list for SCP services, or receiving other services provided in the community. Although we did not expect the three initial client groups to be so unstable between baseline and three-month follow-up, we found that over 62% of the baseline clients had a major change in their status by the time of the 3-month interview.

Throughout the process of conducting client three-month follow-up interviews, we excluded SCP baseline clients from the three-month sample if they were no longer receiving SCP services at the time of the three-month follow-up survey (n=201). These individuals were no longer participating in the Senior Companion Program and would not be able to answer questions about their use of, and satisfaction with, SCP services (our key study outcomes). We initially excluded all WL or Other agency clients who changed their status (i.e., they were no longer on the waiting list and no longer receiving Other agency services) by the time of the three-month follow-up interview. However, in April 2000, four months after initiating the three-month client follow-up interview, we recognized that we were losing too many comparison group members due to their switching from one comparison group to the other (i.e., from WL to Other client group or vice versa). At this point in time, we modified our design and agreed from that time forward to retain comparison group members if they simply changed their status from one comparison group to the other.

More specifically, individuals who had been removed from the SCP waiting list but had become Other agency clients between baseline and three-month follow-up subsequently were retained in the study sample at the time of the three-month interview. Similarly, individuals who initially had been receiving other agency services but were placed on the waiting list for SCP services between baseline and three-month follow-up subsequently were retained in the study sample at the time of the three-month interview. As noted above, we decided to retain these initial 'switchers' between the two comparison groups in the three-month client study in order to preserve the sample size of our three-month comparison groups (i.e., the comparison group sample sizes would have become too small to be useful in analyses if we had continued to screen out all comparison group 'switchers'). For classification and analysis purposes, however, we retained these individuals in their initial client groupings (i.e., the most conservative analytic strategy).

As a final note, we consistently excluded those comparison group individuals who were neither in the WL nor Other agency grouping at the time of the three-month client interview (i.e.,

they did not switch from one comparison group to another between baseline and three-month follow-up) since these individuals were no longer in any one of the three client status groups required to be in the SCP study. As shown in the footnote to Table 3, 228 individuals who were on the waiting list at baseline were neither on the waiting list at three-month follow-up nor receiving any other services by another agency provider. Similarly, 69 individuals who were receiving Other agency services at baseline were neither receiving Other agency services at three-month follow-up nor on the waiting list for SCP services at the time of the three-month follow-up survey.

The second most common reason for being ineligible to participate in the client three-month follow-up survey was cognitive/physical impairment. Over 22% of those found ineligible to participate in the study were incapable of participating due to considerable physical and/or mental health problems. Although these clients were not able to respond on their own behalf, we do have information from proxy respondents in those cases in which the client or agency could identify a family member or next of kin. We have proxy response data from 179 proxy respondents on behalf of 112 SCP clients and 67 WL clients at the time of the three-month follow-up survey. In most cases, however, no proxy respondent was available to respond to questions on behalf of these individuals. We will combine proxy response data with SCP and WL response data (as described in a separate memo to you) so that we can more fully describe the experience of both clients who can and cannot respond on their own behalf.

The third most common reason for being ineligible to participate in the client three-month follow-up survey was the fact that the client was unable to be located. Over 10% of clients could not be reached—either due to the lack of a phone, the lack of a working phone number, or an invalid phone number.

A.10. Eligible Individuals and Overall Response Rate from Family Three-Month Follow-Up Survey

Table 10 presents the number of eligible individuals who responded to the family three-month follow-up survey, the percentage of individuals belonging to each eligibility category, and the overall family three-month follow-up survey response rate.

Table 10. Eligible Individuals and Overall Response Rate from Family Three-Month Follow-Up Survey

Family Eligibility Category	Sample Size (n)	Percentage
Partially completed survey	2	0.46%
Completed survey	360	82.38%
Case became too old to be interviewed (time trials exhausted)	34	7.78%
Refusal	41	9.38%
Total number eligible for family three-month follow-up survey	437	100.00%
Response Rate for All Family Members	**(2 + 360) / 437**	**82.84%**

Results shown above indicate that the overall response rate for both types of family members (relatives/caregivers of SCP clients and relatives/caregivers of waiting list clients) was approximately 83% at the time of the three-month follow-up survey. Family members/caregivers were eligible to participate in the study if they were caring for relatives/care recipients who (a) were 65 years of age and over, (b) were still receiving Senior Companion services or were on the waiting list for a Senior Companion, (c) were residing in the community at the time of the baseline survey, (d) had access to and were reachable by telephone, and (e) were able to hear and respond to interview questions. Family cases became "too old" if individuals could not be reached within 60 days of being due to receive a three-month follow-up interview. These cases were no longer valid, as these individuals would have been reporting on clients who had received services for at least 5 months, and thus would not be true three-month follow-up cases. Approximately 8% of the cases were deemed "too old." Approximately 9% of the family members of clients refused to be interviewed. Over 82% of eligible family members completed all interview questions, and another fraction of a percent partially completed the family three-month follow-up survey. Results for subgroups of family members (relatives/caregivers of SCP clients and relatives/caregivers of waiting list clients) are shown below.

A.11. Eligible Individuals and Response Rates by Type of Family Member from Family Three-Month Follow-Up Survey (Subgroup Analysis)

Table 11 presents the number of eligible individuals who responded to the family three-month follow-up survey by type of family member (relative/caregiver of SCP client or relative/caregiver of WL client) and the family three-month follow-up survey response rate by type of family member.

Table 11. Eligible Individuals and Response Rates by Type of Family Member from Family Three-Month Follow-Up Survey

Family Eligibility Category	Family of SCP Client Sample Size (n)	Family of WL Client Sample Size (n)
Partially completed survey	1	1
Completed survey	243	117
Case became too old to be interviewed (time trials exhausted)	19	15
Refusal	22	19
Total number eligible for family three-month follow-up survey by family member type	285	152
Three-Month Follow-Up Response Rate by Family Type	**(1 + 243) / 285 = 85.61%**	**(1 + 117) / 152 = 77.63%**

In this analysis, we subdivided the family respondents into their initial two groups—family members/caregivers of SCP clients, and family members/caregivers of WL clients—to calculate response rates for each family subgroup. We found that the response rates varied to some degree by type of family respondent. Family members of SCP clients had a somewhat higher response rate (almost 86%) relative to family members of WL clients (response rate = almost 78%). Approximately 8% (22/285) of family members of SCP clients refused to complete the three-month follow-up survey, while over 12% (19/152) of family members of WL clients refused to complete the three-month follow-up survey. We will adjust for the difference in response rates between the SCP and WL family groups during the process of creating sampling weights.

A.12. Individuals Screened Out (Ineligible) Prior to Administration of Family Three-Month Follow-Up Survey

Table 12 presents the number of individuals who were ineligible to participate in the family three-month follow-up survey and the percentage of individuals belonging to each ineligibility category.

A large proportion of the family members who were initially interviewed at baseline were ineligible to participate in the three-month follow-up survey. More specifically, of the 803 names that we initially interviewed at baseline, only 437 (approximately 54.42%) were eligible to participate in the SCP study at three-month follow-up. The remaining 366 were found to be ineligible, as shown above. We spent a large proportion of our time screening out the ineligible individuals based on previously established criteria for their inclusion/exclusion into the study. As noted in Section A.4, above, family members/caregivers were eligible to participate in the study if they **were caring for relatives/care recipients who** (a) were 65 years of age and over, (b) were still receiving Senior Companion services or on the waiting list for a Senior Companion, (c) were residing in the community at the time of the baseline survey, (d) had access to and were reachable by telephone, and (e) were able to hear and respond to interview questions.

Ineligible family members/caregivers were caring for **clients** who (a) were under the age of 65, (b) were no longer receiving SCP services or on the waiting list for SCP services at the time of the three-month follow-up survey, (c) had died, (d) were institutionalized, (e) did not speak English, (f) were found to be too ill to participate in the telephone interview (either due to mental or physical limitations), (g) were in the process of moving out of the country or to an institution, or (h) did not have either a telephone or working telephone number. Additional reasons for being ineligible had to do with the **family member him/herself**, including the facts that he/she (i) died before the family survey was administered, (j) did not have a telephone or working telephone, (k) was in the process of going out of the country or to an institution, (l) was incapable due to mental or physical limitations, or (m) did not speak English.

Table 12. Individuals Screened Out (Ineligible) Prior to Administration of Family Three-Month Follow-Up Survey

Family Ineligibility Category	Sample Size (n)	Percentage
Client no longer receiving SCP services nor on the WL*	235	64.21%
Family member died prior to interview	2	0.55%
Client died prior to interview	37	10.11%
Invalid case (duplicate case or caregiver no longer active)	23	6.28%
Family member unable to be located (no phone, or invalid phone number)	41	11.20%
Family member unavailable for duration of study (family member located, but either leaving the country or moving to an institution)	3	0.82%
Family member incapable (due to mental and/or physical limitations)	12	3.28%
Family member does not speak English	1	0.27%
Client institutionalized prior to three-month follow-up survey	12	3.28%
Total Ineligible Family Members Prior to Three-Month Follow-Up Survey	**366**	**100.00%**

* Of the 235 individuals whose status changed between baseline and three-month follow-up, 119 (50.6%) were family members of SCP clients who no longer were receiving SCP services, and 116 (49.4%) were family members of WL clients who were not on the waiting list at the time of the three-month follow-up survey.

The most common reason for being ineligible to participate in the three-month follow-up interview was a significant change in the status of the client, (i.e., the client was no longer receiving SCP services or on the waiting list for SCP services). Although we did not expect the two initial family groups to be so unstable between baseline and three-month follow-up, we found that over 64% (n=235) of the baseline family members were reporting on behalf of clients who had a major change in their status by the time of the three-month interview.

Throughout the process of conducting family three-month follow-up interviews, we excluded family members of SCP clients from the three-month sample if clients were no longer receiving SCP services at the time of the three-month follow-up survey (n=119). These individuals were no longer affiliated with the Senior Companion Program and would not be able to answer questions about their use of, and satisfaction with, SCP services (our key outcomes). We also excluded all family members of WL clients whose relatives/care recipients were no longer on the waiting list for SCP services at the time of the three-month follow-up survey (n=116). As we had only one comparison group in the family follow-up study (unlike the client study, in which we had two comparison groups available at follow-up), we could not retain comparison group members who switched from one comparison group to another (i.e., they were receiving Other agency services). The "Other agency" comparison group was not available to us through the SCP projects or volunteer stations at the start of the family study. As a result, we had no choice but to exclude comparison group family members of clients whose status changed (i.e., their care recipients were no longer on the WL to receive SCP services by three-month follow-up).

The second most common reason for being screened from the three-month follow-up interview was the lack of a valid phone number for the family member. Over 11% of those deemed ineligible to participate in the family three-month follow-up survey could not be reached by telephone. These individuals did not have a working phone number, their phone number was invalid, or they had no telephone.

The third most common reason for being ineligible to participate in the family three-month follow-up survey was death of the client. Over 10% of family members to be interviewed at three-month follow-up were no longer caring for a client in this study, and thus were ineligible to be interviewed as part of the three-month follow-up.

A.13. Eligible Individuals and Overall Response Rate from Client Nine-Month Follow-Up Survey

Table 13 presents the number of eligible individuals who responded to the client nine-month follow-up survey, the percentage of individuals belonging to each eligibility category, and the overall client nine-month follow-up survey response rate.

Table 13. Eligible Individuals and Overall Response Rate from Client Nine-Month Follow-Up Survey

Client Eligibility Category	Sample Size (n)	Percentage
Partially completed survey	2	0.45%
Completed survey	392	89.91%
Case became too old to be interviewed (time trials exhausted)	22	5.05%
Refusal	20	4.59%
Total number eligible for client nine-month follow-up survey	436	100.00%
Response Rate for All Clients	**(2 + 392) / 436**	**90.37%**

Results shown above indicate that the overall response rate across all types of clients (SCP, WL, and Other agency) was 90.37% at the time of the nine-month follow-up survey. As was the case at baseline, clients were eligible for three-month follow-up interviews if they (a) were 65 years of age and over, (b) were receiving Senior Companion services, on the waiting list for a Senior Companion, or receiving other community-based services, (c) were residing in the community at the time of the nine-month follow-up survey, (d) had access to and were reachable by telephone, and (e) were able to hear and respond to interview questions on their own behalf. Client cases became "too old" to be interviewed at nine-month follow-up if they could not be reached within 45 days of the date that they were due to receive a nine-month follow-up interview. These cases were no longer valid, as these clients would have been receiving services for at least 11 months, and thus would not be true nine-month follow-up cases. Approximately 5% of the cases were deemed "too old." Almost 5% of the follow-up clients refused to be interviewed. Almost 90% of eligible clients completed all interview questions, and

another 1/2 of a percent partially completed the client nine-month follow-up survey. Results for subgroups of clients (SCP clients, WL clients, and Other agency clients) are shown below.

A.14. Eligible Individuals and Response Rates by Type of Client from Client Nine-Month Follow-Up Survey (Subgroup Analysis)

Table 14 presents the number of eligible individuals who responded to the client nine-month follow-up survey by type of client (SCP, WL, or Other agency client) and the client nine-month follow-up survey response rate by type of client.

Table 14. Eligible Individuals and Response Rates by Type of Client from Client Nine-Month Follow-Up Survey

Client Eligibility Category	SCP Client Sample Size (n)	WL Client Sample Size (n)	Other Client Sample Size (n)
Partially completed survey	1	1	0
Completed survey	269	85	38
Case too old to be interviewed (time trials exhausted)	12	7	3
Refusal	11	7	2
Total number eligible for client nine-month follow-up survey by client type	293	100	43
Nine-Month Follow-Up Response Rate by Client Type	**92.15%**	**86.00%**	**88.37%**

In this analysis, we subdivided all client respondents into their initial three client groups—SCP clients, WL clients, and Other clients—to calculate nine-month follow-up response rates for each subgroup. Follow-up response rates varied to some degree by type of client. As was expected, SCP clients had the highest response rate (92.15%). Other agency clients had the next highest response rate (88.37%), while WL clients had the lowest response rate (86.00%). Response rates differed largely due to the difference in refusal rates across the client types. More specifically, only 3.75% of SCP clients refused to complete the nine-month follow-up survey, while almost 5% of Other agency clients and 7% of WL clients refused to complete the nine-month follow-up survey.

We have not yet decided the extent to which the other client sample will be used in follow-up analyses. If we do decide to include both the WL and Other client samples in our nine-month follow-up analyses, we will be certain to adjust for differential response rates among these two comparison groups during the process of creating sampling weights.

A.15. Individuals Screened Out (Ineligible) Prior to Administration of Client Nine-Month Follow-Up Survey

Table 15 presents the number of individuals who were ineligible to participate in the client nine-month follow-up survey and the percentage of individuals belonging to each ineligibility category.

Table 15. Individuals Screened Out (Ineligible) Prior to Administration of Client Nine-Month Follow-Up Survey

Client Ineligibility Category	Sample Size (n)	Percentage
Client no longer receiving SCP/WL/Other agency services*	178	35.46%
Client died prior to interview	32	6.37%
Invalid case (duplicate cases)	1	0.20%
Client unable to be located (no phone, or invalid phone number)	154	30.68%
Client unavailable for duration of study (client located, but either leaving the country or moving to an institution)	3	0.60%
Client incapable (due to mental and/or physical limitations)	119	23.70%
Client does not speak English	2	0.40%
Client institutionalized prior to nine-month follow-up survey	13	2.59%
Total Ineligible Clients Prior to Nine-Month Follow-Up Survey	**502**	**100.00%**

* Of the 178 individuals whose status changed between three- and nine-month follow-up interview, 104 (58.4%) were SCP clients who no longer were receiving SCP services, 63 (35.4%) were initially WL clients who were neither on the waiting list to receive SCP services nor receiving any other community-based services at nine-month follow-up, and 11 (6.2%) were Other agency clients who were neither receiving Other agency services nor on the waiting list to receive SCP services at nine-month follow-up.

A large proportion of the clients who were initially interviewed at baseline were ineligible to participate at nine-month follow-up. More specifically, of the 938 names that were included in the potential nine-month follow-up sample, only 436 (approximately 46.48%) were eligible to participate in the SCP study at nine-month follow-up. The remaining 502 clients were found to be ineligible, as shown above. We spent a large proportion of our time screening out the ineligible individuals based on previously established criteria for their inclusion/exclusion into the nine-month follow-up sample. As noted in Section A above, eligible clients included all those individuals who (a) were 65 years of age and over, (b) were still receiving Senior Companion services, on the waiting list for a Senior Companion, or receiving other community-based services, (c) were residing in the community at the time of the nine-month follow-up survey, (d) had access to and were reachable by telephone, and (e) were able to hear and respond to interview questions on their own behalf.

Ineligible clients included those who (a) were under the age of 65, (b) were no longer receiving SCP services, on the waiting list, or currently receiving any Other agency services at the time of the three-month follow-up survey, (c) had died, (d) had been institutionalized, (e) did

not speak English, (f) were found to be too ill to participate in the telephone interview (either due to mental or physical limitations), (g) were in the process of moving out of the country or to an institution, or (h) did not have a telephone or a working telephone number.

The most common reason for being ineligible to participate in the study at nine-month follow-up was a significant change in the initial status of the client, meaning that the subject was no longer receiving SCP services, on the waiting list for SCP services, or receiving other services provided in the community. Although we did not expect the three client groups to be so unstable between three- and nine-month follow-up, we found that over 35% (n=178) of the potential client sample had a major change in their status between the three- and nine-month interviews.

Throughout the process of conducting client nine-month follow-up interviews, we excluded SCP baseline clients from the nine-month sample if they were no longer receiving SCP services at the time of the nine-month follow-up survey (n=104). These individuals were no longer participating in the Senior Companion Program and would not be able to answer questions about their use of, and satisfaction with, SCP services (our key study outcomes).

As a final note, we consistently excluded those comparison group individuals who were neither in the WL nor Other agency grouping at the time of the nine-month client interview, since these individuals were no longer in any one of the client status groups required to be in the SCP study. As shown in the footnote to Table 3, 63 individuals who were on the waiting list at baseline were neither on the waiting list at nine-month follow-up nor receiving Other services by another agency provider. Similarly, 11 individuals who were receiving Other agency services at baseline were neither receiving Other agency services at nine-month follow-up nor on the waiting list for SCP services at the time of the nine-month follow-up survey.

The second most common reason for being ineligible to participate in the client nine-month follow-up survey was the fact that the client was unable to be located. Over 30% of clients could not be reached—either due to the lack of a phone, the lack of a working phone number, or an invalid phone number.

The third most common reason for being ineligible to participate in the client nine-month follow-up survey was cognitive/physical impairment. Over 23% of those found ineligible to participate in the study were incapable of participating due to considerable physical and/or mental health problems. Although these clients were not able to respond on their own behalf, we do have information from proxy respondents in those cases in which the client or agency could identify a family member or next of kin. We have proxy response data from 88 proxy respondents on behalf of 58 SCP clients and 30 WL clients at the time of the nine-month follow-up survey. In most cases, however, no proxy respondent was available to respond to questions on behalf of these individuals.

A.16. Eligible Individuals and Overall Response Rate from Family Nine-Month Follow-Up Survey

Table 16 presents the number of eligible individuals who responded to the family nine-month follow-up survey, the percentage of individuals belonging to each eligibility category, and the overall family nine-month follow-up survey response rate.

Table 16. Eligible Individuals and Overall Response Rate from Family Nine-Month Follow-Up Survey

Family Eligibility Category	Sample Size (n)	Percentage
Partially completed survey	0	0.00%
Completed survey	186	79.15%
Case became too old to be interviewed (time trials exhausted)	36	15.32%
Refusal	13	5.53%
Total number eligible for family three-month follow-up survey	235	100.00%
Response Rate for All Family Members	**186/235**	**79.15%**

Results shown above indicate that the overall response rate for both types of family members (relatives/caregivers of SCP clients and relatives/caregivers of WL clients) was approximately 79% at the time of the nine-month follow-up survey. Family members/caregivers were eligible to participate in the study if they were caring for relatives/care recipients who (a) were 65 years of age and over, (b) were still receiving Senior Companion services or were on the waiting list for a Senior Companion, (c) were residing in the community at the time of the baseline survey, (d) had access to and were reachable by telephone, and (e) were able to hear and respond to interview questions. Family cases became "too old" if individuals could not be reached within 60 days of being due to receive a three-month follow-up interview. These cases were no longer valid, as these individuals would have been reporting on clients who had received services for at least 11 months, and thus would not be true nine-month follow-up cases. Approximately 15% of the cases were deemed "too old." Approximately 6% of the family members of clients refused to be interviewed. Over 79% of eligible family members completed all interview questions at nine-month follow-up. Results for subgroups of family members (relatives/caregivers of SCP clients and relatives/caregivers of waiting list clients) are shown below.

A.17. Eligible Individuals and Response Rates by Type of Family Member from Family Nine-Month Follow-Up Survey (Subgroup Analysis)

Table 17 presents the number of eligible individuals who responded to the family nine-month follow-up survey by type of family member (relative/caregiver of SCP client or relative/caregiver of WL client) and the family nine-month follow-up survey response rate by type of family member.

Table 17. Eligible Individuals and Response Rates by Type of Family Member from Family Nine-Month Follow-Up Survey

Family Eligibility Category	Family of SCP Client Sample Size (n)	Family of WL Client Sample Size (n)
Partially completed survey	0	0
Completed survey	133	53
Case became too old to be interviewed (time trials exhausted)	23	13
Refusal	8	5
Total number eligible for family nine-month follow-up survey by family member type	164	71
Nine-Month Follow-Up Response Rate by Family Type	**133 / 164= 81.10%**	**53 / 71=74.65%**

In this analysis, we subdivided the family respondents into their initial two groups—family members/caregivers of SCP clients and family members/caregivers of WL clients—to calculate response rates for each family subgroup. We found that the response rates varied to some degree by type of family respondent. Family members of SCP clients had a somewhat higher response rate (over 81%) relative to family members of WL clients (response rate = almost 75%). The proportion of cases that that became "old" (i.e., the cases expired after unsuccessful attempts to reach individuals for 60 consecutive days) varied by type of family member. The proportion of family members of SCP clients whose cases became too old was 14% (23/164), while the proportion of family members of WL clients whose cases became too old was over 18% (13/71). Approximately 5% (8/164) of family members of SCP clients refused to complete the nine-month follow-up survey, while over 7% (5/71) of family members of WL clients refused to complete the nine-month follow-up survey. We will adjust for the difference in response rates between the SCP and WL family groups during the process of creating sampling weights.

A.18. Individuals Screened Out (Ineligible) Prior to Administration of Family Nine-Month Follow-Up Survey

Table 18 presents the number of individuals who were ineligible to participate in the family nine-month follow-up survey and the percentage of individuals belonging to each ineligibility category.

Table 18. Individuals Screened Out (Ineligible) Prior to Administration of Family Nine-Month Follow-Up Survey

Family Ineligibility Category	Sample Size (n)	Percentage
Client no longer receiving SCP services nor on the WL*	106	46.90%
Family member died prior to interview	4	1.77%
Client died prior to interview	31	13.72%
Case withdrawn (no caregiver available)	16	7.08%
Invalid case (duplicate case)	1	0.44%
Family member unable to be located (no phone, or invalid phone number)	46	20.35%
Family member unavailable for duration of study (family member located, but either leaving the country or moving to an institution)	3	1.33%
Family member incapable (due to mental and/or physical limitations)	3	1.33%
Family member does not speak English	1	0.44%
Family member institutionalized prior to nine-month survey	1	0.44%
Client institutionalized prior to nine-month follow-up survey	13	5.75%
Total Ineligible Family Members Prior to Nine-Month Follow-Up Survey	**226**	**99.98%**

* Of the 106 individuals whose status changed between baseline and three-month follow-up, 60 (56.6%) were family members of SCP clients who no longer were receiving SCP services, and 46 (43.4%) were family members of WL clients who were not on the waiting list at the time of the nine-month follow-up survey.

A large proportion of the family members who were initially interviewed at baseline were ineligible to participate in the nine-month follow-up survey. More specifically, of the 461 names that had participated in the SCP baseline family study and were not screened out at three-month follow-up, only 235 (approximately 50.98%) were eligible to participate in the SCP study at nine-month follow-up. The remaining 226 were found to be ineligible, as shown above. We spent a large proportion of our time screening out the ineligible individuals based on previously established criteria for their inclusion/exclusion into the study. As noted in Section A.4, above, family members/caregivers were eligible to participate in the study if they **were currently caring for relatives/care recipients who** (a) were 65 years of age and over, (b) were still receiving Senior Companion services or on the waiting list for a Senior Companion, (c) residing in the community at the time of the baseline survey, (d) had access to and were reachable by telephone, and (e) were able to hear and respond to interview questions.

Ineligible family members/caregivers were caring for **clients** who (a) were under the age of 65, (b) were no longer receiving SCP services or on the waiting list for SCP services at the time of the nine-month follow-up survey, (c) had died, (d) were institutionalized, (e) did not speak English, (f) were found to be too ill to participate in the telephone interview (either due to mental or physical limitations), (g) were in the process of moving out of the country or to an institution, or (h) did not have either a telephone or working telephone number. Additional reasons for being ineligible had to do with the **family member him/herself**, including the facts

that he/she (i) died before the family survey was administered, (j) did not have a telephone or working telephone, (k) was in the process of going out of the country or to an institution, (l) was incapable due to mental or physical limitations, or (m) did not speak English.

The most common reason for being ineligible to participate in the nine-month follow-up interview was a significant change in the status of the client, (i.e., the client was no longer receiving SCP services nor on the waiting list for SCP services). Although we did not expect the two initial family groups to be so unstable between baseline and three-month follow-up, we found that over 46% (n=106) of the potential nine-month participants were reporting on behalf of clients who had a major change in their status by the time of the nine-month interview.

Throughout the process of conducting family nine-month follow-up interviews, we excluded family members of SCP clients from the nine-month sample if clients were no longer receiving SCP services at the time of the nine-month follow-up survey (n=60). These individuals were no longer affiliated with the Senior Companion Program and would not be able to answer questions about their use of, and satisfaction with, SCP services (our key outcomes). We also excluded all family members of WL clients whose relatives/care recipients were no longer on the waiting list for SCP services at the time of the nine-month follow-up survey (n=46). As we had only one comparison group in the family follow-up study (unlike the client study, in which we had two comparison groups available at follow-up), we could not retain comparison group members who switched from one comparison group to another (i.e., they were receiving Other agency services). The "Other agency" comparison group was not available to us through the SCP projects or volunteer stations at the start of the family study. As a result, we had no choice but to exclude comparison group family members of clients whose status changed (i.e., their care recipients were no longer on the WL to receive SCP services by nine-month follow-up).

The second most common reason for being screened from the nine-month follow-up interview was the lack of a valid phone number for the family member. Over 20% of those deemed ineligible to participate in the family nine-month follow-up survey could not be reached by telephone. These individuals did not have a working phone number, their phone number was invalid, or they had no telephone.

The third most common reason for being ineligible to participate in the family three-month follow-up survey was death of the client. Over 13% of family members to be interviewed at nine-month follow-up were no longer caring for a client in this study, and thus were ineligible to be interviewed as part of the nine-month follow-up.

APPENDIX B: *Detailed Methods and Measures*

APPENDIX B
Detailed Methods and Measures

B.1. Analytic Methods

Descriptive and multivariate procedures were used to analyze data for clients and family members at three- and nine-month follow-up. We performed cross-tabulations on the data to determine trends in results by treatment group status (Senior Companion Program [SCP] versus comparison groups). We created sampling weights to represent the larger study sample. Weighted ordinary least squares estimation methods were used to estimate continuous outcomes, and weighted logistic regression techniques were used to estimate dichotomous outcomes at three- and nine-month follow-up. Demographic variables, treatment group status, and baseline measures of the outcome variables were used as independent and control variables. Beta coefficients and odds ratios are reported in **Chapters 4** and **5** and in **Appendix E**.

Nonresponse Analysis. Folsom (1991) and Iannacchione, Milne, and Folsom (1991) presented an approach for creating response propensity weights using logistic regression to model the likelihood that an individual responds to a survey over time. The general approach, which is iterative in nature, uses each individual's baseline weight and divides it by the person's expected probability of responding to the survey. A logistic regression model is used to predict a given individual's expected likelihood of responding to the survey. The logistic model is run and then re-run using the new weight from the previous iteration, with beta coefficients being updated at each additional stage of the analysis. The weight resulting from each iteration is divided by the new expected probabilities resulting from the logistic regression analysis. The process continues until the weights converge. The converged weight at the final stage is the response propensity weight.

For this analysis, sample members were classified as respondents or nonrespondents; response propensities were then modeled using the logistic regression procedure in SUDAAN. Demographics, education, marital status, and a number of geographic, health status, and design variables were simultaneously added to the model and removed in a backwards-stepwise fashion. Variables with p-values of 0.20 or less were retained. Clients and family members were modeled separately.

The final client logistic regression model contained the independent variables—SCP group, age, ethnicity, widowed, life satisfaction, diabetes, and prior hospitalization. Only the design groups and prior hospitalization were statistically significant. The SCP group had a higher odds of response than either the Waiting List (WL) group or Other agency group. Those with a hospitalization within the past year of baseline were less likely to respond.

The final family logistic regression model contained the independent variables—SCP group, urban/rural, widowed, client's health reported as excellent, heart disease, stroke, and whether the family member lives with the client. All variables were statistically significant, except for geographic location. Once again the SCP group had a *higher* odds of response than

the WL group. Other factors associated with higher responses were clients of family members that either were reported to be in excellent health or had previously had a stroke. Factors associated with a *lower* odds of response included family members that were widowed, had family living with them, and clients of family members that had heart disease.

Weights. Weights were developed separately for baseline and three-month analyses and for clients and family respondents. At baseline, very little information was known about the nonrespondents. As a result, adjustments based on response propensities were not possible. Instead, simple population-based weights were created, taking into account the probability proportional to size (PPS) sampling. PPS sampling allowed SCP projects with a large client base to have a higher probability of being selected into the study. Our rationale in choosing PPS sampling over simple random sampling (SRS) at our first stage (at the project level) follows. If we chose to select our projects on a simple random basis, then each project would have had an equal probability of being selected into the sample. We know, however, that smaller SCP projects tend to have fewer clients, whereas larger SCP projects tend to have more clients. Because the majority of the SCP clients tend to come from projects that are relatively large in size, we believed that it would be important to select a larger proportion of projects that were relatively large in size. We made this decision to ensure that the resulting sample would be representative of the entire universe of SCP projects and clients throughout the country.

Under PPS sampling, the size of the project is taken into account at the outset of the analysis. Under this approach, the probabilities of selection are directly correlated with the project size, meaning that larger projects are more likely to be selected. When these probabilities are used to create the population-based baseline weights, they often do not vary as much from project to project as they would if they had been created using SRS sampling. Unequal weighting tends to be minimized using PPS sampling, which produces the desirable effects of reducing variances and improving efficiency in statistical tests.

As noted previously, we also created weights at three-month follow-up. Ideally, if no attrition had occurred in the population between baseline and three-month follow-up, the three-month weights would be exactly the same as those used at baseline. However, and as expected, the number of clients and family members in the SCP Quality of Care Study decreased over time. As a result, weights were needed to ensure that the follow-up sample interviewed remained representative of the client and family populations that were initially interviewed at the time of the baseline survey (our true target populations).

A second reason for needing weights was to correct for the fact that individuals who dropped out from the study were different from those who stayed in the study in terms of their initial baseline characteristics (i.e., age, race, gender, living arrangement, health status). The RTI staff was particularly concerned with the possibility that older, sicker respondents might drop out of the study at disproportionate rates relative to younger, healthier respondents. If that indeed proved to be the case, and if our study outcomes were directly related to a client's health status (which is a very likely possibility), then we would see an artificial increase/decrease in size of our SCP effects that we would incorrectly attribute to the SCP study, when these results were actually due to differential loss to follow-up between the baseline and three-month study samples.

In summary, it was necessary to use weights both (a) to adjust for attrition from the sample between baseline and three-month follow-up and (b) to adjust for differential (nonrandom) loss to follow-up, an issue of particular relevance given our study sample of older adults who were at risk for institutionalization, increased frailty, and death at follow-up. By analyzing nonresponse and incorporating nonresponse propensity into our final analysis, we are able to generalize from our three-month client and family samples to our target populations of interest, something we could otherwise only do if everyone initially in the baseline sample actually had responded to our study at three-month follow-up. The only difference between having zero attrition at follow-up and our response propensity adjustment is that we did not assume that each respondent within a project had the same weight value (which we could and did assume at baseline). Instead, each individual in the client and family sample at follow-up was given a custom weight based on his/her actual propensity to respond. As a result, if sicker individuals dropped out from the study at disproportionate rates, those who remained in the study were assigned a larger propensity weight value to account for this differential loss to follow-up.

Treatment of missing values

Listwise deletion procedures were used for all single-item variables included in the analysis. We followed a slightly different procedure for the composite scales used in multivariate models. Because a relatively small proportion of individuals answered most (but not all) questions used in the construction of a given scale, the following procedure was used for imputing missing values, as recommended by Chapman (1976) and Stewart et al. (1992). When only a small proportion of data on a given scale were missing for a given individual (i.e., one to two items, depending on the number of items in the scale), the average response across the scale items with complete data was used as the individual's "person-specific" estimate of his/her responses to the missing items. The rationale behind this imputation method follows: if we assume that each composite or scale is measuring an overall construct, then each item on that scale serves as a representation of that construct. Therefore, the response of an individual to any item on the scale serves as a representation of her/his responses to the other items in the scale. In this analysis, as long as an individual responded to all but one to two items on a given scale, her/his average response across those items was used as a "person-specific" estimate of her/his responses to the missing items. When more than one or two items were missing from a scale for a given person, we did not use this method to impute missing values; instead, we omitted these individuals from our analysis of the given outcome in question. We ended up imputing between 0 and 20 percent of the scale item data at baseline and follow-up intervals. Activities of daily living (ADL) and instrumental activities of daily living (IADL) data were rarely missing for clients and family members (where the percentage of data imputed ranged from a low of 0 percent on baseline client ADLs reported by family members to a high of 4 percent for baseline client IADLs). However, life satisfaction and depression scales contained a larger number of scale items relative to the ADL and IADL scales; therefore, the proportion of people with at least some data missing on these scales was somewhat greater (where the percentage of imputed data ranged from a low of 11 percent for baseline depressive symptoms for clients to a high of 20 percent for three-month client life satisfaction).

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B.2. Client Measures Used

Baseline measures—client

Gender: Female=2; Male=1
Age: Continuous variable ranging from 65-99
Race: One dummy variable coded as follows:
White=2; 1= Otherwise
Ethnicity: One dummy variable coded as follows:
Of Hispanic descent=2; 1=Otherwise
Marital Status: Two dummy variables coded as follows:
Married=2; 1=Otherwise
Widowed=2; 1=Otherwise
Reference category= Never married, or divorced/separated
Living Arrangement: Lives Alone=2; 1=Otherwise
Education: Two dummy variables coded as follows:
Less than high school=2; 1=Otherwise
Completed high school=2; 1=Otherwise
Reference category= Some college, completed college+
Geographic Region: Dummy variable measured as follows:
Rural=2; 1=Otherwise, where individuals were considered to live in a rural area if they reported that they lived in open country/farm, open-country/non-farm, or small town with population under 50,000
Self-Reported Health Status: Two dummy variables coded as follows:
Excellent/Very Good=2; 1=Otherwise
Good=2; 1=Otherwise
Reference category= In fair or poor health
Life Satisfaction: Scale ranging from 0-11 at baseline; used as continuous variable with higher values representing higher levels of satisfaction
Self-Reported Depression (only in some models): Scale ranging from 0-9 at baseline; used as continuous variable with higher levels representing more self-reported depressive symptoms
Number of Friends Seen or Spoken with in Past Month: range 1-5 with 1=none; 2= one friend; 3= two to four friends; 4= five to eight friends; and 5= nine or more friends
Number of Times Gone out Socially During Past Month: range 1-5 with 1=none; 2=one time; 3=two to four times; 4=five to eight times; and 5= nine or more times
ADL Functioning=Activities of Daily Living Functioning Scale: range (0-12) with higher values representing higher levels of functioning
IADL Functioning: Instrumental Activities of Daily Living Functioning Scale: range (0-14) with higher values representing higher levels of functioning
Functional Status (only in some models): Total ADL and IADL Scale Score: range (0-26) with higher values representing higher levels of functioning

Diabetes= Dummy variable indicating whether a doctor ever told the person that he/she had diabetes, coded as follows: Diabetes=2; 1=Otherwise

Heart Disease=Dummy variable indicating whether a doctor ever told the person that he/she had a heart problem, coded as follows: Heart=2; 1=Otherwise

Stroke=Dummy variable indicating whether a doctor ever told the person that he/she had a stroke, coded as follows: Stroke=2; 1=Otherwise

Unmet need for personal care at baseline (only in some models): Dummy variable coded as follows: Unmet_P=2; 1=No current unmet need for personal care

Unmet need for meal preparation at baseline (only in some models): Dummy variable coded as follows: Unmet_M=2; 1= No current unmet need for meal preparation

Unmet need for transportation at baseline (only in some models): Dummy variable coded as follows: Unmet_T=2; 1= No current unmet need for transportation

Three- and nine-month follow-up measures—client

Life Satisfaction: Scale ranging from 0-11 at three and nine months; used as continuous variable with higher values representing higher levels of satisfaction

ADL Functioning=Activities of Daily Living Functioning Scale: range (0-12) with higher values representing higher levels of functioning

IADL Functioning: Instrumental Activities of Daily Living Functioning Scale: range (0-14) with higher values representing higher levels of functioning

Functional Status (only in some models): Total ADL and IADL Scale Score: range (0-26) with higher values representing higher levels of functioning

Self-Reported Depression at Three and Nine months: Scale ranging from 0-9 at baseline; used as continuous variable with higher values representing more self-reported depressive symptoms

Self-Reported Health Status at Three and Nine months: Analyzed as continuous variable, ranging from 1-5 with higher values representing better health (5=excellent; 4=very good; 3=good; 2=fair; 1=poor)

Self-Reported Health Status Compared with One Year Ago: Analyzed as continuous variable, ranging from 1-5 with higher values representing better health (5=excellent; 4=very good; 3=good; 2=fair; 1=poor)

Number of Friends Seen or Spoken with in Past Month: range 1-5 with 1=none; 2= one friend; 3= two to four friends; 4= five to eight friends; and 5= nine or more friends

Number of Times Gone out Socially During Past Month: range 1-5 with 1=none; 2=one time; 3=two to four times; 4=five to eight times; and 5= nine or more times

Extent to which Physical Problems Limited Social Activities in the Past Month: Analyzed as a continuous variable, ranging from 1-5 (1=not at all; 2=slightly; 3=moderately; 4=quite a bit; 5=extremely)

Extent to which Emotional Problems Limited Social Activities in the Past Month: Analyzed as a continuous variable, ranging from 1-5 (1=not at all; 2=slightly; 3=moderately; 4=quite a bit; 5=extremely)

Satisfaction with Care Scale: range 0-14 with higher values indicating higher levels of satisfaction with seven components of care

Satisfaction with the Components of Care: A series of dummy variables indicating whether the individual was very satisfied with the care provided; seven items considered, including:

a) Very satisfied with companion/aide's ability to provide assistance with personal care needs, coded with 2=very satisfied; 1=Otherwise
b) Very satisfied with companion/aide's ability to help family member/caregiver by giving him/her some time off, coded with 2=very satisfied; 1=Otherwise Very satisfied with companion/aide's ability to listen to you, visit with you and be a companion to you, coded with 2=very satisfied; 1=Otherwise Very satisfied with the reliability of your companion/aide, coded with 2=very satisfied; 1=Otherwise
c) Very satisfied with amount of time spent with companion/aide, coded with 2=very satisfied; 1=Otherwise
d) Very satisfied with ability of companion/aide to be courteous and polite, coded with 2=very satisfied; 1=Otherwise
e) Very satisfied with the number and types of services that your companion/aide provides to meet your special needs, coded with 2=very satisfied; 1=Otherwise

Unmet Need for Personal Care at Three and Nine months: Dummy variable coded as follows: Unmet_P=2; 1=No current unmet need for personal care

Unmet Need for Meal Preparation at Three and Nine months: Dummy variable coded as follows: Unmet_M=2; 1= No current unmet need for meal preparation

Unmet Need for Transportation at Three and Nine months: Dummy variable coded as follows: Unmet_T=2; 1= No current unmet need for transportation

B.3. Family Measures Used

Baseline measures—family and client (as reported by family members)

Family characteristics

Gender: Female=2; Male=1
Age: Continuous variable ranging from 20-90
Race: One dummy variable coded as follows:
White=2; 1= Otherwise
Ethnicity: One dummy variable coded as follows:
Of Hispanic descent=2; 1=Otherwise
Marital Status: Two dummy variables coded as follows:
Married=2; 1=Otherwise
Widowed=2; 1=Otherwise
Reference category= Never married, or divorced/separated
Living Arrangement: Lives With Client=2; 0=Otherwise
If primary caregiver of client: Dummy variable coded as follows:
Yes=2; 1=No
Caregiver Burden: Scale ranging from 4-19; used as a continuous variable with higher values representing higher levels of burden (only in one model)
Education: Two dummy variables coded as follows:
Less than high school=2; 1=Otherwise
Completed high school=2; 1=Otherwise
Reference category= Some college, completed college+
Geographic Region: Dummy variable measured as follows:
Rural=2; 1=Otherwise, where individuals were considered to live in a rural area if they reported that they lived in open country/farm, open-country/non-farm, or small town with population under 50,000
Self-reported Health Status: Two dummy variables coded as follows:
Excellent/Very Good=2; 1=Otherwise
Good=2; 1=Otherwise
Reference category= In fair or poor health
Life Satisfaction: Scale ranging from 0-11 at baseline; used as continuous variable with higher values representing higher levels of satisfaction

Client characteristics as reported by family members

ADL Functioning (only in some models): Client Activities of Daily Living Functioning Scale as reported by the Family Member: range (0-12) with higher values representing higher levels of client functioning (only proxy respondents reported on this)
IADL Functioning (only in some models): Client Instrumental Activities of Daily Living Functioning Scale as reported by the Family Member: range (0-14) with higher values representing higher levels of client functioning (only proxy respondents reported on this)

Functional Status (only in some models): Total Client ADL and IADL Scale Score as reported by the family Member: range (0-26) with higher values representing higher levels of functioning (only proxy respondents reported on this)

Family-Reported Client Health Status: Two dummy variables coded as follows:
Excellent/Very Good=2; 1=Otherwise
Good=2; 1=Otherwise

Number of Friends Client had Seen or Spoken with in Past Month: range 1-5 with 1=none; 2= one friend; 3=two to four friends; 4=five to eight friends; and 5=nine or more friends

Number of Times Client had Gone out Socially During Past Month: range 1-5 with 1=none; 2=one time; 3=two to four times; 4=five to eight times; and 5= nine or more times

Extent to which Physical Problems Limited Client's Social Activities in the Past Month: Analyzed as a continuous variable ranging from 1-5 (1=not at all; 2=slightly; 3=moderately; 4=quite a bit; 5=extremely)

Extent to which Emotional Problems Limited Client's Social Activities in the Past Month: Analyzed as a continuous variable ranging from 1-5 (1=not at all; 2=slightly; 3=moderately; 4=quite a bit; 5=extremely)

Client Unmet Need for Personal Care at Baseline (only in some models) as Reported by the Family Member: Dummy variable coded as follows: Unmet_P=2; 1=No current unmet need for personal care

Client Unmet Need for Meal Preparation at Baseline (only in some models) as Reported by the Family Member: Dummy variable coded as follows: Unmet_M=2; 1=No current unmet need for meal preparation

Client Unmet Need for Transportation at Baseline (only in some models) as Reported by the Family Member: Dummy variable coded as follows: Unmet_T=2; 1= No current unmet need for transportation

Three- and nine-month follow-up measures

Family outcomes

Life Satisfaction: Scale ranging from 0-11 at three and nine months; used as continuous variable with higher values representing higher levels of satisfaction

Caregiver Burden: Scale ranging from 4-19; used as a continuous variable with higher values representing higher levels of burden

Burden with Different Aspects of Caregiving: A series of continuous variables measuring the extent to which the family member/caregiver felt burdened and the reported quality of his/her relationship to the client: four items considered, including:

a) Extent to which family member worries about client's ability to live at home (range: 1=none of the time to 5=all of the time)

b) How well the family member copes with the responsibility for caring for the client (range: 1=very well able to cope to 4=not at all able to cope)
c) Current rating of the quality of the relationship with the client (range: 1=excellent to 5=poor)
d) Current rating of the family member's overall patience with the client (range: 1=excellent to 5=poor)

Satisfaction with Care Scale: Scale ranging from 0-14 with higher values indicating higher levels of satisfaction with seven components of care

Satisfaction with the Components of Care: A series of dummy variables indicating whether the individual was very satisfied with the care provided; seven items considered, including:

a) Very satisfied with companion/aide's ability to provide assistance with personal care needs, coded with 2=very satisfied; 1=Otherwise
b) Very satisfied with companion/aide's ability to help family member/caregiver by giving him/her some time off, coded with 2=very satisfied; 1=Otherwise
c) Very satisfied with companion/aide's ability to listen to you, visit with you and be a companion to you, coded with 2=very satisfied; 1=Otherwise
d) Very satisfied with the reliability of your companion/aide, coded with 2=very satisfied; 1=Otherwise
e) Very satisfied with amount of time spent with companion/aide, coded with 2=very satisfied; 1=Otherwise
f) Very satisfied with ability of companion/aide to be courteous and polite, coded with 2=very satisfied; 1=Otherwise
g) Very satisfied with the number and types of services that your companion/aide provides to meet your special needs, coded with 2=very satisfied; 1=Otherwise

Client outcomes as reported by family members

Client ADL Functioning=Activities of Daily Living Functioning Scale: range (0-12) with higher values representing higher levels of functioning (proxy members only reported on this)

Client IADL Functioning: Instrumental Activities of Daily Living Functioning Scale: range (0-14) with higher values representing higher levels of functioning (proxy members only reported on this)

Client Functional Status (only in some models): Total ADL and IADL Scale Score: range (0-26) with higher values representing higher levels of functioning (proxy members only reported on this)

Client Health Status at Three and Nine Months as Reported by Family Member: Analyzed as continuous variable, ranging from 1-5 with higher values representing better health (5=excellent; 4=very good; 3=good; 2=fair; 1=poor)

Client Health Status at Three and Nine Months Compared with One Year Ago as Reported by Family Member: Analyzed as continuous variable ranging from 1-5 with higher values representing better health (5=excellent; 4=very good; 3=good; 2=fair; 1=poor)

Number of Friends Client had Seen or Spoken with in Past Month: range 1-5 with 1=none; 2= one friend; 3= two to four friends; 4= five to eight friends; and 5= nine or more friends

Number of Times Client had Gone out Socially During Past Month: range 1-5 with 1=none; 2=one time; 3=two to four times; 4=five to eight times; and 5= nine or more times

Extent to which Physical Problems Limited Client's Social Activities in the past month: Analyzed as a continuous variable ranging from 1-5 (1=not at all; 2=slightly; 3=moderately; 4=quite a bit; 5=extremely)

Extent to which Emotional Problems Limited Client's Social Activities in the Past Month: Analyzed as a continuous variable ranging from 1-5 (1=not at all; 2=slightly; 3=moderately; 4=quite a bit; 5=extremely)

Client's unmet need for personal care at 3 and 9 months: Dummy variable coded as follows: Unmet_P=2; 1=No current unmet need for personal care

Client's Unmet Need for Meal Preparation at Three and Nine months: Dummy variable coded as follows: Unmet_M=2; 1= No current unmet need for meal preparation

Client's Unmet Need for Transportation at Three and Nine Months: Dummy variable coded as follows: Unmet_T=2; 1= No current unmet need for transportation

APPENDIX C: *Detailed Descriptions of Baseline and Follow-up Samples (Weighted)*

APPENDIX C
Detailed Descriptions of Weighted Baseline and Follow-up Samples

Detailed descriptions of the volunteer station sample (Section C.1.), as well as the client and family baseline, three-month, and nine-month samples (Sections C.2. through C.7.) are shown in the pages that follow.

C.1. Characteristics of the Weighted Agency Sample

This section describes the group of volunteer station supervisors who responded to the telephone survey. It then summarizes the characteristics of the agencies for which the respondents worked.

The volunteer station supervisors

The respondent group for this study consisted of 155 volunteer station supervisors. Of these, 90% were female and 10% were male. As shown in **Table 1**, the respondents' average age was 49.

Table 12. Characteristics of a Typical Survey Respondent to the Volunteer Station Survey

Respondent Characteristics	Typical Respondent Profile
Age	49 years old
Gender	Female
Duration employed by agency	9 years
Duration served as volunteer station supervisor	5.5 years
Educational background/training	Social work or nursing

Most of the volunteer station respondents had quite long job tenure at their agency, with nine years being the average number of years of service. The group had an average of 5.5 years of service in the position of volunteer station supervisor. The respondents to this survey had a wide variety of educational backgrounds, with social work and nursing as the disciplinary fields that were most frequently mentioned (56% of total responses).

The agencies

As shown in **Table 2**, the respondents who participated in this survey reported that their agencies had been involved with the Senior Companion Program (SCP) for an average of 9.5 years.

Table 2. Characteristics of a Typical Sponsoring Agency Partner

Agency Characteristics	Typical Agency Profile
Number of years involved with SCP	9.5 years
Number of Senior Companions	9, with 8 serving in a home setting and 1 serving in a group setting
Number of clients seen by Senior Companions	23 clients, with 18 served in the home setting and 5 served in a group setting
Type of services provided	40% providing non-health related services, 38% providing both health and non-health services (full-service agencies), and 22% providing health-related services

The agencies whose representatives took part in the survey included nonprofit home health agencies (14%), nonprofit agencies on aging (21%), multipurpose centers (16%), other social service centers (12%), public or congregate housing projects (6%), and other social service agencies of various types (32%). Approximately nine Senior Companions served a given agency, with eight of them serving in a home setting. Each agency's Senior Companions served an average of 23 clients each, of whom 18 were seen in a home setting.

The volunteer stations provided various types of services to their senior citizen clients or younger adults with special needs. These ranged from adult day care or senior citizen services, special transportation, and home-delivered meals to visiting nurse or home health aide services, physical therapy, and mental health services. For purposes of analysis in this study, the volunteer stations were divided into three groups, according to the types of services provided: those providing primarily health-related services (22%), those providing services that are not health-related (40%), and those providing services of both types (38%) (here termed the "full-service" group of agencies). The health-related group was defined as all agencies who reported providing either visiting nurse or public health nurse services, home health aide or homemaker services, physical therapy services, or mental health services. The non-health-related group of agencies did not report providing any of these services, but said that they provided services such as adult day care, senior center services, special transportation, home-delivered meals, or a group meal program. The full-service group consisted of agencies that provided some health-related services and some that were not health-related. These subgroups were examined separately to determine whether the responses varied as a function of the type of services that the agencies provided.

The volunteer stations were also grouped according to their size. In this report, agency size was defined in terms of the number of full-time employees (FTEs) per agency (i.e., whether they have 0 to 10 FTEs or 11 or more FTEs). This provided the other main set of variables that were used to analyze the data in the agency survey. As shown in **Table 3**, approximately 57% of agencies surveyed were relatively small in size (with between 0 and 10 full-time staff members working there). The remaining 43% employed at least 11 full-time staff members.

Another interesting characteristic of volunteer stations was the number of Senior Companions that they supervised. As shown in **Table 3**, just over half of the responding agencies had five or fewer Senior Companions, and just under half had six or more.

Table 3. Characteristics of Host Agencies Participating in the Survey

Characteristic	Percentage of Agencies in Each Category
Number of Services Offered to Senior Clients	
0-3 services	51%
4-9 services	49%
Agency Size, by Number of FTEs	
0-10 FTEs	57%
11 or more FTEs	43%
Number of Senior Companions per Agency	
0-5 Senior Companions	53%
6 or more Senior Companions	47%
Number of Senior Companions per Agency who Provide Services in a Home Setting	
0-5 Senior Companions serving in home setting	57%
6 or more Senior Companions serving in home setting	43%

C.2. Client Weighted Baseline Sample Description

The baseline Client Questionnaire was administered to the following three groups: (a) those newly matched with Senior Companions who served as the "intervention group" (Group 1, known as SCP), and two comparison groups, namely (b) those on a waiting list (WL) to receive SCP services (Group 2, known as WL), and (c) those who were currently receiving Senior Companion-like services (Group 3, known as Other) such as companionship, home visiting, short-term respite, meal preparation or assistance with personal care, and similar in-home services for the client. The similarities and differences between the three groups are highlighted in the following section.

Gender and age at baseline

As shown in **Table 4**, there was a similar mix of males and females in both the SCP and WL groups (17% and 83%, respectively). Seventy-six percent of Other clients were female, and 24% were male. The average age of clients in all three groups was approximately 80 years old. The minimum age of clients in all groups was 65 years old. The maximum age of clients in the SCP and WL groups was 99 years old, whereas it was 93 years old in the Other group. The SCP group was the only group in which less than one-fourth of the clients were between the ages of 65 and 74. It was also the only group in which more than 25% of the clients were 85 or older. In all groups, nearly 50% of the clients were between the ages of 75 and 84.

Race/ethnicity at baseline

The racial backgrounds of the three groups of clients varied somewhat. In all groups, over half of the respondents reported being white. Approximately 72% of clients in the SCP and WL groups indicated that they were white, whereas only 57% of clients in the Other group were white. A higher proportion of African-American clients were reported in the Other group (38%) as compared with those in the SCP group (20%) and the WL group (19%). All three groups reported a similar proportion of American Indian/Alaskan Natives (3%, on average). Nine percent of clients in the WL group indicated that they were of Hispanic or Latino descent, compared with 6% in the Other group and 5% in the SCP group. No other racial group was represented by more than 2% of the sample in all groups.

Table 4. Demographic Characteristics of SCP, WL, and Other Clients at Baseline

Characteristics	SCP Clients N=41,555	WL Clients N=37,689	Other Clients N=56,980
Gender			
Male	16.8%	16.8%	24.3%
Female	83.0%	83.0%	75.7%
Refusal	0.1%	0.2%	0%
Age	**N=40,351**	**N=36,001**	**N=55,481**
65-74	24.1%	31.1%	34.5%
75-84	46.3%	46.3%	48.0%
85+	29.6%	22.7%	17.6%
Average age	80.1	78.5	77.2
Race			
White	72.5%	72.4%	56.6%
African American	20.3%	19.2%	38.2%
American Indian or Alaskan Native	2.0%	2.8%	2.6%
Other (includes Asian and Pacific Islander)	1.1%	0.8%	0%
Don't know	3.1%	3.7%	2.0%
Refusal	1.9%	3.2%	0.7%
Ethnicity			
Hispanic/Latino	4.9%	9.3%	5.9%

* Percentages may not total 100% due to rounding and because respondents were able to select more than one race.

Marital status/living arrangement at baseline

Results from **Table 5** indicate there were some differences in the type of living arrangement among the three groups. Over 21% of clients in the Other group indicated that they were married, compared with approximately 14% of SCP and WL clients. A higher proportion of clients in the SCP group (70%) and WL group (65%) reported being widowed as compared with clients in the Other group (58%). Over two-thirds of the respondents in all groups reported living alone. Approximately 76% of SCP clients reported living alone, compared with 69% of

WL clients and 67% of Other clients. In all three groups, a greater percentage of clients who lived with someone were most likely to live with their spouse or their children. Approximately 63% of clients in the Other group indicated living with a spouse, whereas about 43% of SCP clients and WL clients lived with a spouse. In contrast, over 40% of SCP clients and WL clients reported living with their children, whereas only 25% of clients in the Other group lived with children. The other types of living arrangements included living with grandchildren, living with parents, living with siblings, living with other relatives, living with friends, and living with a paid helper. Clients in the Other group were more likely to live with a sibling (8%) or other relative (6%) as compared with those in the SCP group (2% and 2%, respectively) and WL group (4% and 1%, respectively). Percentages in the other types of living arrangements were similar across all groups.

Table 5. Type of Living Situation of SCP, WL, and Other Clients at Baseline

Living Situation	SCP Clients N=41,555	WL Clients N=37,689	Other Clients N=56,980
Marital Status			
Married	13.1%	14.9%	21.1%
Divorced/separated	9.8%	14.7%	13.8%
Widowed	70.2%	64.6%	57.9%
Never married	6.1%	4.5%	5.9%
Refused	0.6%	1.1%	1.3%
If Lives Alone			
Live alone	76.4%	69.2%	67.1%
Living Arrangement (Among Those Not Living Alone)	**N=9,417**	**N=11,180**	**N=17,994**
Live with spouse	42.4%	44.0%	62.5%
Live with children	46.1%	44.7%	25.0%
Live with grandchildren	8.0%	13.2%	10.4%
Other (includes parents, siblings, other relatives, friends, paid helpers, and others)	11.3%	8.8%	18.7%
Don't know	0%	0.6%	0%
Refused	0%	0.6%	0%

* Percentages may not total 100% due to rounding and because respondents were able to select more than one living arrangement.

Education at baseline

Results from **Table 6** indicate that the vast majority of clients (approximately 70%) in all three groups did not have an education beyond high school. Approximately 43% of SCP and WL clients reported having a less than high school education, compared with only 35% of Other clients. Thirty-four percent of Other clients graduated from high school, whereas less than 30% of SCP and WL clients attained this educational level. Although approximately 20% of clients in all three groups had some college education, less than 10% of clients in each group were college graduates or had some postgraduate education.

Table 6. Level of Education of SCP, WL, and Other Clients at Baseline

Level of Education	SCP Clients N=41,555	WL Clients N=37,689	Other Clients N=56,980
Less than high school	42.8%	43.5%	34.9%
High school graduate	28.5%	27.8%	34.2%
Some college	20.3%	17.5%	20.4%
College graduate/some postgraduate school	7.3%	9.1%	8.6%
Don't know	0.4%	0.9%	0.7%
Refusal	0.7%	1.1%	1.3%

* Percentages may not total 100% due to rounding.

Self-reported health status at baseline

Results from **Table 7** indicate that self-reported health status was similar across the three client groups. In all groups, over half of the clients indicated being in fair/poor health. Sixty-one percent of SCP and Other clients reported being in fair or poor health, compared to 67% of WL clients. A small percentage of clients across all groups (less than 14% per group) reported being in excellent/very good health. Thirty-two percent of clients in the Other group were in somewhat worse or much worse health than they had been one year earlier, whereas approximately 40% of clients in the WL and SCP groups indicated that they felt this way. More than 40% of clients in all groups reported that their health was about the same as last year. Forty-five percent of WL clients stated that physical health problems interfered with social activities quite a bit/extremely, whereas only 35% of SCP and Other clients reported this way. Emotional problems were not as likely to interfere with social activities as were physical health problems. Less than 20% of clients in each group felt that emotional problems interfered with social activities quite a bit/extremely in the past month. Clients in the WL group (18%) reported the highest percentage of having emotional problems, compared with only 12% in the SCP and Other groups. Seventy-one percent of WL clients, 64% of SCP clients, and 62% of Other clients indicated that they were limited in their daily activities as a result of (poor) physical health.

Table 7. Health Status Measure of SCP, WL, and Other Clients at Baseline

Current Health Status Measure	SCP Clients N=41,555	WL Clients N=37,689	Other Clients N=56,980
Self-Reported Health			
Excellent health	3.3%	3.2%	2.0%
Very good health	9.5%	9.0%	11.2%
Good health	23.2%	17.5%	21.7%
Fair health	36.2%	32.1%	33.6%
Poor health	25.0%	35.1%	27.6%
Don't know	2.6%	3.0%	4.0%
Current Health Compared with Health One Year Ago			
Much better health	8.1%	5.6%	11.8%
Somewhat better health	9.9%	12.5%	11.8%
Same health	41.9%	41.2%	42.8%
Somewhat worse health	27.7%	23.0%	17.1%
Much worse health	10.6%	14.9%	14.5%
Don't know/refused	1.9%	2.8%	2.0%
Extent to Which Physical Health Problems Interfered with Social Activities During Past Month			
Not at all interfered	27.1%	25.6%	37.5%
Slightly interfered	14.7%	12.1%	8.6%
Moderately interfered	17.6%	12.5%	15.1%
Interfered quite a bit	21.4%	23.9%	17.8%
Extremely interfered	13.7%	21.1%	17.1%
Don't know	5.4%	4.9%	4.0%
Extent to Which Emotional Problems Interfered with Social Activities During Past Month			
Not at all interfered	49.2%	52.8%	63.8%
Slightly interfered	19.6%	14.2%	16.5%
Moderately interfered	8.9%	9.3%	6.6%
Interfered quite a bit	9.2%	12.3%	9.2%
Extremely interfered	3.2%	6.2%	2.0%
Don't know	10.0%	5.2%	2.0%
If Limited in Daily Activities During Past Month as a Result of Physical Health			
Percent reporting yes	64.4%	70.5%	61.8%

* Percentages may not total 100% due to rounding.

Self-reported functional status at baseline

As shown in **Table 8**, SCP, WL, and Other clients generally reported that they had some degree of instrumental activities of daily living (IADL) and activities of daily living (ADL) limitations at the time of the baseline survey. IADL items included the following seven items: ability to use the telephone, get to places outside of walking distance, go shopping, prepare meals, do housework, take medications, and manage money. Respondents answered each question regarding the extent to which they could do the activity without help (2), with some help (1), or were totally unable to do the activity (0). Larger numbers suggested higher levels of IADL function. As can been seen in the table below, there was a small difference between IADL scores among the three client groups. On average, SCP clients scored a 9.8, WL clients scored a 9.4, and Other clients scored a 10.3. Other clients reported being slightly impaired, whereas SCP and WL clients scored in the somewhat impaired/slightly impaired range. More than 40% of SCP and WL clients indicated that they were very IADL impaired/somewhat impaired, whereas only 35% of Other clients felt that they were very IADL impaired/somewhat impaired. Approximately 25% of WL clients reported that they were not at all IADL impaired, compared with 29% of SCP clients and 36% of Other clients.

ADL activities included the following six items: eating, dressing/undressing, grooming, walking, getting in and out of bed, and taking a bath or shower. Again respondents answered each question by responding that they were able to do the activity without any help (2), needed some help (1), or were totally unable to do the activity (0). Larger numbers suggested higher levels of ADL functioning. The mean ADL score for all three groups fell within the 10 point range; therefore, on average, clients were slightly impaired. Clients in all groups reported very similar results for ADL at baseline. Over three-fourths of clients in each group reported being slightly/not at all impaired. Eighty percent of SCP clients reported being slightly or not at all ADL impaired, compared with 76% of Other clients and 75% of WL clients.

Table 8. Self-Reported Functional Status of SCP, WL, and Other Clients at Baseline

Functional Status Measures	SCP Clients N=41,211-IADL; N=41,343-ADL	WL Clients N=37,689	Other Clients N=56,980
Instrumental Activities of Daily Living (IADL) Functional Status Summary Score (range=0-14, where 0=fully impaired and 14=not at all impaired)			
Very impaired (0-5)	6.5%	10.3%	5.3%
Somewhat impaired (6-9)	34.0%	36.0%	29.6%
Slightly impaired (10-11)	30.4%	28.6%	29.0%
Not impaired (12-14)	29.1%	25.2%	36.2%
Average IADL functional status score	9.8	9.4	10.3
Activities of Daily Living (ADL) Functional Status Summary Score (range=0-12, where 0=fully impaired and 12=not at all impaired)			
Very impaired (0-5)	1.6%	2.4%	4.0%
Somewhat impaired (6-9)	17.6%	22.2%	19.7%
Slightly impaired (10)	14.5%	18.8%	10.5%
Not impaired (11-12)	66.4%	56.5%	65.8%
Average ADL functional status score	10.7	10.3	10.5

* Percentages may not total 100% due to rounding.

Self-reported medical conditions at baseline

As shown in **Table 9**, the mean number of medical conditions reported by SCP clients and Other clients was 1.5; for WL clients, it was 1.7. Similarly, approximately 46% of SCP and Other clients self-reported having two or more medical conditions; about 53% of WL clients reported having two or more medical conditions. For the most part, there were small differences in the proportion of SCP, WL, and Other clients with a given medical condition. In general, percentages for each condition were within 5 percentage points. However, there was at least an 8 percent difference between SCP clients who had diabetes (29%) and clients in the WL and Other groups who reported having diabetes (37% and 38%, respectively). The second largest difference between SCP, WL, and Other clients was for heart attack/heart condition. Approximately half of SCP and WL clients reported having a heart attack/heart condition, whereas only 39% of Other clients reported having this condition. Finally, approximately 14% of SCP and WL clients required an oxygen tank to breathe, compared with only 9% of Other clients. Prevalence rates were within 5% for all other reported conditions, including cancer (not skin), emphysema/asthma/pulmonary disease, and stroke.

Table 9. Self-Reported Medical Condition of SCP, WL, and Other Clients at Baseline

Medical Condition Measure	SCP Clients N=41,084	WL Clients N=37,689	Other Clients N=56,980
Number of Medical Conditions			
Reported 0 medical conditions	25.0%	22.0%	29.6%
Reported 1 medical condition	30.8%	24.6%	23.0%
Reported 2 medical conditions	23.8%	26.5%	25.7%
Reported 3 medical conditions	14.4%	18.5%	13.8%
Reported 4 or more medical conditions	6.4%	8.4%	7.9%
Average number of medical conditions	1.5	1.7	1.5
Type of Medical Condition Diagnosed With			
Had diabetes	28.5%	36.6%	38.2%
Had cancer (not including skin)	14.8%	16.0%	16.5%
Had emphysema/asthma/ pulmonary disease	19.7%	23.1%	20.4%
Had a stroke	23.2%	27.6%	25.0%
Had a heart attack/heart condition	46.6%	50.2%	38.8%
Currently used oxygen to breathe	14.2%	14.9%	9.2%

* Percentages may not total 100% due to rounding.

Self-reported mental status at baseline

As shown in **Table 10** below, there was a small difference between the average life satisfaction of SCP, WL, and Other clients. Larger numbers on the life satisfaction scale suggest higher levels of well-being. On average, SCP clients (mean score of 5.7) and Other clients (mean score of 6.1) indicated that they were generally satisfied with life at the time of the initial survey, whereas WL clients (mean score of 5.2) self-reported feeling somewhat dissatisfied with life. Twenty percent of WL clients were very dissatisfied with life at baseline, compared with 11% of SCP clients; only 8% of Other clients felt very dissatisfied. In contrast, over half of SCP and Other clients were satisfied/very satisfied with life during the initial survey, whereas only 44% of WL clients felt this way. On average, clients in all three groups scored in the slightly depressed range on the self-reported depression scale. However, over 40% of WL clients were somewhat/significantly depressed, whereas only about 27% of SCP clients and 32% of Other clients felt somewhat/significantly depressed.

Table 10. Self-Reported Mental Status of SCP, WL, and Other Clients at Baseline

Mental Status Measure	SCP Clients N=39,567	WL Clients N=36,142	Other Clients N=54,731
Life Satisfaction Scale (range 0-11, with 0=very low satisfaction with life and 11=very high satisfaction with life)			
Not at all satisfied (0 through 2.75)	11.3%	20.0%	8.2%
Somewhat dissatisfied (3 through 5.5)	35.9%	35.8%	34.9%
Satisfied (6 through 8.25)	42.7%	34.2%	41.1%
Very satisfied (8.6 through 11)	10.0%	9.9%	15.7%
Average life satisfaction measure	5.7	5.2	6.1
Self-Reported Depression Scale (range 0-9, with 0=not depressed and 9=significantly depressed)	**N=40,923**	**N=36,915**	**N=55,481**
Not depressed (0 through 1.9)	27.9%	23.8%	32.5%
Slightly depressed (2 through 3.9)	45.1%	34.1%	35.8%
Somewhat depressed (4 through 5.8)	19.9%	29.9%	23.7%
Significantly depressed (6 through 9)	7.1%	12.2%	8.1%
Average depression measure	2.9	3.4	3.0

* Percentages may not total 100% due to rounding.

Hospital and nursing home utilization at baseline

Results from **Table 11** indicate that more than 45% of the clients in each group stayed in a hospital for at least one overnight stay during the past 12 months. Of those with a hospital stay, more than half of the clients among the three groups had visited the hospital one time. Approximately 25% of the SCP and WL clients indicated that they had stayed in the hospital for two stays, compared with about 16% of the Other clients. Over 25% of the WL and Other clients had three or more hospital admissions, whereas 18% of the SCP clients were admitted to the hospital three or more times. Slightly more than 10% of the SCP and WL clients and 6% of the Other clients reported that they had stayed in a nursing home during the past 12 months. Of those with a nursing home stay, at least 78% of the clients were in the SCP and WL groups, whereas about 67% were in the Other group. A larger percentage of Other clients (33%) had been admitted to a nursing home for two or more stays, compared with 22% of WL clients and 17% of SCP clients.

Table 11. Prior Hospital and Nursing Home Utilization of SCP, WL, and Other Clients at Baseline

Health Care Utilization Measures	SCP Clients N=18,154	WL Clients N=17,368	Other Clients N=26,616
If Any Hospital Stay During Past Year			
Percent reporting yes	45.7%	48.5%	47.0%
# of Hospital Admissions (Among Those with a Stay)			
Had 1 admission	54.3%	50.6%	56.3%
Had 2 admissions	27.3%	23.5%	15.5%
Had 3+ admissions	18.3%	25.9%	28.2%
If Any Nursing Home Stay During Past Year	**N=4,586**	**N=3,938**	**N=3,374**
Percent reporting yes	11.2%	10.5%	6.0%
# of Nursing Home Admissions (Among Those with a Stay)			
Had 1 admission	83.0%	78.6%	66.7%
Had 2 admissions	12.5%	14.3%	22.2%
Had 3+ admissions	4.5%	7.2%	11.1%

* Percentages may not total 100% due to rounding.

Client expectations at baseline

Clients were asked a series of questions about their expectations of Senior Companions and/or other in-home providers. Specifically, individuals were asked to answer whether a variety of activities and factors would be important to them (yes/no) as they initiated visits with their Senior Companions or other in-home providers. As shown in **Table 12**, 53% of SCP clients did not feel that helping with light chores was an important service that the visiting Senior Companion should provide, whereas a little over 65% of WL clients and Other clients felt that this was important. The Other clients did not think that it was as important for the in-home provider to run errands relative to the SCP and WL clients. Meal preparation was not as important to SCP clients as it was for clients in the other two groups. A greater proportion of WL clients felt that grocery shopping was an important service that the in-home provider should assist with as compared with those in the SCP and WL groups. Approximately 5% more WL and Other clients reported that getting help with phone calls and help with medication was important when compared with SCP clients.

Only 45% of the Other clients thought that companionship was important for the in-home caregiver to provide. In contrast, 70% of WL clients and 74% of SCP clients thought that companionship was important. A larger proportion of WL clients (35%) thought that the in-home provider should help with paperwork, compared with approximately 30% of SCP and Other clients. Other Clients did not feel as great a need for in-home providers to be with them in case of an emergency relative to those in the other two client groups. A substantially larger proportion of SCP and WL clients felt that giving the caregivers time off was important (42%

and 47% for SCP and WL clients, respectively, relative to 34% for Other agency clients). Eighty-two percent of WL clients reported that it was important for the companion/in-home provider to visit on a regular basis, compared with 76% of SCP clients and 64% of Other clients. SCP and WL clients were substantially more likely to feel that it was important for the companion/in-home provider to stay for a specific period of time as compared with Other clients (64% and 65% for SCP and WL clients, respectively, versus 49% for Other agency clients). Finally, 40% of Other clients and 38% of WL clients felt that the companion/in-home provider should be doing other activities for them, whereas only 26% of SCP clients indicated that this was important. Clients reported similar proportions for the following: assisting with health/hygiene, being taken to medical appointments, and being on time.

Table 12. Expectations of SCP, WL, and Other Clients at Baseline

Type of Help Important for Senior Companions to Give	SCP Clients N=41,255	WL Clients N=37,337	Other Clients N=56,230
Health/Hygiene assistance	33.4%	34.5%	34.7%
Light chores	52.5%	66.5%	67.3%
Taken to medical appointments	59.0%	61.4%	57.3%
Run errands	57.8%	62.9%	53.3%
Meals prepared	26.8%	37.5%	38.7%
Grocery shopping	49.8%	55.6%	47.3%
Help with phone calls	14.4%	20.0%	18.7%
Help with medications	17.5%	23.2%	22.0%
Provide companionship	74.2%	70.2%	45.3%
Help with paperwork	31.7%	35.2%	30.0%
Be there in case of an emergency	60.0%	59.9%	51.3%
Assist you by giving your caregiver time off	42.3%	46.9%	34.0%
Be on time	69.8%	74.6%	71.3%
Visit on a regular basis	75.9%	82.1%	64.0%
Stay for a specific period of time	63.9%	65.4%	49.3%
Does other activities for you	25.7%	37.7%	40.0%

C.3. Family Weighted Baseline Sample Description

The baseline Family/Caregiver Questionnaire was administered to the following two groups: (a) those family members whose relatives were newly matched with Senior Companions who served as the family "intervention group" (described below as the SCFM group), and one comparison group, namely (b) those family members whose relatives were on a waiting list to receive SCP services (described below as the WLFM group). The similarities and differences between the two groups are highlighted in the following section.

Age and gender at baseline

As shown in **Table 13**, slightly over 75% of the caregivers in the SCFM group and 76% of the caregivers in the WLFM group were female. The average age of family caregivers in the SCFM group was 59 years of age. In the WLFM group, the average age of family caregivers was 57 years of age, almost two years younger than the average in the SCFM group. The minimum age of caregivers in the SCFM group was 20; in the WLFM group, the minimum age was 22. The maximum age of the caregivers in both groups was 90. Only 8% of the respondents in the SCFM group and 10% of the respondents in the WLFM group reported that they were less than 40 years of age. The largest proportion of respondents in both groups reported that they were between 40 and 60 years of age.

Table 13. Demographic Characteristics of Family Members at Baseline

Characteristics	SCFM N=41,556	WLFM N=37,689
Gender		
Male	24.9%	23.9%
Female	75.0%	76.1%
Age		
<40	7.8%	10.0%
40-60	49.5%	49.2%
61-80	38.8%	37.0%
81+	3.9%	3.4%
Average age	58.6 years	56.8 years
Race		
White	65.3%	69.9%
African American	27.7%	19.9%
Other* (Asian, Indian, Pacific Islander, DK, Ref)	3.4%	6.8%
Ethnicity		
Hispanic	1.9%	10.1%

Note: Due to rounding, the totals of certain categories may sum to over 100%.

Race/ethnicity at baseline

The racial backgrounds of the two groups of family caregivers were slightly different. In both groups, the largest proportion of respondents reported that they were white. Of the respondents in the SCFM group, approximately 65% were white. Of the respondents in the WLFM group, 70% were white, 5% higher than in the SCFM group. There was a larger proportion of African Americans in the SCFM group (28%) relative to the WLFM group (20%), a difference of 8% between the two groups. Conversely, in the WLFM group, there was a larger proportion of respondents who reported that they were of Hispanic descent (10%) relative to the SCFM group (2%).

Marital status/living arrangement at baseline

Results from **Table 4** indicate that the two groups were similar in their marital status and living arrangements. Over 61% of the caregivers in the SCFM group and almost 64% of the caregivers in the WLFM group were married. A slightly larger proportion of those in the SCFM group were divorced or separated, with 20% in the SCFM group versus 15% in the WLFM group reporting being divorced/separated. A slightly larger proportion of those in the WLFM group were widowed, with 12% in the WLFM group versus 10% in the SCFM group reporting being widowed. Approximately 20% of the respondents in both groups reported that they lived alone. The percentage of those who shared their homes with a spouse was also similar in both groups, with 71% of those in the SCFM group and 72% of those in the WLFM group reporting that they shared their homes with their spouses. A slightly larger proportion of those in the WLFM group shared their home with their parent (24% of those in the WLFM group versus 18% of those in the SCFM group).

Table 14. Type of Living Arrangement of Family Members at Baseline

Living Situation	SCFM N=41,556	WLFM N=37,688
Marital Status		
Married	61.6%	63.9%
Divorced/separated	20.0%	15.3%
Widowed	9.7%	11.7%
Never married	8.5%	9.2%
Living Alone		
Yes	19.8%	20.3%
No	79.9%	79.8%
Living Arrangement (Among Those Not Living Alone)	**N=33,182**	**N=30,058**
Spouse	70.8%	71.9%
Children	33.0%	32.7%
Parents	18.4%	23.5%
Other* (grandchildren, friends, other, siblings)	15.6%	13.5%

Note: Due to the nature of the question, the total percents for this category sum to over 100%.

Education at baseline

The educational background of the two groups of family members varied somewhat at baseline. A larger proportion of the SCFM group (33%) reported that high school was the highest level of education attained relative to the WLFM group (29%). Even so, a larger proportion of respondents in the SCFM group reported that they were college graduates (19%) relative to the WLFM group (13%). A slightly larger proportion of respondents from the WLFM group (35%) reported that they had completed some college or technical training relative to the SCFM group (30%). The smallest proportion of respondents from both groups (SCFM, 6% and WLFM, 9%, respectively) reported that they had completed postgraduate studies or obtained a professional degree.

Client/caregiver relationship at baseline

When asked how family members were related to study clients, the largest proportion of respondents from both family groups stated that they were the children of the client. As shown in **Table 15**, the same proportion of SCFM and WLFM reported that they were the adult children of the client (55%). A large proportion of individuals from both groups (71% and 72%, respectively) reported that they were spouses of a client. In addition, the smallest proportion of respondents from both groups (SCFM, 2% and WLFM, 5%, respectively) reported that they were the grandchildren of clients. When asked who helped them most often with caregiving responsibilities, the largest proportion of respondents in both groups reported that one of their children helped them with caregiving responsibilities. Children were most likely to be the caretakers for both family groups, but the relative proportion of children who helped in the WLFM group was somewhat larger (48% versus the 40% in the SCFM group, respectively). In the SCFM group, 25% reported that a spouse helped the client most often, whereas 31% of those in the WLFM group reported this way. A larger proportion of respondents in the SCFM group (34%) reported that they were most often helped by someone other then a spouse or child compared with the WLFM group (21%).

Commute time/number of visits at baseline

Among the respondents who did not live with the client, it took an average of 33 minutes for SCFM to get to the home of the SCP client. WLFM who did not live with clients had a slightly longer commute; it took an average of 51 minutes for them to get to the home of the client. The average number of visits that the caregiver made to the client that month was virtually identical for both groups. In both groups, the caregiver had visited the client an average of 18 times per month.

Primary vs. secondary caregivers at baseline

Approximately 69% of the individuals from the SCFM group indicated that they were the primary caregiver of the client, whereas 13% served as the secondary caregiver of the client. Among the WLFM group, the rates were similar, with 70% reporting they were the primary caregiver and 17% reporting that they were the secondary caregiver of the client. Only 8% of the

SCFM and 9% of the WLFM reported that they were not at all responsible for acting as a caregiver of the client.

Table 15. Relationship with Client and Primary Client Helper at Baseline

Characteristics	SCFM N=41,556	WLFM N=37,689
What is Your Relationship to the Client?		
Spouse	18.1%	16.3%
Child	54.9%	54.9%
Parent	6.0%	5.2%
Sibling	5.2%	5.2%
Grandchild	2.3%	4.6%
Other* (friend, neighbor, other, other relative)	13.4%	13.8%
Who Helps the Client Most Often?		
Spouse	24.8%	31.0%
Child	40.1%	48.0%
Other* (grandchild, parent, sibling, other relative, friend, paid helper, volunteer helper, other)	34.1%	21.0%

Note: Due to rounding, the totals of certain categories may sum to over 100%.

Caregiver coping at baseline

Respondents were also asked how well they coped with the responsibility of caregiving. In both groups, the largest percentage of respondents answered that they were "able to cope very well" with the responsibilities of caregiving (SCFM, 54%, and WLFM, 47%, respectively). As shown in **Table 16**, over 35% of respondents in the SCFM group and 46.8% of the respondents in the WLFM group reported that they were "somewhat able to cope well" with the responsibilities of caregiving. Less than 1% of the respondents in both groups reported that they were "not able to cope at all."

Caregiver health status at baseline

As shown in **Table 16**, the largest proportion (34%) of respondents in the SCFM group reported that they were in "good" health. The largest proportion (30%) of respondents in the WLFM group reported that they were in "very good" health. For both groups, the smallest proportion of respondents felt that they were in "poor" health (SCFM, 5% and WLFM, 7%, respectively).

Client/caregiver health relationship at baseline

Over 39% of the SCFM and 47% of the WLFM said that they had an "excellent" relationship with the client; this represented the largest proportion of response for this question among both groups of caregivers. Most other respondents said that their relationship with the

client was either "good" or "very good." For both family groups, very few individuals reported that they had a "poor" relationship with the client (SCFM, <1% and WLFM, 1%, respectively).

Table 16. Coping Ability and Health Status of Family Member at Baseline

Caregiver Coping	SCFM N=41,445	WLFM N=37,573
Overall, How Well Cope with Responsibilities of Caregiving?		
Able to cope very well	53.7%	46.8%
Somewhat able to cope	35.5%	41.5%
Not able to cope very well	2.9%	7.4%
Not able to cope at all	0.2%	0.6%
Other* (NA, Refuse, DK)	7.8%	3.7%
Caregiver Health Status	**N=41,556**	**N=37,689**
Excellent	13.5%	15.6%
Very good	28.9%	29.5%
Good	33.7%	27.6%
Fair	18.9%	18.1%
Poor	4.8%	7.4%
Other* (DK, Ref, N/A)	<1%	1.5%

Note: Due to rounding, the totals of certain categories may sum to over 100%.

Life satisfaction at baseline

Life satisfaction among caregivers was measured using an 11-item life satisfaction scale. Large numbers on this scale suggested higher levels of well-being. As shown in **Table 17**, the largest proportion of respondents in both family groups was satisfied with life (38% among the SCFM and 35% of the WLFM). The smallest proportion of respondents in both groups was not at all satisfied with life (12% of both SCFM and WLFM). Among the SCFM, 34% were very satisfied with life, whereas 29% of WLFM were very satisfied with life. Respondents also were asked how satisfied they were with their lives on the day that they were interviewed. The largest proportion of respondents in the SCFM category (48%) responded that they were very satisfied with life today, whereas only 4% of the SCFM said that they were not at all satisfied with life today. The largest proportion of respondents in the WLFM group (48%) felt somewhat satisfied with life today. The smallest proportion of respondents (6%) from the WLFM group was not at all satisfied with life today.

Family member expectations at baseline

As shown in **Table 18**, caregivers were asked a series of questions about their expectations of Senior Companions or other in-home providers at the time of the baseline survey. Specifically, individuals were asked to answer whether a variety of factors would be important (yes/no) as they initiated visits with their Senior Companion or comparable provider. Over 93% of SCFM and almost 89% of WLFM thought that it was important for Senior Companions to provide the clients with companionship. Those in the WLFM group (53%) were more likely

than those in the SCFM group (33%) to answer that it was important for Senior Companions to prepare meals for the client. The next highest percentage of respondents in the SCFM group (65%) thought that it was important for Senior Companions to help the client by providing assistance with light chores; over 68% of WLFM felt similarly. The smallest proportion of respondents (26% of SCFM and 31% of WLFM, respectively) said that it was important for Senior Companions to help the client with phone calls.

Table 17. Self-Reported Life Satisfaction at Baseline

Life Satisfaction	SCFM N=41,205	WLFM N=37,110
Life Satisfaction on 0-11 Scale		
0-2.75 (not at all satisfied)	12.2%	11.5%
3-5.5 (somewhat satisfied)	15.9%	24.6%
6-8.25 (satisfied)	38.4%	34.6%
8.5-11(very satisfied)	33.6%	29.3%
Mean life satisfaction score	6.70	6.52
Are You Satisfied With Life Today?		
Very satisfied	48.1%	44.3%
Somewhat satisfied	47.3%	48.3%
Not at all satisfied	3.7%	6.2%
Other* (Refuse, DK)	<1%	1.2%

Note: Due to rounding, the totals of certain categories may sum to over 100%.

Table 18. Expectations of Family Members at Baseline

Type of Help Important for Senior Companions to Give	SCP N=41,445	WL Family N=37,573
Health/hygiene assistance	56.6%	61.0%
Light chores	64.6%	68.3%
Taken to medical appointments	55.2%	61.5%
Run errands	57.8%	61.0%
Meals prepared	33.3%	52.6%
Grocery shopping	44.7%	46.8%
Help with phone calls	25.9%	30.5%
Help with medications	34.7%	40.9%
Provide companionship	93.5%	88.9%
Help with paperwork	41.2%	35.1%

Note: Due to rounding, the totals of certain categories may sum to over 100%.

C.4. Client Weighted Three-Month Sample Description

The three-month client questionnaire was administered to the following three groups: (a) those newly matched with Senior Companions who served as the "intervention group" (Group 1, known as SCP), and two comparison groups, namely (b) those on a waiting list to receive SCP services (Group 2, known as WL), and (c) those who were currently receiving Senior Companion-like services (Group 3, known as Other agency) such as companionship, home visiting, short-term respite, meal preparation or assistance with personal care, and similar in-home services for the client.

The similarities and differences between the three groups are highlighted in the following section.

Gender and age at three-month follow-up

At three months, there was a similar proportion of female clients in the SCP group and the WL group (87% and 85%, respectively), whereas 78% of clients in the Other agency group were female. The average age of clients in the SCP group was 81 years old, compared with 80 years old for WL clients and 77 years old for Other agency clients. The minimum age of clients in all groups was 65 years old. The maximum age of clients in the SCP group was 96 years old, whereas the maximum age in the WL group was 98 years old, and in the Other agency group it was 93 years old. There was a greater proportion of Other agency clients (38%) in the 65 to 74 age range, compared with only 18% in the SCP group and 21% in the WL group. A little more than half of the SCP and WL clients (53%) were between the ages of 75 and 84, compared with 38% of Other agency clients. Twenty-nine percent of SCP clients were 85 or older, compared with 26% of WL clients and 19% of Other agency clients.

Race/ethnicity at three-month follow-up

As shown in **Table 19**, the racial backgrounds of the three groups of clients varied somewhat at three-month follow-up. In all groups, over half of the respondents reported being white. Eighty-two percent of SCP clients and 75% of WL clients indicated that they were white, whereas only 64% of Other agency clients were white. Notably, a higher proportion of African-American clients were reported in the Other agency group (35%), compared with those in the SCP and WL groups (both 14%). Fifteen percent of clients in the WL group indicated that they were of Hispanic or Latino descent, compared with 3% in both the SCP and Other agency groups. No other racial group was represented by more than 2% of the sample in all groups.

Table 19. Demographic Characteristics of Clients at Three-Month Follow-up

Characteristics	SCP Client N=21,948	WL Clients N=11,181	Other Agency Clients N=20,993
Gender			
Male	13.4%	14.6%	22.3%
Female	86.6%	85.4%	77.7%
Refusal	0%	0%	0%
Age			
65-74	18.1%	20.9%	37.7%
75-84	53.4%	53.0%	43.6%
85+	28.5%	26.1%	18.7%
Average age	81.0	79.5	77.2
Race			
White	82.1%	75.2%	63.9%
African American	13.5%	14.2%	35.0%
Other (includes Asian, American Indian or Alaskan Native, and Pacific Islander)	1.3%	1.9%	1.2%
Don't know	1.7%	1.6%	0%
Refusal	1.7%	1.6%	0%
Ethnicity			
Hispanic/Latino	3.0%	14.5%	3.3%

* Percentages may not total 100% due to rounding and because respondents were able to select more than one race.

Note: Reported race percentages are from baseline results for the subsample that responded at three months.

Marital status/living arrangements at three-month follow-up

Results from **Table 20** indicate that there were a few differences in the types of living situations among the three groups at three months. Twenty-two percent of clients in the Other agency group indicated that they were married, compared with 16% of WL clients and 9% of SCP clients. A higher proportion of clients in the SCP group and WL group (70% and 65%, respectively) reported being widowed as compared with clients in the Other agency group (62%). A similar proportion of clients in all groups reported being divorced/separated and never married. At least two-thirds of the respondents in all groups reported living alone. Approximately 86% of SCP clients reported living alone, compared with 67% of WL clients and 66% of Other agency clients. In all groups, clients who reported living with someone were most likely to live with their spouse or their children. Fifty-seven percent of Other agency clients indicated living with a spouse, whereas only 52% of SCP clients and 45% of WL clients lived with their spouse. In contrast, approximately 42% of WL clients and 37% of SCP clients reported living with their children, compared with only 21% of Other agency clients. The other types of living arrangements included living with grandchildren, living with parents, living with siblings, living with other relatives, living with friends, living with a paid helper, and living with others. Clients in the Other agency group were more likely to live with grandchildren (16%), a sibling (6%), or other relative (7%) as compared with those in the SCP group (11%, 3%, and 1%,

respectively) and WL group (6%, 2%, and 5%, respectively). Four percent of WL clients reported living with a friend, whereas 2% of SCP clients lived with a friend and no Other agency clients reported living with a friend. Percentages of other types of living arrangements were similar across all groups.

Table 20. Type of Living Situation of Clients at Three-Month Follow-up

Living Situation	SCP Clients N=21,947	WL Clients N=11,181	Other Agency Clients N=20,993
Marital Status			
Married	9.0%	16.4%	21.5%
Divorced/Separated	16.3%	14.1%	13.6%
Widowed	70.2%	64.5%	61.8%
Never married	4.4%	5.0%	3.1%
Refused	0.1%	0%	0%
If Lives Alone			
Live alone	85.8%	67.2%	65.8%
Living Arrangement (Among Those Not Living Alone)	**N=3,106**	**N=3,669**	**N=7,190**
Live with spouse	51.5%	44.6%	57.1%
Live with children	37.0%	41.8%	21.4%
Live with grandchildren	11.0%	5.8%	15.6%
Other (includes parents, siblings, other relatives, friends, paid helpers, and others)	11.8%	12.7%	20.2%
Don't know	0%	0%	0%
Refused	0%	0%	0%

* Percentages may not total 100% due to rounding and because respondents were able to select more than one living arrangement.

Type of community at three-month follow-up

When asked what type of community clients resided in, the majority of respondents in all three groups indicated that they lived in a large city (population >250,000) or a town (population between 2,500 and 50,000). Over half of the Other agency group clients reported living in a large city compared with approximately one-third of those in the SCP group (29%) and 21% of WL clients. Thirty percent of SCP clients reported living in a town, whereas 20% of WL and Other agency clients stated that they lived in this type of community. More than one-fourth of SCP and WL clients (26% and 29%, respectively) indicated that they lived in a small city (population 50,000 - 250,000), compared with only 5% of clients in the Other agency group. A similar proportion (13% or less) of clients across all three groups indicated living in a rural area (population 0 - 2,500). A greater proportion of WL clients (9%) reported living in a suburb of a large city as compared with SCP and Other agency clients (3% and 4%, respectively). It should be noted that these findings are from baseline results for the subsample that responded at three months.

Education at three-month follow-up

As shown in **Table 21**, approximately two-thirds of clients in all three groups did not have an education beyond high school. A little more than 40% of SCP and WL clients reported having a less than high school education, compared with only 27% of Other agency clients. Forty percent of Other agency clients graduated from high school, whereas less than 30% of SCP and WL clients attained this educational level. A little more than 30% of clients in all three groups had some college education; however, less than 10% of clients in each group were college graduates or had some postgraduate education. It should be noted that these findings are from baseline results for the subsample responding at three months.

Table 21. Level of Education of Clients at Three-Month Follow-up

Level of Education	SCP Clients N=21,948	WL Clients N=11,181	Other Agency Clients N=20,993
Less than high school	41.1%	42.2%	27.0%
High school graduate	27.2%	23.8%	39.7%
Some college	23.4%	23.7%	24.4%
College graduate/some postgraduate school	8.2%	8.8%	6.1%
Don't know	0.1%	1.3%	0%
Refusal	0.1%	0.2%	2.9%

* Percentages may not total 100% due to rounding.

Note: Reported educational status percentages are from baseline results for the subsample that responded at three months.

Self-reported general health status at three-month follow-up

Results from **Table 22** indicate that over half of the clients across groups stated that they were in fair/poor health for self-reported health status. A higher proportion of SCP clients (19%) reported being in excellent/very good health as compared with WL and Other agency clients (11% and 15%, respectively). Over one-third of SCP and WL clients reported being in somewhat worse or much worse health than they had been a year earlier, compared with 30% of Other agency clients. At least 40% of clients in all groups reported that their health was about the same as last year. Forty-six percent of clients in the WL group stated that physical health problems interfered with social activities quite a bit/extremely, whereas 38% of Other agency clients and 33% of SCP clients reported this way. Emotional problems did not have as great an impact on interfering with social activities as did physical health problems. Twenty percent or less of the clients in each group felt that emotional problems interfered with social activities quite a bit/extremely in the past month. Clients in the Other agency group (17%) indicated the highest percentage of having emotional problems as compared with SCP and WL clients (9% and 12%, respectively).

Table 22. Health Status of Clients at Three-Month Follow-up

Current Health Status Measure	SCP Clients N=21,948	WL Clients N=11,181	Other Agency Clients N=20,993
Self-Reported Health			
Excellent health	8.6%	2.4%	1.4%
Very good health	10.4%	9.0%	14.0%
Good health	26.5%	21.4%	28.7%
Fair health	33.2%	25.9%	28.4%
Poor health	20.8%	36.8%	27.5%
Don't know/refused	0.4%	4.5%	0%
Current Health Compared with Health One Year Ago			
Much better health	6.5%	7.7%	4.2%
Somewhat better health	11.3%	11.9%	15.1%
Same health	42.8%	40.4%	51.3%
Somewhat worse health	29.1%	25.2%	16.8%
Much worse health	9.8%	12.9%	12.7%
Don't know/refused	0.5%	1.9%	0%
Extent to Which Physical Health Problems Interfered with Social Activities During Past Month			
Not at all interfered	24.2%	15.7%	31.2%
Slightly interfered	22.2%	11.2%	17.8%
Moderately interfered	17.6%	22.5%	12.7%
Interfered quite a it	18.3%	24.6%	19.0%
Extremely interfered	14.7%	20.9%	19.3%
Don't know/refused	3.0%	5.2%	0%
Extent to Which Emotional Problems Interfered with Social Activities During Past Month			
Not at all interfered	49.8%	38.2%	53.4%
Slightly interfered	23.4%	27.0%	18.8%
Moderately interfered	15.3%	14.5%	9.2%
Interfered quite a bit	7.2%	5.9%	12.6%
Extremely interfered	1.9%	6.3%	4.6%
Don't know/refused	2.5%	8.1%	1.5%
If Limited in Daily Activities During Past Month as a Result of Physical Health	**N=21,895**	**N=10,977**	**N=20,706**
Percent reporting yes	71.1%	70.1%	51.6%

* Percentages may not total 100% due to rounding.

Approximately 70% of WL clients and SCP clients and 52% of Other agency clients reported that they were limited in their daily activities as a result of (poor) physical health.

Self-reported functional status at three-month follow-up

As shown in **Table 23**, SCP, WL, and Other agency clients generally reported that they had some degree of instrumental activities of daily living (IADL) and activities of daily living (ADL) limitations at the time of the three-month survey. IADL items included the following seven items: ability to use the telephone, get to places outside of walking distance, go shopping, prepare meals, do housework, take medications, and manage money. Respondents answered each question regarding the extent to which they could do the activity without help (2), with some help (1), or were totally unable to do the activity (0). Larger numbers suggested higher levels of IADL function. As can been seen in Table 5, there was a small difference between IADL scores among the three client groups. On average, SCP clients scored a 10.3 (slightly IADL impaired), WL clients scored a 9.5 (between somewhat IADL impaired and slightly IADL impaired), and Other agency clients scored a 10.2 (slightly IADL impaired). Forty-four percent of WL clients and 37% of Other agency clients indicated that they were very IADL impaired/somewhat impaired, whereas only 30% of SCP clients felt that they were very IADL impaired/somewhat impaired. Thirty-nine percent of Other agency clients reported being not at all IADL impaired, compared with approximately 30% of SCP and WL clients.

Table 23. Self-Reported Functional Status of Clients at Three-Month Follow-up

Functional Status Measures	SCP Clients N=21,795	WL Clients N=10,945	Other Agency Clients N=20,706
Instrumental Activities of Daily Living (IADL) Functional Status Summary Score (range=0-14, where 0=fully impaired and 14=not at all impaired)			
Very impaired (0-5)	5.6%	10.4%	6.1%
Somewhat impaired (6-9)	24.5%	33.7%	31.0%
Slightly impaired (10-11)	39.8%	25.0%	24.1%
Not impaired (12-14)	30.1%	30.9%	38.8%
Average IADL functional status score	10.3	9.5	10.2
Activities of Daily Living (ADL) Functional Status Summary Score (range=0-12, where 0=fully impaired and 12=not at all impaired)			
Very impaired (0-5)	1.3%	2.8%	3.6%
Somewhat impaired (6-9)	12.6%	20.3%	12.5%
Slightly impaired (10)	6.8%	23.3%	18.2%
Not impaired (11-12)	79.3%	53.6%	65.7%
Average ADL functional status score	11.0	10.4	10.7

* Percentages may not total 100% due to rounding.

ADL activities included the following six items: eating, dressing/undressing, grooming, walking, getting in and out of bed, and taking a bath or shower. Again respondents answered each question by responding that they were able to do the activity without any help (2), needed some help (1), or were totally unable to do the activity (0). Larger numbers suggested higher levels of ADL function. On average, SCP clients scored in the not ADL impaired range (11.0), whereas WL and Other agency clients scored between slightly ADL impaired and not ADL impaired (10.4 and 10.7, respectively). WL clients (23%) reported a higher proportion of being very/somewhat impaired than those in the SCP (14%) and Other agency (16%) groups. More SCP clients (79%) reported not being ADL impaired as compared with WL and Other agency clients (54% and 66%, respectively).

Self-reported medical conditions at three-month follow-up

As shown in **Table 24**, the mean number of medical conditions reported (on average 1.0) was similar across all groups. Thirty-three percent of WL clients and 29% of Other agency clients reported two or more medical conditions, compared with 26% of SCP clients. There were several differences in the proportion of SCP, WL, and Other agency clients to have a given medical condition. There was a noticeable difference between SCP clients (18%) who had diabetes and clients in the WL and Other agency groups who reported having diabetes (27% and 34%, respectively). In contrast, 38% of SCP clients reported having a heart attack/heart condition, compared with 25% of WL clients and 17% of Other agency clients. Similarly, a higher proportion of SCP clients (20%) reported having a stroke as compared with WL and Other agency clients (13% and 4%, respectively). Twelve percent of SCP clients reported having cancer (not including skin), compared with 7% of WL clients and 5% of Other agency clients. Prevalence rates were within 5% for clients who reported having emphysema/asthma/ pulmonary disease and for those requiring an oxygen tank to breathe.

Table 24. Self-Reported Health Condition of Clients at Three-Month Follow-up

Medical Condition Measure	SCP Clients N=219125	WL Clients N=10,978	Other Agency Clients N=20,706
Number of Medical Conditions			
Reported 0 medical conditions	33.2%	44.0%	49.3%
Reported 1 medical condition	41.3%	23.3%	21.4%
Reported 2 medical conditions	15.5%	20.7%	19.5%
Reported 3 medical conditions	3.0%	8.9%	9.8%
Reported 4 or more medical conditions	7.0%	3.1%	0%
Average number of medical conditions	1.2	1.1	.90
Type of Medical Condition Diagnosed With			
Had diabetes	18.4%	27.0%	33.7%
Had cancer (not including skin)	12.0%	6.7%	5.1%
Had emphysema/asthma/pulmonary disease	18.0%	19.8%	17.1%
Had a stroke	19.8%	13.4%	4.0%
Had a heart attack/heart condition	37.5%	25.3%	17.1%
Currently used oxygen to breathe	14.9%	12.1%	12.9%

* Percentages may not total 100% due to rounding.

Self-reported mental status at three-month follow-up

As shown in **Table 25**, overall, SCP clients were more satisfied with life as compared with WL and Other agency clients. More than half of SCP clients (63%) reported being satisfied/very satisfied with life, compared with half of Other agency clients and 33% of WL clients. In contrast, about two-thirds of WL clients were not at all satisfied or very dissatisfied with life, compared with half of Other agency clients and only 37% of SCP clients. On average, clients in all three groups scored in the slightly depressed range on the depression scale. However, SCP clients were less depressed than were WL and Other agency clients. A little more than half of Other agency clients and approximately 43% of WL clients were somewhat/significantly depressed, compared with only 22% of SCP clients.

Table 25. Self-Reported Mental Status of Clients at Three-Month Follow-up

Mental Status Measure	SCP Clients N=21,095	WL Clients N=10,655	Other Agency Clients N=20,217
Life Satisfaction Scale (range 0-11, with 0=very low satisfaction with life and 11=very high satisfaction with life)			
Not at all satisfied (0 through 2.75)	8.7%	22.4%	17.9%
Somewhat dissatisfied (3 through 5.5)	28.2%	44.1%	32.4%
Satisfied (6 through 8.25)	48.3%	28.5%	32.9%
Very satisfied (8.6 through 11)	14.8%	4.9%	16.8%
Average life satisfaction measure	6.2	4.7	5.8
Self-Reported Depression Scale (range 0--9, with 0=not depressed and 9=significantly depressed)	**N=21,641**	**N=10,842**	**N=20,706**
Not depressed (0 through 1.9)	31.2%	20.0%	36.9%
Slightly depressed (2 through 3.9)	47.1%	37.4%	22.4%
Somewhat depressed (4 through 5.8)	14.2%	18.7%	28.8%
Significantly depressed (6 through 9)	7.5%	24.0%	11.9%
Average depression measure	2.6	3.7	3.1

* Percentages may not total 100% due to rounding.

Hospital and nursing home utilization at three-month follow-up

Results from **Table 26** indicate that a higher proportion of SCP clients (26%) reported staying in a hospital for at least an overnight stay during the past three months as compared with WL and Other agency clients (14% and 13%, respectively). Of those with a hospital stay, more than two-thirds of SCP and WL clients had visited the hospital only one time, whereas a little less than half of Other agency clients reported visiting the hospital only one time. More than 20% of WL and Other agency clients indicated that they had stayed in the hospital for two stays, compared with 18% of SCP clients. Thirty percent of Other agency clients had three or more hospital stays, 11% of SCP clients had been in the hospital for three or more stays, and only 4% of WL clients had been admitted to the hospital three or more times within the past three months.

Less than 12% of clients in all groups reported staying in a nursing home during the past three months (SCP and WL, 11% and Other agency clients, 6%). Of those with a nursing home stay, all WL and Other agency clients had been admitted to a nursing home one time only, compared with 83% of SCP clients. Five percent of SCP clients who reported having a nursing home stay stated that they had been admitted to a nursing home three or more times during the past three months.

Table 26. Prior Hospital and Nursing Home Utilization of Clients at Three-Month Follow-up

Health Care Utilization Measures	SCP Clients N=21,913	WL Clients N=10,977	Other Agency Clients N=20,706
If Any Hospital Stay During Past Three Months			
Percent reporting yes	26.1%	14.4%	12.8%
# of Hospital Admissions (Among Those with a Stay)			
Had 1 admission	80.9%	67.7%	47.3%
Had 2 admissions	8.2%	28.8%	20.4%
Had 3+ admissions	10.9%	3.5%	32.3%
If Any Nursing Home Stay During Past Three Months			
Percent reporting yes	1.5%	0.4%	1.7%
# of Nursing Home Admissions (Among Those with a Stay)			
Had 1 admission	99.7%	100.0%	100.0%
Had 2 admissions	0%	0%	0%
Had 3+ admissions	0.3%	0%	0%

* Percentages may not total 100% due to rounding.

C.5. Family Weighted Three-Month Sample Description

This weighted data report will elaborate on the SCP and WL family caregivers' demographic characteristics at three months.

Age and gender at three-month follow-up

As shown in **Table 27**, slightly over 67% of the caregivers in the family intervention group (described below as the SCFM group) and 73% of the caregivers in the group of family members whose relatives were on a waiting list to receive SCP services (descried below as the WLFM group) were female. In the SCFM group, the average age of caregivers was 61 years. In the WLFM group, the average age of family caregivers was 57 years of age. Less than one-fourth of the respondents in both caregiver groups reported being less than 40 years of age. Only 6% of the respondents in the SCFM group and 14% of the respondents in the WLFM group

reported that they were less than 40 years of age. The highest percentage of respondents in the SCFM group reported that they were between 40 and 60 years of age. Among WLFM, the highest percentage of caregivers reported that they were 61 to 80 years of age, with 42% responding that they were in this age group.

Table 27. Family Demographic Characteristics at Three-Month Follow-up

Characteristics	SCFM N=20,485	WLFM N=13,641
Gender		
Male	32.9%	26.7%
Female	67.1%	73.3%
Age		
<40	5.5%	13.7%
40-60	47.2%	39.7%
61-80	42.4%	42.1%
81+	4.9%	3.2%
Average age	61.1 years	56.7 years
Race		
White	72.6%	76.4%
African American	22.8%	16.3%
Other* (Asian, Indian, Pacific Islander, DK, Ref)	3.1%	5.8%
Ethnicity		
Hispanic	1.0%	9.0%

* Significant at $p < .05$.

Note: Due to rounding, the totals of certain categories may sum to over 100%.

Race/ethnicity at three-month follow-up

The majority of caregivers in both the SCFM and WLFM groups reported that they were white when asked their race. Over 73% of SCFM caregivers and 76% of WLFM were white. A slightly higher percentage of SCFM reported that they were African American when compared with WLFM. In the SCFM group, 23% of caregivers were African American. Among those in the WLFM group, 16% reported that they were African American. Also, notably, 9% of WLFM reported that they were Hispanic, whereas only 1% of SCFM reported the same.

Marital status/living situation at three-month follow-up

As shown in **Table 28**, at the three-month follow-up, 65% of the SCFM and 67% of the WLFM reported that they were married. Close to 15% of the SCFM and 8% of the WLFM reported that they were divorced or separated. A similar percentage of caregivers in both groups reported that they were widowed, with 8% of SCFM and 9% of WLFM reporting that their spouse had died. A higher percentage of SCFM reported that they lived alone, with 25% of the SCFM versus 11% of the WLFM who reported the same. In terms of whom they shared their

homes with, a large percentage of caregivers in both groups reported that their spouse was currently living with them. Over 77% of the SCFM and 75% of the WLFM reported that they shared their home with a spouse. Similar percentages of caregivers in both groups shared their homes with their children. Over 36% of SCFM reported that one or more of their children shared a home with them. Over 34% of WLFM respondents lived with their children. A higher percentage of WLFM lived with their parent. Over 29% of WLFM lived with their parent, versus the 15% of the SCFM who reported that they lived with a parent.

Table 28. Marital Status and Living Arrangement of Family Members at Three-Month Follow-up

Living Situation	SCFM N=20,486	WLFM N=13,641
Marital Status		
Married	65.2%	67.3%
Divorced/separated	15.0%	7.9%
Widowed	8.2%	9.4%
Never married	11.5%	13.8%
Living Alone		
Yes	24.9%	10.8%
No	73.3%	88.4%
Who Lives with You?		
Spouse	77.5%	74.5%
Children	36.9%	34.5%
Parents	15.1%	29.3%
Other* (grandchildren, friends, other, siblings)	11.0%	10.3%

* Significant at $p < .05$.

Note: Due to the nature of the question, the total percents for this category sum to over 100%.

Caregiver coping and health status at three-month follow-up

As shown in **Table 29**, when asked how well they coped with the responsibilities of caregiving overall, 66% of SCFM answered that they were "able to cope very well." However, among those in the WLFM group, 42% answered that they were "able to cope very well" with the responsibilities of caregiving. This represents a response difference of 24% between the two groups. The highest number of WLFM answered that they were "somewhat able to cope" with the responsibilities of caregiving, with 45% of WLFM responding in this way, versus the 31% of SCFM who answered the same. A higher percentage of WLFM caregivers reported that they were "not able to cope at all with the responsibilities of caregiving," with 10% responding in this manner, as compared with the 2% who responded in this manner in the SCFM group.

When asked how they thought their health was in general, a higher number of SCFM reported that their health was "Excellent" or "Very Good" as compared with the WLFM. Among the SCFM, 16% said that their health was "Excellent" and 28% said that their health was

"Very Good." In the WLFM group, 11% said that their health was "Excellent" and 25% said that their health was "Very Good." A higher percentage of WLFM reported their health as being "Fair" as compared with the SCFM group. Over 32% of WLFM reported that their health was "Fair," versus the 15% of SCFM who reported that their health was "Fair."

Table 29. Caregiver Coping and Health Status at Three-Month Follow-up

Caregiver Coping	SCFM N=20,454	WLFM N=13,571
Overall, How Well Cope with Responsibilities of Caregiving?		
Able to cope very well	65.7%	41.7%
Somewhat able to cope	31.1%	45.0%
Not able to cope very well	1.6%	10.0%
Not able to cope at all	0%	1.5%
Other* (NA, Refuse, DK)	1.6%	1.7%
Caregiver Health Status		
Excellent	15.5%	11.1%
Very good	27.8%	24.8%
Good	26.4%	27.0%
Fair	15.3%	32.1%
Poor	13.3%	5.1%
Other* (DK, Refuse, NA)	1.2%	0%

* Significant at $p < .05$.

Note: Due to rounding, the totals of certain categories may sum to over 100%.

Life satisfaction at three-month follow-up

As shown in **Table 30**, life satisfaction among caregivers was also measured using an 11-point Likert scale, with 11 representing the highest amount of satisfaction with life and 0 representing the lowest amount of satisfaction with life. We divided the responses into the following four quartiles: "not at all satisfied," "somewhat satisfied," "satisfied," or "very satisfied." The largest proportion of SCFM respondents indicated that they were satisfied with life. In contrast, the highest percentage of WLFM respondents stated that they were somewhat satisfied with life. The second largest proportion of respondents in the SCFM group was very satisfied with life. Similarly, the second largest proportion of respondents in the WLFM group was satisfied with life.

Table 30. Family Satisfaction with Life at Three-Month Follow-up

Life Satisfaction	SCFM N=20,150	WLFM N=13,456
Life Satisfaction on 0-11 Scale		
0-2.75 (not at all satisfied)	17.0%	18.4%
3-5.5 (somewhat satisfied)	19.4%	28.7%
6-8.25 (satisfied)	33.5%	27.0%
8.5-11(very satisfied)	30.2%	25.8%
Are You Satisfied with Life Today?		
Very satisfied	50.5%	39.5%
Somewhat satisfied	45.2%	53.5%
Not at all satisfied	3.4%	6.6%
Other* (Refuse, DK)	<1%	<1%

* Significant at $p < .05$.

Note: Due to rounding, the totals of certain categories may sum to over 100%.

When asked the question, "Are you satisfied with life today?" a larger proportion of SCFM than WLFM answered that they were very satisfied with life on the day they were interviewed. Over 50% of the SCFM sample responded that they were very satisfied with life, whereas 40% of WLFM were very satisfied with life. The largest proportion of respondents from the WLFM sample stated that they were somewhat satisfied with life (54%). Slightly over 45% of the SCFM sample stated that they were somewhat satisfied with life on the day of their interview. Very few respondents from either group said that they were not at all satisfied with life.

C.6. Client Nine-Month Weighted Sample Description

The nine-month client questionnaire was administered to the following three groups: (a) those newly matched with Senior Companions who served as the "intervention group" (Group 1, known as SCP), and two comparison groups, namely (b) those on a waiting list to receive SCP services (Group 2, known as WL), and (c) those who were currently receiving Senior Companion-like services (Group 3, known as Other agency) such as companionship, home visiting, short-term respite, meal preparation or assistance with personal care, and similar in-home services for the client.

The similarities and differences between the three groups are highlighted in the following section.

Gender and age at nine-month follow-up

As shown in **Table 31**, there was a similar proportion of SCP and WL female clients (86% and 89%, respectively), whereas fewer Other agency clients were female (71%). Similarly, on average, clients in the SCP and WL groups were slightly older (80 years old for both) than those in the Other agency group (78 years old). The minimum age of clients in all

groups was 66 years old. The maximum age of clients in the SCP group was 96 years old, whereas the maximum age in the WL group was 91 years old, and in the Other agency group it was 94 years old. There was a similar proportion of clients across groups in the 65 to 74 and 75 to 84 age categories. Twenty-nine percent of SCP and WL clients were 85 or older, compared with 24% of Other agency clients.

Race/ethnicity at nine-month follow-up

The racial backgrounds of the three groups of clients varied somewhat at nine months. Seventy-three percent of SCP clients and 74% of WL clients indicated that they were white, whereas only 51% of Other agency clients reported this way. Notably, a higher proportion of African-American clients were reported in the Other agency group (43%) as compared with those in the SCP and WL groups (both 17%). Eighteen percent of clients in the WL group indicated that they were of Hispanic or Latino descent, compared with 9% of SCP clients and no Other agency clients. Seven percent of Other agency clients reported being American Indian or Alaskan Native, compared with 1% of both SCP and WL clients. No other racial group was represented by more than 2% of the sample in all groups.

Table 31. Demographics Characteristics of Clients at Nine-Month Follow-up

Characteristics	SCP Clients N=11,872	WL Clients N=6,047	Other Agency Clients N=14,245
Gender			
Male	13.9%	11.0%	29.1%
Female	86.1%	89.0%	70.9%
Refusal	0%	0%	0%
Age			
65-74	26.0%	22.8%	28.4%
75-84	44.6%	48.2%	47.9%
85+	29.4%	29.0%	23.7%
Average age	80.4	80.1	78.2
Race			
White	72.8%	74.3%	50.5%
African American	17.2%	17.2%	42.5%
Other (includes Asian, American Indian or Alaskan Native, and Pacific Islander)	0.6%	1.7%	7.0%**
Don't know	7.2%	3.7%	0%
Refusal	7.2%	3.7%	0%
Ethnicity			
Hispanic/Latino	8.5%	18.5%	0%

* Percentages may not total 100% due to rounding and because respondents were able to select more than one race.

** All 7% of Other agency clients were American Indian/Alaskan Native.

Note: Reported race percentages are from baseline results for the subsample that responded at nine months.

Marital status/living arrangement at nine-month follow-up

Results from **Table 32** indicate that there were a few differences in the types of living situations among the three groups at nine months. A higher proportion of WL and Other agency clients indicated that they were married (18% and 15%, respectively) as compared with SCP clients (10%). Approximately 8% of SCP and WL clients stated being divorced/separated, whereas 14% of Other agency clients reported this way. A higher proportion of SCP clients reported being widowed (76%) as compared with WL and Other agency clients (69% and 71%, respectively). Five percent of SCP and WL clients said that they were never married, whereas no Other agency clients reported this way. More than half of the respondents in all groups reported living alone. Approximately 83% of SCP clients reported living alone, 76% of WL clients lived alone, and 58% of Other agency clients lived alone. In all groups, clients who reported living with someone were most likely to reside with their spouse or their children. Sixty-two percent of WL clients indicated living with a spouse, whereas only 49% of SCP clients and 36% of Other agency clients lived with their spouse. Approximately 40% of SCP and Other agency clients reported living with their children, compared with only 22% of WL clients. The other types of living arrangements included living with grandchildren, living with parents, living with siblings, living with other relatives, living with friends, living with a paid helper, and living with others. A higher proportion of SCP and Other agency clients reported living with grandchildren (13% and 12%, respectively) as compared with WL clients (3%). Approximately 9% of WL and Other agency clients indicated living with a sibling, whereas 2% of SCP clients reported this way. Percentages of other types of living arrangements were similar across all groups.

Community setting at nine-month follow-up

When asked what type of community clients resided in, the majority of respondents in all three groups indicated that they lived in a large city (population >250,000), or a town (population between 2,500 and 50,000). Over half of the Other agency group clients (52%) reported living in a large city, compared with approximately one-third of those in the SCP and WL groups (29% and 31%, respectively). Twenty-six percent of WL clients reported living in a town, whereas approximately 22% of SCP and Other agency clients stated that they lived in this type of community. Approximately 23% of SCP and WL clients indicated that they lived in a small city (population 50,000–250,000), compared with only 7% of clients in the Other agency group. A similar proportion (12% or less) of clients across all three groups indicated living in a rural area (population 0–2,500). Approximately 6% of SCP and WL clients reported living in a suburb of a large city, compared with 3% of Other agency clients. It should be noted that these findings are from baseline results for the subsample that responded at nine months.

Education at nine-month follow-up

As shown in **Table 33**, approximately two-thirds of clients in all groups did not have an education beyond high school. Forty-seven percent of SCP clients and 44% of WL clients reported having a less than high school education, compared with 32% of Other agency clients. Thirty percent of Other agency clients graduated from high school, whereas less than 30% of SCP and WL clients (22% and 26%, respectively) attained this educational level. Although more than 27% of clients in all three groups had some college education, less than 10% of clients in

each group were college graduates or had some postgraduate education. It should be noted that these findings are from baseline results for the subsample responding at nine months.

Table 32. Type of Living Situation of Clients at Nine-Month Follow-up

Living Situation	SCP Clients N=11,872	WL Clients N=6,047	Other Agency Clients N=14,245
Marital Status			
Married	9.9%	17.7%	15.4%
Divorced/Separated	7.9%	8.7%	13.7%
Widowed	75.7%	68.5%	71.0%
Never married	5.4%	5.1%	0%
Refused	0.1%	0%	0%
If Lives Alone			
Live alone	82.8%	76.1%	57.7%
Living Arrangement (Among Those not Living Alone) (N=9,361)			
Live with spouse	49.2%	61.6%	36.3%
Live with children	37.4%	21.9%	40.4%
Live with grandchildren	12.6%	3.3%	12.0%
Other (includes parents, siblings, other relatives, friends, paid helpers, and others)	11.4%	17.9%	15.0%
Don't know	0%	0%	0%
Refused	0%	0%	0%

* Percentages may not total 100% due to rounding and because respondents were able to select more than one living arrangement.

Table 33. Level of Education of Clients at Nine-Month Follow-up

Level of Education	SCP Clients N=11,872	WL Clients N=6,047	Other Agency Clients N=14,245
Less than high school	47.4%	43.6%	31.9%
High school graduate	22.1%	25.6%	29.7%
Some college	22.3%	20.1%	31.9%
College graduate/some postgraduate school	7.4%	6.9%	3.4%
Don't know	0.3%	3.0%	0%
Refusal	0.4%	0.8%	3.1%

* Percentages may not total 100% due to rounding.

Note: Reported educational status percentages are from baseline results for the subsample that responded at nine months.

Self-reported general health status at nine-month follow-up

Results from **Table 34** indicate that over half of the clients across groups stated that they were in fair/poor health for self-reported health status. Sixty-five percent of SCP clients, 59% of WL clients, and 56% of Other agency clients reported being in fair/poor health. A higher proportion of WL clients (14%) reported being in excellent/very good health as compared with SCP and Other agency clients (10% and 7%, respectively). Approximately one-third of clients in all groups reported being in somewhat worse/much worse health than a year earlier. A greater percentage of SCP clients (19%) reported being in much better health/somewhat better health than they had been in a year earlier compared with WL and Other agency clients (12% and 14%, respectively). At least 48% of clients in all groups reported that their health was about the same as last year. Forty percent of clients in the SCP group stated that physical health problems interfered with social activities quite a bit/extremely, whereas 35% of WL clients and 19% of Other agency clients reported this way. Emotional problems did not have as great an impact on interfering with social activities as did physical health problems. Twenty percent or less of the clients in each group felt that emotional problems interfered with social activities quite a bit/extremely in the past month. Clients in the WL group (19%) indicated the highest percentage of having emotional problems as compared with SCP and Other agency clients (13% and 6%, respectively). Approximately 65% of clients across groups reported that they were limited in their daily activities as a result of (poor) physical health.

Self-reported functional status at nine-month follow-up

As shown in **Table 35**, SCP, WL, and Other agency clients generally reported that they had some degree of IADL and ADL limitations at the time of the nine-month survey. IADL items included the following seven items: ability to use the telephone, get to places outside of walking distance, go shopping, prepare meals, do housework, take medications, and manage money. Respondents answered each question regarding the extent to which they could do the activity without help (2), with some help (1), or were totally unable to do the activity (0). Larger numbers suggest higher levels of IADL function. As can been seen in Table 5, there was a small difference between IADL scores among the three client groups. On average, SCP clients scored a 10.2 (slightly IADL impaired), WL clients scored a 9.6, and Other agency clients scored a 9.9 (both between somewhat IADL impaired/slightly IADL impaired). Fifty-two percent of WL clients and 44% of Other agency clients indicated that they were very IADL impaired/somewhat impaired, compared with 37% of SCP clients who reported this way. Twenty-eight percent of SCP clients reported being not at all IADL impaired, compared with 23% of Other agency clients and 19% of WL clients.

ADL activities included the following six items: eating, dressing/undressing, grooming, walking, getting in and out of bed, and taking a bath or shower. Again respondents answered each question by responding that they were able to do the activity without any help (2), needed some help (1), or were totally unable to do the activity (0). Larger numbers suggest higher levels of ADL function. On average, clients across groups scored in between the slightly ADL impaired/not ADL impaired range (SCP, 10.8; WL, 10.5; and Other agency, 10.4, respectively). A similar proportion of clients across groups reported being very ADL impaired/somewhat ADL impaired (approximately 19%). More SCP clients (69%) reported being not ADL impaired as compared with WL and Other agency clients (60% and 63%, respectively).

Table 34. Health Status of Clients at Nine-Month Follow-up

Current Health Status Measure	SCP Clients N=11,872	WL Clients N=6,047	Other Agency Clients N=14,245
Self-Reported Health			
Excellent health	1.5%	6.0%	0%
Very good health	8.8%	8.4%	6.7%
Good health	23.6%	25.6%	37.8%
Fair health	35.1%	24.8%	22.2%
Poor health	30.1%	34.1%	33.3%
Don't know/refused	0.9%	1.1%	0%
Current Health Compared with Health One Year Ago			
Much better health	6.9%	1.0%	3.5%
Somewhat better health	11.9%	10.7%	10.4%
Same health	48.4%	53.2%	52.7%
Somewhat worse health	27.5%	23.9%	27.5%
Much worse health	2.8%	7.5%	5.9%
Don't know/refused	2.5%	3.7%	0%
Extent to Which Physical Health Problems Interfered with Social Activities During Past Month			
Not at all interfered	14.5%	28.4%	50.3%
Slightly interfered	18.1%	17.0%	14.7%
Moderately interfered	18.2%	9.9%	13.7%
Interfered quite a bit	24.6%	21.3%	15.6%
Extremely interfered	15.3%	13.3%	3.3%
Don't know/refused	9.3%	10.2%	2.4%
Extent to Which Emotional Problems Interfered with Social Activities During Past Month			
Not at all interfered	53.7%	47.0%	74.2%
Slightly interfered	15.7%	19.2%	17.0%
Moderately interfered	13.1%	14.2%	2.7%
Interfered quite a bit	10.0%	16.7%	6.1%
Extremely interfered	3.2%	2.0%	0%
Don't know/refused	4.4%	1.0%	0%
If Limited in Daily Activities During Past Month as a Result of Physical Health			
Percent reporting yes	64.2%	66.5%	64.7%

* Percentages may not total 100% due to rounding.

Table 35. Self-Reported Functional Status Clients at Nine Months

Functional Status Measures	SCP Clients N=11,872	WL Clients N=5,981	Other Agency Clients N=14,245
Instrumental Activities of Daily Living (IADL) Functional Status Summary Score (range=0-14, where 0=fully impaired and 14=not at all impaired)			
Very impaired (0-5)	4.3%	1.9%	3.2%
Somewhat impaired (6-9)	32.7%	50.5%	41.0%
Slightly impaired (10-11)	34.4%	28.1%	32.6%
Not impaired (12-14)	28.6%	19.4%	23.1%
Average IADL functional status score	10.2	9.6	9.9
Activities of Daily Living (ADL) Functional Status Summary Score (range=0-12, where 0=fully impaired and 12=not at all impaired)			
Very impaired (0-5)	1.1%	1.0%	4.8%
Somewhat impaired (6-9)	17.7%	17.1%	14.3%
Slightly impaired (10)	12.2%	22.1%	18.5%
Not impaired (11-12)	69.0%	59.8%	62.5%
Average ADL functional status score	10.8	10.5	10.4

* Percentages may not total 100% due to rounding.

Self-reported medical conditions at nine-month follow-up

As shown in **Table 36**, the mean number of medical conditions reported (on average, 1.0) was similar across all groups. Thirty-eight percent of WL clients and 33% of SCP clients reported two or more medical conditions, compared with 23% of Other agency clients. A little more than half of Other agency clients reported having no medical condition, whereas 43% of WL clients and 40% of SCP clients reported this way. There were several differences in the proportion of SCP, WL, and Other agency clients to have a given medical condition. There was a noticeable difference between WL clients who had diabetes and cancer (not skin) (37% and 12%, respectively) and clients in the SCP and Other agency groups who reported having these conditions (23% and 6%, and 23% and 8%, respectively). Twenty-one percent of SCP clients reported using an oxygen tank to breathe, whereas 13% of WL clients and 10% of Other agency clients reported this way. A greater percentage of SCP and Other agency clients (18% and 20%, respectively) reported having emphysema/asthma/pulmonary disease as compared with WL clients (13%). More than 30% of SCP and WL clients (37% and 34%, respectively) reported having a heart attack/heart condition, whereas 21% of Other agency clients reported having this condition. Prevalence rates were within 5% for clients who reported having a stroke.

Table 36. Self-Reported Health Condition of Clients at Nine-Month Follow-up

Medical Condition Measure	SCP Clients N=11,855	WL Clients N=5,929	Other Agency Clients N=14,245
Number of Medical Conditions			
Reported 0 medical conditions	39.5%	42.5%	50.9%
Reported 1 medical condition	27.4%	19.5%	26.0%
Reported 2 medical conditions	16.3%	20.3%	6.3%
Reported 3 medical conditions	13.5%	12.2%	13.8%
Reported 4 or more medical conditions	3.3%	5.5%	3.1%
Average number of medical conditions	1.1	1.2	.92
Type of Medical Condition Diagnosed with			
Had diabetes	22.6%	37.3%	23.4%
Had cancer (not including skin)	6.2%	12.3%	7.6%
Had emphysema/asthma/pulmonary disease	17.8%	12.8%	19.5%
Had a stroke	9.4%	10.3%	11.2%
Had a heart attack/heart condition	36.9%	34.1%	20.5%
Currently used oxygen to breathe	21.0%	13.1%	9.9%

* Percentages may not total 100% due to rounding.

Self-reported mental status at nine-month follow-up

As shown in **Table 37**, Other agency clients generally were more satisfied with life as compared with SCP and WL clients. More than half of Other agency clients (66%) and SCP clients (59%) reported being satisfied/very satisfied with life, compared with 41% of WL clients. In contrast, more than half of WL clients (59%) were not at all satisfied/somewhat dissatisfied with life, compared with 42% of SCP clients and 34% of Other agency clients. On average, clients in all three groups scored in the slightly depressed range on the depression scale. However, Other agency clients were less depressed than were SCP and WL clients. More than one-third of WL clients and approximately 28% of SCP and Other agency clients were somewhat/significantly depressed. Thirty-three percent of Other agency clients reported being not depressed, compared with 20% of WL clients and 18% of SCP clients.

Table 37. Self-Reported Mental Status of Clients at Nine-Month Follow-up

Mental Status Measure	SCP Clients N=11,127	WL Clients N=5,902	Other Agency Clients N=13,588
Life Satisfaction Scale (range 0-11, with 0=very low satisfaction with life and 11=very high satisfaction with life)			
Not at all satisfied (0 through 2.75)	9.6%	24.5%	8.3%
Somewhat dissatisfied (3 through 5.5)	31.9%	34.9%	26.1%
Satisfied (6 through 8.25)	50.0%	28.0%	42.2%
Very satisfied (8.6 through 11)	8.6%	12.6%	23.4%
Average life satisfaction measure	6.0	5.3	6.5
Self-Reported Depression Scale (range 0-9, with 0=not depressed and 9=significantly depressed)			
Not depressed (0 through 1.9)	18.0%	20.2%	33.6%
Slightly depressed (2 through 3.9)	40.6%	32.7%	36.5%
Somewhat depressed (4 through 5.8)	21.5%	21.1%	23.2%
Significantly depressed (6 through 9)	7.1%	17.5%	4.8%
Average depression measure	3.0	3.4	2.7

* Percentages may not total 100% due to rounding.

Hospital and nursing home utilization at nine-month follow-up

Results from **Table 38** indicate that a higher proportion of WL and Other agency clients (25% for both) reported staying in a hospital for at least an overnight stay during the past nine months as compared with SCP clients (20%). Of those with a hospital stay, more than two-thirds of SCP and Other agency clients had visited the hospital only one time, whereas a little less than half of WL clients reported visiting the hospital only one time. More than 20% of SCP and WL clients indicated that they had stayed in the hospital for two stays, compared with no Other agency clients. Thirty-four percent of Other agency clients had three or more hospital stays, 29% of WL clients had been in the hospital for three or more stays, and only 4% of SCP clients had been admitted to the hospital three or more times within the past nine months. Five percent or less of clients in all groups reported staying in a nursing home during the past nine months (SCP, 4%; WL, 5%; and Other agency clients, 1%, respectively). Of those with a nursing home stay, all WL and Other agency clients had been admitted to a nursing home one time only, compared with 76% of SCP clients. Twenty-four percent of SCP clients who reported having a nursing home stay stated that they had been admitted to a nursing home two times. No clients reported three or more nursing home stays during the past nine months.

The units of time being compared at baseline and nine months varied for the two comparisons. More specifically, the baseline utilization questions asked about the prior 12 months, whereas the nine-month follow-up questions asked about the prior nine months.

Table 38. Prior Hospital and Nursing Home Utilization of Clients at Nine-Month Follow-up

Health Care Utilization Measures	SCP Clients N=11,822	WL Clients N=5,981	Other Agency Clients N=14,245
If Any Hospital Stay During Past Three Months			
Percent reporting yes	20.1%	25.3%	24.6%
# of Hospital Admissions (Among Those with a Stay)			
Had 1 admission	68.9%	48.9%	66.3%
Had 2 admissions	27.3%	22.3%	0%
Had 3+ admissions	3.8%	28.9%	33.7%
If Any Nursing Home Stay During Past Three Months			
Percent reporting yes	4.3%	4.9%	1.1%
# of Nursing Home Admissions (Among Those with a Stay)			
Had 1 admission	75.9%	100.0%	100.0%
Had 2 admissions	24.1%	0%	0%
Had 3+ admissions	0%	0%	0%

* Percentages may not total 100% due to rounding.

C.7. Family Nine-Month Weighted Sample Description

Age and gender

As shown in **Table 39**, slightly over 75% of the caregivers in the SCFM group and 77.8% of the caregivers in the WLFM group were female at the time of the nine-month follow-up survey. The average age of family caregivers in the SCFM group was 57 years of age. In the WLFM group, the average age of family caregivers was 56 years of age. Only 9% of the respondents in the SCFM group and 19% of the respondents in the WLFM group reported that they were less than 40 years of age. The highest percentage of respondents in both groups reported that they were between 40 and 60 years of age, with 53% of the SCFM and 59% of the WLFM group reporting this way. For more details, see **Table 39**.

Race/ethnicity

As shown in **Table 39**, the racial backgrounds of the two groups of family caregivers were slightly different. In both groups, the highest number of respondents reported that they were white. Of the respondents in the SCFM group, 65% were white. Of the respondents in the WLFM group, 70% were white, 5% higher than in the SCFM group. There was a much higher percentage of African Americans in the SCFM group (25%) relative to the WLFM group (11%), a difference of 14% between the two groups. Conversely, in the WLFM group there were a higher number of respondents who reported that they were of Hispanic descent (11%) as compared with the SCFM group (<1%).

Table 39. Family Demographic Characteristics at Nine-Month Follow-up

Characteristics	SCFM N=11,202	WLFM N=6,127
Gender		
Male	24.9%	22.2%
Female	75.1%	77.8%
Age		
<40	8.8%	9.4%
40-60	52.6%	58.5%
61-80	38.1%	24.3%
81+	<1%	7.8%
Average age	57.4 years	56.2 years
Race		
White	70.8%	71.2%
African American	25.4%	11.3%
Other* (Asian, Indian, Pacific Islander, DK, Ref)	2.7%	4.5%
Ethnicity		
Hispanic	<1%	11.4%

* Significant at $p < .05$.

Note: Due to rounding, the totals of certain categories may sum to over 100%.

Marital status/living situation

As shown in **Table 40**, over 52% of the caregivers in the SCFM group and almost 60% of the caregivers in the WLFM group were married. The percentage of SCFM who answered that they were married was 8% lower than the percentage of WLFM who reported being married. The percentage of respondents who answered that they were divorced was higher in the WLFM group, with 26% in this group reporting that they were divorced or separated, versus the 18% of those in the SCFM group reporting the same. A higher percentage of those in the SCFM group were widowed, with 16% in the SCFM group versus 5% in the WLFM group who reported that they were widowed. In the SCFM group, 23% of respondents were living alone, versus the 18% of respondents who were living alone in the WLFM group. The percentage of those who shared their homes with a spouse was 68% among those in the SCFM group, and 62% of those in the WLFM group reported that they shared their homes with their spouses. A higher percentage of those in the WLFM group shared their home with their parent (who is also most likely the Senior Companion or wait-list client), with 35% of those in the WLFM group versus 20% of those in the SCFM group sharing their homes with their parent.

Table 40. Family Marital Status/Living Arrangement at Nine-Month Follow-up

Living Situation	SCFM N=11,202	WLFM N=6,127
Marital Status		
Married	52.6%	59.1%
Divorced/separated	18.3%	25.8%
Widowed	16.0%	5.2%
Never married	13.1%	10.0%
Living Alone		
Yes	23.0%	18.1%
No	76.9%	81.9%
Who Lives with You?		
Spouse	67.6%	62.0%
Children	23.1%	24.5%
Parents	20.3%	34.9%
Other* (grandchildren, friends, other, siblings)	20.1%	6.4%

* Significant at $p < .05$.

Note: Due to the nature of the question, the total percents for this category sum to over 100%.

Caregiver coping and health status at nine-month follow-up

Respondents were also asked again how well they coped with the responsibility of caregiving. As shown in **Table 41**, among SCFM, the largest percentage of respondents answered that they were "able to cope very well" with the responsibilities of caregiving (50%). In the WLFM group, 50%, the highest percentage for that response among WLFM, reported that they were "somewhat able to cope" with the responsibilities of caregiving. Slightly more than 42% of SCFM reported that they were "somewhat able to cope" with the responsibilities of caregiving. Less than 1% of the respondents in the SCFM group and 6% of WLFM reported that they were "not able to cope at all."

As shown in **Table 41**, the highest percentage (47%) of respondents in the SCFM group reported that they were in "very good" health. The highest percentage (33%) of respondents in the WLFM group reported that they were in "good" health. A higher percentage of WLFM reported that they were in "poor" health at nine months when compared with SCFM. More specifically, 6% of SCFM and 18% of WLFM reported that they were in "poor" health. Over 12% of SCFM and 7% of WLFM reported that they were in "Excellent" health.

Table 41. Family Coping Ability and Health Status at Nine-Month Follow-up

Caregiver Coping	SCFM N=11,202	WLFM N=6,127
Overall, How Well Cope with Responsibilities of Caregiving?		
Able to cope very well	50.1%	41.5%
Somewhat able to cope	42.4%	50.0%
Not able to cope very well	<1%	6.1%
Not able to cope at all	2.0%	0%
Other* (NA, Refuse, DK)	5.2%	2.7%
Caregiver Health Status		
Excellent	12.2%	6.8%
Very good	26.5%	30.1%
Good	40.1%	33.1%
Fair	14.9%	11.8%
Poor	6.0%	18.2%

* Significant at $p < .05$.

Note: Due to rounding, the totals of certain categories may sum to over 100%.

Life satisfaction

Life satisfaction among caregivers was also measured using an 11-point Likert scale, with 11 representing the highest amount of satisfaction with life and 0 representing the lowest amount of satisfaction with life. As shown in **Table 42**, the highest percentage of respondents in the SCFM group was very satisfied with life. More specifically, almost 43% of the SCFM group and 25% of the WLFM group were very satisfied with life. Among WLFM, the highest percentage of respondents was somewhat satisfied with life. Specifically, almost 27% of WLFM and 25% of SCFM were somewhat satisfied with life. The lowest percentage of respondents in both groups was not at all satisfied with life. Specifically, 8% of SCFM and 23% of WLFM were not at all satisfied with life. Finally, respondents were asked how satisfied they were with their lives on the day that they were interviewed. The largest proportion of respondents (59%) in the SCFM category responded that they were very satisfied with life, whereas only 2% of SCFM said that they were not at all satisfied with life. The largest proportion (46%) of respondents in the WLFM group were "somewhat satisfied" with life, whereas the smallest percentage of respondents (15%) in the WLFM group were not at all satisfied with life.

Table 42. Family Self-Reported Life Satisfaction at Nine-Month Follow-up

Life Satisfaction	SCFM N=11,202	WLFM N=6,127
Life Satisfaction on 0-11 Scale		
0-2.75 (not at all satisfied)	8.3%	23.2%
3-5.5 (somewhat satisfied)	24.2%	24.9%
6-8.25 (satisfied)	24.7%	26.9%
8.5-11(very satisfied)	42.8%	25.1%
Are You Satisfied with Life Today?		
Very satisfied	58.8%	37.7%
Somewhat satisfied	34.7%	46.1%
Not at all satisfied	1.9%	14.6%
Other* (Refuse, DK)	4.7%	1.6%

* Significant at $p < .05$.

Note: Due to rounding, the totals of certain categories may sum to over 100%.

APPENDIX D1: *Agency Survey*

APPENDIX D1
Agency Survey

National Survey of the Senior Companion Program

Cross Sectional Agency Survey QxQs
June 21, 1999

This is text only for the items with any special issue.

General Instructions for Agency Interview:

In most cases, you will be interviewing the Volunteer Station Supervisor for the Senior Companion Program who is also an employee of the agency you are calling. Read the introduction/consent on first page before you begin with the questions.

During the interview: If the respondent refuses to answer a question during the interview, do not ask him/her to tell you the reason for refusing. However, if the respondent volunteers this information, record his/her comment(s) in the space provided next to the item.

Intent: The intent is to speak with the person who has been listed on your CATI screen. This person will be the agency employee who is also the Volunteer Station Supervisor for the Senior Companion Program.

Introduction: (Agency version)

Dial this number: (Agency's phone number will show on screen)
Hello, may I speak to (The volunteer supervisor's name will show on screen)?

Hello, my name is ____. I'm calling from Research Triangle Institute which is a nonprofit research organization based in North Carolina. We are working with the Corporation for National Service to conduct a national evaluation of the Senior Companion Program. Your agency has been randomly selected to participate in this research study. We are interested in learning what you think of the Senior Companion Program, and the extent to which the program has had an impact on your agency and the clients you serve. We sent you a letter a few days ago about the study. Did you receive it?

IF YES ⇨ As you may know from the letter, we want to create a national picture of how older Americans are able to take care of themselves at home. We also are interested in the impact of caregiving on the families/caregivers of the older adults whom we interview. Finally, we want to get your perceptions of the Senior Companion Program and find out how the program has affected your agency and the clients you serve.

IF NO ⇨ Well, here is a summary of what the letter stated. The purpose of the study is to learn how older adults stay healthy and able to continue living at home. We also are interested in the impact of caregiving on the families/caregivers of the older adults whom we interview. Finally, we want to learn about the impact of the Senior Companion program on the agencies that are affiliated with the program to find out how the program has affected agency personnel and clients served.

We're working with agencies like yours throughout the country that provide services to older adults. Your participation in this study is voluntary, but your answers will be very helpful to us. They will help us better understand the impact of the Senior Companion Program on the agencies and clients served. We will be asking you questions about your agency, the Senior Companions that you supervise, and your satisfaction with the services provided. All of your answers will be confidential, and will not be reported in any way that identifies you personally. You are one of only about 160 agency representatives from across the country whom we are asking to participate in the study, so your participation is very important.

The interview only takes about 30 minutes. I'd also like you to know that during the interview, you may refuse to answer any question I ask and you may end the interview at any time.

Do you have any questions about the study?

If you would like to talk to the director of this study for more information, her name is Dr. Donna Rabiner, and she can be reached either at (919) 541-1220 or through our toll free number at 1-800-3348571. You may also contact Ms. Barbara Moser at (919) 541-6083 if you have any questions about your rights as a study respondent. May we start the interview?

Time Began: _____AM_____PM

Introduction: Now that I have explained the purpose of this study, are you willing to participate?

If **YES**--I'd like to start by asking you a few questions about your agency.
If **NO**--Thank you for speaking with me. [and Exit the interview].

1. Which of the following best describes your agency: [READ; PICK ONLY ONE OPTION]

Non-profit home health care agency.....1
Non-profit agency on aging 2
Multi-purpose center.....3
Other social service center (describe) _____ 4
Public/congregate housing.....5
Other type of agency (describe) _____.....6
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the type of agency in which the respondent works.

Definition: "Non-profit home health care agency" is an agency that delivers in-home services to disabled and older adults. "Non-profit agency on aging" is an agency that plans for and/or delivers services to older adults. Area agencies on aging would be considered non-profit agencies on aging. "Multi-purpose center" is a center where different types of services are delivered to older adults. Senior Centers would be considered a multi-purpose center when they offer several different types of service to older adults. Multi-purpose center services available may include nutrition services (counseling and food), mental health services, recreation activities (such as bingo, dancing lessons, exercise classes etc.), and educational services. "Other social service center" includes, but is not limited, to local or county sponsored social service agencies that provide social services for adults of all ages. These centers tend to focus on the delivery of social services, but they generally will not offer as full a range of services as multi-purpose centers do. "Public/congregate housing" is an agency that provides housing for older adults. This housing may or may not be low-income housing. Most public/congregate housing units provide older adults with apartments, and some (but not all) of them also offer meal services in a public dining room. "Other type of agency" could be any type of agency not specifically listed above. Examples of "Other" types of agencies include meals-on-wheels providers, wellness centers, and churches.

Coding: Select only one option. If "Other social service center" or "Other type of agency" is selected, please describe the type of center in the comments section.

2. How many full-time equivalency (FTE) staff does your agency currently have in each of the following categories:

		Number (FTEs)	NA/DK	Refused
A)	Visiting nurses/public health nurses	_____	-1	99
B)	Home health aides/homemaker workers.....	_____	-1	99
C)	Specialized therapists (*physical therapists/ occupational therapists, speech therapists, etc.*)	_____	-1	99
D)	Social workers.....	_____	-1	99
E)	Physicians	_____	-1	99
F)	Other professionals (describe) _____	_____	-1	99

Intent: This question is designed to determine how many full time staff members with different background work at that agency.

Definition: "Full-time equivalency" means a 40-hour/week position. If two people share one full-time job (i.e., each person works 20 hours/week), then this would be equal to one full-time equivalency position. A "Visiting Nurse" or "Public Health Nurse" is a medical care provider who is licensed and trained to provide in-home nursing services to older adults. Nursing duties include but are not limited to the following: assistance in helping the client take medications; changing of dressings; assistance with special medical equipment/devices; and assistance in turning or rotating the client in his/her bed. A "Home health aide" or "Homemaker service" is a person who is less trained than a visiting or public health nurse, and will provide a more limited range of personal care services to clients. Home health aides may help with personal care tasks, such as bathing or dressing the client, transferring him/her in or out of bed, assistance with grooming, etc, rather than providing actual medical care to the client. Homemakers often provide assistance with chores, such as housecleaning and laundry, and they may provide meals and help with food preparation. Homemakers do not provide medical assistance to clients. "Specialized therapy" may include any of the following four therapies: physical therapy in the home, speech therapy in the home, occupational therapy in the home, or respiratory therapy in the home. Physical therapy is designed to help the person regain physical movement and functioning. Exercises are often taught to the client at home. Speech therapy is designed to help the client regain his/her ability to speak. Occupational therapy is designed to help the person to learn to move his/her hands, feet, legs, etc. in order to regain movement and provide rehabilitation to the client. Finally, respiratory therapy is designed to help the client breathe. Assistance with breathing devices, and exercises to improve breathing may be done during these at-home sessions. "Social workers" are individuals who are trained to provide counseling and support to individuals who are experiencing emotional difficulties (e.g., depression, adjustment to a major loss such as death of a relative, general sadness, etc). "Physicians" are medical doctors who are trained and licensed to deliver medical care and medications to

their patients. "Other professionals" may include (but are not limited) to the following: psychologists, physician's assistants, dentists, optometrists, audiologists, case workers, and other health care providers and staff who are trained and have received formal education to do the things that they are responsible for at the agency.

Coding: Write in a number for each type of service provider. In other words, fill in a numerical entry for each of the following sub-questions: 2a, 2b, 2c, 2d, 2e, and 2f.

3. What type of health or long-term care services does your agency provide for older adults? Does it provide .... [CHECK ALL THAT APPLY]

	Yes	No	NA/DK	Refused
A) Adult Day Care Services	1	0	-1	99
B) Senior Center Services	1	0	-1	99
C) Special Transportation *(van)*	1	0	-1	99
D) Home delivered meals such as Meals-on-Wheels	1	0	-1	99
E) Group meal program	1	0	-1	99
F) Visiting Nurse or Public Health Nurse Services	1	0	-1	99
G) Home Health Aide or Homemaker Services	1	0	-1	99
H) Physical Therapy Services	1	0	-1	99
I) Mental Health Services?	1	0	-1	99

Intent: This question is designed to determine the type(s) of services that are delivered to older adults by the named agency.

Definition: "Adult day care services" include activities that are provided to older adults during a period (generally between the hours of 8 am-5 pm) to stimulate them, and to provide a rest for the family members/caregivers who care for them at night. Activities included are arts and crafts, exercise classes, music therapy, and meal services. "Senior Center Services" are similar to adult day care services except that the older adults who come to senior centers may be somewhat more physically and mentally able than those who attend adult day care services. "Special transportation" services include special vans that take people to medical appointments and to other locations. "Home delivered meals" are meal services that provide hot lunches to older adults in their homes. These programs are often called Meals-on-Wheels. "Group meal program" is a lunch program where people come to a central location (sometimes a salvation army location, a YMCA, or a senior center) for a hot lunch. A "Visiting Nurse" or "Public Health Nurse" services include but are not limited to the following: assistance in helping the client take medications; changing of dressings; assistance with special medical equipment/devices; and assistance in turning or rotating the client in his/her bed. "Home health aide services" or "Homemaker service" include a more limited range of personal care services to clients. Home health aides may help with

personal care tasks, such as bathing or dressing the client, transferring him/her in or out of bed, assistance with grooming, etc, rather than providing actual medical care to the client. Homemakers often provide assistance with chores, such as housecleaning and laundry, and they may provide meals and help with food preparation. Homemakers do not provide medical assistance to clients. Physical therapy services designed to help the person regain physical movement and functioning. Exercises are often taught to the client at home. "Mental health services" are designed to provide counseling and support to individuals who are experiencing emotional difficulties (e.g., depression, adjustment to a major loss such as death of a relative, general sadness, etc).

Coding: Each sub-question should be answered. In other words, provide an answer to each of the following: Question 3a, 3b, 3c,...3i.

4. How long has your agency been involved in the Senior Companion Program?

_____ years

Not answered/DK..... -1
Refused 99

Intent: This question is designed to determine how long the named agency has been involved with the Senior Companion Program.

Coding: Convert the response into years. For example, if the respondent says 18 months, write 1.5 years.

5. How many senior companions does your volunteer station currently supervise in total?

_____ # of companions

Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the total number of senior companions who are currently being supervised by staff of this agency.

Definition: A volunteer station is the same thing as the agency. It is the name used to describe the fact that volunteers are stationed at this particular agency.

Coding: Write the total number of senior companions that are currently being supervised at that agency.

5a. Of these, how many senior companions provide services in the home setting?

_____ # of companions

Not answered/DK..... -1
Refused.....99

Intent: This more specific question is designed to determine the number of senior companions who provide services to older adults in the home setting.

Definition: Home includes a single family house, apartment, public housing project, or congregate housing center.

Coding: Only those senior companions who visit clients in their own homes should be counted here.

6. Approximately how many clients do these senior companions visit in total?

_____ # of clients

Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the total number of clients who are currently being served by all senior companions at that agency.

Definition: All clients served by all senior companions should be counted here.

Coding: Write the total number of clients that are currently being seen by senior companions from that agency.

6a. Of these, how many clients are seen in the home setting?

_____ # of clients

Not answered/DK..... -1
Refused.....99

Intent: This more specific question is designed to determine the number of clients who are currently being seen by senior companions in the home setting.

Definition: Home includes a single family house, apartment, public housing project, or congregate housing center.

Coding: Only those clients who are visited in their own homes should be counted here.

7. Does your agency have meetings where the status of clients is discussed?

Yes 1
No.....0 Skip to Q.8
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to assess whether the agency has meetings where clients and their health status are discussed.

Definition: Client status refers to the health and mental status of older adults served by the agency.

Coding: If the answer to this question is "Yes", go to question 7a. If the answer to this question is "No", skip to question 8.

7a. Which of the following types of people attend these sessions? [READ EACH RESPONSE OPTION]

	Yes	No	NA/DK	Refused
A) Staff nurses	1	0	-1	99
B) Staff home health aides	1	0	-1	99
C) Staff case managers	1	0	-1	99
D) Senior companions	1	0	-1	99
E) Volunteer station supervisors	1	0	-1	99
F) Other (specify): _____	1	0	-1	99

Intent: This question is designed to determine who attends meetings to discuss the status of clients.

Definition: Staff nurses are health care providers who provide nursing services to clients of the agency. Staff home health aides are health care workers that provide personal care services to older adults. Staff case managers are individuals who coordinate the care of older adults. These individuals can be social workers, or other staff but their responsibility is to coordinate and follow the care of their clients to be sure that they are being served well. Senior companions are the older volunteers who visit frail older adults in their homes. Volunteer station supervisors are the people who are responsible for supervising the senior companions. Most likely, the person you are interviewing is the volunteer station supervisor. Other individuals who might attend these sessions may include, but are not limited to the following: physicians, psychiatrists, psychologists, nutritionists, physical therapists, audiologists, pharmacists, etc.

Coding: Please respond to each sub-question. More specifically, respond Yes/No/NA/DK or Refused to sections a, b, c, d, e and f of this question. Only those individuals who answered "Yes" to question 7 should be asked these questions.

8. Which of the following types of people are involved in developing care plans for clients being served? [READ EACH RESPONSE OPTION]

	Yes	No	NA/DK	Refused
A) Staff nurses	1	0	-1	99
B) Staff home health aides	1	0	-1	99
C) Staff case managers	1	0	-1	99
D) Senior companions	1	0	-1	99 If response = 1, Go to Q8a
E) Volunteer station supervisors	1	0	-1	99
F) Other (specify): _____	1	0	-1	99

Intent: This question is designed to determine who helps to develop the care plans for clients being served by senior companions and/or other agency staff.

Definition: Care plans are written health or social service plans that are written by agency personnel. The services that are supposed to be provided to the client are listed in this care plan. Staff nurses are health care providers who provide nursing services to clients of the agency. Staff home health aides are health care workers that provide personal care services to older adults. Staff case managers are individuals who coordinate the care of older adults. These individuals can be social workers, or other staff but their responsibility is to coordinate and follow the care of their clients to be sure that they are being served well. Senior companions are the older volunteers who visit frail older adults in their homes. Volunteer station supervisors are the people who are responsible for supervising the senior companions. Most likely, the person you are interviewing is a supervisor. Other individuals who might attend these sessions may include, but are not limited to the following: physicians, psychiatrists, psychologists, nutritionists, physical therapists, audiologists, pharmacists, etc.

Coding: Please respond to each sub-question. More specifically, respond Yes/No/NA/DK or Refused to sections a, b, c, d, e and f of this question. If the response to Question 8, section D is Yes, then go to Question 8a. Otherwise, go to question 8d.

NOTE: SKIP TO Q. 9 UNLESS RESPONSE TO Q8D=1

8a. How involved are senior companions in the development of client care plans?

Very involved.....1
Somewhat involved.....2
Not very involved 3
Not answered/DK..... -1
Refused.....99

Intent: This question is asked of those who stated that senior companions are involved in the development of client care plans. This question is designed to determine how involved senior companions are in the actual development of these client plans.

Definition: Involved means that the senior companions participate in deciding what health and social services the client will receive. Very involved means that they provide a substantial amount of input into the development of client care plans. Somewhat involved means that they provide some input into the development of client care plans. Not very involved means that they do not provide very much input into the development of client care plans.

Coding: Select only one response option. Only ask this question if the response to Question 8, subquestion D=Yes.

9. This next question asks about the frequency with which Senior Companions perform various duties for their clients. Would you say that Senior Companions assist your clients often, sometimes, or not at all with the following tasks? [READ EACH ITEM IN LIST; SELECT ONE RESPONSE PER ITEM]

	Often	Sometimes	Not at All	NA/DK	Refused
A) Providing personal care assistance (*help dressing, eating, grooming, etc.*)	2	1	0	-1	99
B) Assisting with light chores	2	1	0	-1	99
C) Taking clients to medical appointments	2	1	0	-1	99
D) Running errands	2	1	0	-1	99
E) Preparing meals	2	1	0	-1	99
F) Going grocery shopping	2	1	0	-1	99
G) Making phone calls for clients	2	1	0	-1	99
H) Reminding clients to take medicine	2	1	0	-1	99
I) Assisting with paperwork	2	1	0	-1	99
J) Keeping clients company	2	1	0	-1	99
K) Being there in case of an emergency	2	1	0	-1	99
L) Assisting family/caregivers by giving them time off	2	1	0	-1	99
M) Other (specify): _____	2	1	0	-1	99

Intent: This question is designed to determine the frequency with which Senior Companions perform various duties for agency clients.

Definition: "Personal assistance" includes help in eating, dressing, toileting, getting in and out of bed, and bathing. "Light chores" includes things such as laundry and doing the dishes. "Take clients to medical appointments" includes driving to medical appointments, and/or accompanying the respondent to medical appointments. "Help you take medicine" includes things such as reminding the respondent to take his/her medicine, helping him/her to open the bottle, getting him/her a glass of water to take with the medicine, and/or telling him/her the proper dosage to take. "Help with paperwork" includes but is not limited to opening the mail, paying bills, filling out forms, and reading and understanding different documents. "Be there in case of an emergency" means that the Senior Companion is there to offer support in the event of an urgent need. "Assist by giving a family member/caregiver time off" means that the Senior Companion provides respite services to the family member/caregiver by allowing him/her to go out for a few hours while the Senior Companion is visiting. "Often" means the task is regularly performed. "Sometimes" means that the task is sometimes but not always done. "Not often" means that the task is rarely done.

Coding: Each part of question 9 should be answered. Either "Often" "Sometimes" or "Not at all" should be selected for each and every sub-question (i.e., Question 9.a, 9.b, 9.c.... should be asked and coded for each response.

10. The next question asks about the frequency with which Senior Companions provide various types of assistance to [agency]. Would you say that Senior Companions assist your agency often, sometimes, or not at all with the following activities...?. [READ EACH ITEM IN LIST; SELECT ONE RESPONSE PER ITEM]

	Often	Sometimes	Not at all	NA/DK	Refused
A) Attending case management meetings	2	1	0	-1	99
B) Notifying staff of client changes	2	1	0	-1	99
C) Serving as the "eyes and ears" of agency	2	1	0	-1	99
D) Freeing up staff time to see other agency clients	2	1	0	-1	99
E) Providing an additional staff resource to the agency	2	1	0	-1	99
F) Serving as client advocates (*i.e., ask for what client may need from agency*)	2	1	0	-1	99
G) Directly communicating with family members	2	1	0	-1	99
H) Other (specify): _____	2	1	0	-1	99

Intent: This question is designed to determine how often Senior Companions provide various types of assistance to the named agency.

Definition: Attending case management meetings means that they participate in discussions and attend agency meetings where the status of clients is discussed. Notifying staff of client changes means that they alert agency staff when they think that the health or mental status of one of their clients has changed. Serving as the "eyes and ears" of the agency means that they serve as the agency assistant by watching and listening to the clients that they serve to ensure that the clients are safe and well taken care of. Freeing up staff time to see other agency clients means that they offer assistance to some agency clients so that agency staff can focus on other clients not being helped by the senior companion. Providing additional staff resource to the agency means that they provide assistance by being an extra person on the agency team, thus making it easier to get things done at the agency. Serving as client advocates means that they take the best interests of the client into account, and they try to ensure that the client is getting the services and support he/she needs. Directly communicating with family members means that they help the agency by directly communicating with the client's next of kin. Other can include anything else that the senior companion does for the agency, including assistance with paperwork, making telephone calls for the agency, etc.

11. This next question asks about the frequency with which various agencies and individuals request Senior Companion Program services. Would you say that Senior Companion Program services are requested often, sometimes, or not at all by the following agencies and individuals? [READ EACH RESPONSE OPTION; CHOOSE BEST RESPONSE CATEGORY PER ITEM]

	Often	Sometimes	Not at all	NA/DK	Refused
A) Other health/social service agencies	2	1	0	-1	99
B) Family members	2	1	0	-1	99
C) Client self-referrals	2	1	0	-1	99
D) Other senior companions	2	1	0	-1	99
E) Hospitals/Nursing Homes	2	1	0	-1	99
F) Other (specify): _____	2	1	0	-1	99

Intent: This question is designed to determine how often other agencies and individuals call their agency to request the help of a Senior Companion.

Definition: "Other health/social service agencies" include community health and social services providers in the area served by the named agency. Examples would include home health agencies and local mental health centers. "Family members" include relatives of potential clients who are interested in having a Senior Companion stay with their relative. "Client self-referrals" are contacts from the individuals who actually want to receive Senior Companion services. "Other senior companions" would be Senior Companions who call the agency to find out

whether potential clients could benefit from the Senior Companion Program. "Hospitals/nursing homes" are hospitals or nursing home facilities that may have clients who are ready to go home and would benefit from having a Senior Companion visit them at home. "Other" could include any other person/agency that wants to learn more about the Senior Companion program. Included in this list could be friends of potential clients, or physicians of potential clients.

Coding: Please ask each sub-question and mark the best single response per item.

11a. You mentioned (READ REFERRAL SOURCES MENTIONED IN THE PRECEDING QUESTION). Which one of these is the **primary** referral source for Senior Companion Program services? [READ EACH RESPONSE OPTION; PICK BEST ONE RESPONSE]

	Yes	No	NA/DK	Refused
A) Other health/social service agencies	1	0	-1	99
B) Family members	1	0	-1	99
C) Client self-referrals	1	0	-1	99
D) Other senior companions	1	0	-1	99
E) Hospitals/Nursing Homes	1	0	-1	99
F) Other (specify): _____	1	0	-1	99

Intent: This question is designed to determine the primary (major) referral source for Senior Companion Program services

Definition: "Other health/social service agencies" include community health and social services providers in the area served by the named agency. Examples would include home health agencies and local mental health centers. "Family members" include relatives of potential clients who are interested in having a Senior Companion stay with their relative. "Client self-referrals" are contacts from the individuals who actually want to receive Senior Companion services. "Other senior companions" would be Senior Companions who call the agency to find out whether potential clients could benefit from the Senior Companion Program. "Hospitals/nursing homes" are hospitals or nursing home facilities that may have clients who are ready to go home and would benefit from having a Senior Companion visit them at home. "Other" could include any other person/agency that wants to learn more about the Senior Companion program. Included in this list could be friends of potential clients, or physicians of potential clients.

Coding: Only one response option should be selected.

12. Does the referral source affect the likelihood that a senior companion will be assigned or does it make no difference? (For example, do some referral sources have priority over others)? [PICK ONLY ONE OPTION]

Referral source affects the likelihood of getting a companion 1
Referral source makes no difference.....0
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine whether clients are more likely to get senior companion services if they are referred to the program by a particular source (that has priority over others).

Definition: Referral source is the person or agency that calls to request a senior companion. Referral source affects the likelihood of getting a companion means that some referral sources have more influence and success in obtaining senior companion services than others. Referral source makes no difference means that no referral sources have preferences or carry more influence in obtaining senior companion services relative to others.

Coding: Select only one response option.

13. Which of the following types of agency personnel initially match senior companions with clients? [READ EACH RESPONSE OPTION; CHOOSE ALL THAT APPLY]

	Yes	No	NA/DK	Refused
A) Volunteer station supervisor	1	0	-1	99
B) Other agency staff	1	0	-1	99
C) Senior Companion Program Director	1	0	-1	99
D) Other (specify): _____	1	0	-1	99

Intent: This question is designed to determine which types of agency personnel are responsible for determining which senior companion gets matched (placed) with which client.

Definition: Volunteer station supervisors are the people who are responsible for supervising the senior companions. Most likely, the person you are interviewing is the volunteer station supervisor. Other agency staff can include nursing staff, case workers, the office manager, etc. The Senior Companion Program Director is the person who is in charge of the Senior Companion Program. This person generally is not a staff member of the agency. Other may include any other individuals, such as social service agency staff, nursing staff, physicians, etc.

Coding: Indicate either Yes/No/NA/DK or Refused for each sub-question.

14. Is there currently a waiting list for the Senior Companion Program at your agency?

Yes 1
No.....0 →Skip to Q.15
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine whether there is currently a waiting list for Senior Companions at the named agency.

Coding: If the answer to this question is "Yes", go to question 14a. If the answer to this question is No, go to question 15.

14a. How many names are now on the waiting list?

_____ Clients currently on the Senior Companion Program waiting list

Not answered/DK..... -1
Refused.....99

Intent: This question asks how many people are currently waiting to receive Senior Companion program services at their agency.

Coding: This question should only be asked of people who answer "Yes" to question 14. Enter the numerical value for the number of clients currently on the Senior Companion program waiting list at their agency.

15. Do clients get assigned Senior Companions based on.... [READ OPTIONS; CHECK ALL THAT APPLY]

Health status (*extent of illness*) 1
Socioeconomic status.....2
First come, first serve listing.....3
Geographic location.....4
Other (specify): _____ 5
Not answered/DK..... -1
Refused.....99

Intent: This very important question determines how clients are selected to obtain senior companion services.

Definition: Health status means that clients are selected to obtain senior companion services based on poor health status (i.e., those that are most frail and in need get services first). Socioeconomic status means that clients with few financial resources are given senior companion program services first (which are free to them). First come, first serve listing means that those who ask for assistance get services in the order in which they were requested (i.e., there is a listing, and the first person on the list gets services first, the second person on the list gets services second, etc). Geographic location means that senior companions are placed in locations that are close to their homes. More specifically, they will be matched with clients who live closest to the senior companion's home (so that it is not too difficult for the senior companion to travel there).

Coding: Check all that apply.

16. Approximately what percentage of your clients with Senior Companions also receive other home- or community-based services?

_____%

Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the percentage of clients that both receive Senior Companion services and other home- or community-based services.

Definition: Home- and community-based services include services such as home health care, meals on wheels, senior center services, and homemaker services.

Coding: Type in the actual percentage reported (if a range is listed, pick the midpoint; for example, if the respondent says "between 10-20%, list 15%).

17. Which of the following types of training and supervision does your agency provide to Senior Companions? [READ EACH OPTION; CHECK ALL THAT APPLY]

	Yes	No	NA/DK	Refused
A) Pre-service orientation	1	0	-1	99
B) Ongoing in-service training	1	0	-1	99
C) Regular supervisory meetings	1	0	-1	99
D) Crisis management training	1	0	-1	99
E) Other (specify): _____	1	0	-1	99

Intent: This question is designed to determine the types of training and supervision that are provided on-site at the agency.

Definition: "Pre-service orientation" is the initial training of Senior Companions and orientation to both the Senior Companion Program and the named agency. "Ongoing in-service training" is the monthly in-service training that is required for Senior Companions. This training may include educational information about taking care of older adults, administrative details about the Senior Companion Program, and discussion of other community services available to clients. "Regular supervisory meetings" are routine meetings that take place between the Senior Companions and the agency (volunteer station) supervisors. "Crisis management training" is specific training that it conducted in order to address a particular problem/challenge. Stress management training, or training for how to deal with difficult clients could be possible topics for this type of session. "Other" might include any other supervision or training, such as guest speakers on a particular topic, or special events sponsored by the agency that benefit Senior Companions.

Coding: Please ask each part of question 17. Indicate Yes/No/NA/DK or Refused for each part of the question.

18. You mentioned (READ TRAINING/SUPERVISION TYPES PROVIDED BY YOUR AGENCY IN THE PRECEDING QUESTION). Which one type of training and supervision has been **most** important in helping Senior Companions to carry out their client service functions? [READ ALL CATEGORIES; SELECT ONLY ONE RESPONSE]

A) Pre-service orientation training.....1
B) Ongoing in-service training 2
C) Regular supervisory meetings with companions 3
D) Crisis management training for companions 4
E) Other (specify): _____ 5
F) Not answered/DK..... -1
G) Refused.....99

Intent: This question is designed to determine which **one** type of training and supervision provided on-site has been the most important in helping the Senior Companion carry out his/her assigned client service functions.

Definition: "Pre-service orientation" is the initial training of Senior Companions and orientation to both the Senior Companion Program and the named agency. "Ongoing in-service training" is the monthly in-service training that is required for Senior Companions. This training may include educational information about taking care of older adults, administrative details about the Senior Companion Program, and discussion of other community services available to clients. "Regular supervisory meetings" are routine meetings that take place between the Senior Companions and the agency (volunteer station) supervisors. "Crisis management training" is specific training that it conducted in order to address a particular problem/challenge. Stress management training, or training

for how to deal with difficult clients could be possible topics for this type of session. "Other" might include any other supervision or training, such as guest speakers on a particular topic, or special events sponsored by the agency that benefit Senior Companions.

Coding: Choose only one response option.

Now I'd like to ask you some questions about your general satisfaction with the Senior Companion Program services.

19. How satisfied are you with your Senior Companions' ability to provide assistance with your clients' personal care needs (*e.g., help dressing them, getting them in and out of bed, help with grooming, etc.*)? Would you say that you are.... [READ LIST; RECORD ONE RESPONSE]

Very satisfied 3
Somewhat satisfied 2
Not at all satisfied 1
Not applicable.....0
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the respondent's satisfaction with the Senior Companions' ability to provide personal care assistance to agency clients.

Definition: "Very satisfied" means that the respondent is very pleased with the Senior Companions' ability to provide personal care assistance to agency clients. "Somewhat satisfied" means that the respondent is satisfied only some of the time with the Senior Companions' ability to provide assistance with their clients' personal care needs. "Not at all satisfied" means that the respondent is not at all satisfied with the ability of Senior Companions' to provide personal care services to their clients.

Code: Choose only one response option.

20. How satisfied are you with your Senior Companions' ability to provide transportation to help your clients meet their needs? Would you say that you are [READ LIST; RECORD ONE RESPONSE]

Very satisfied 3
Somewhat satisfied 2
Not at all satisfied 1
Not applicable.....0
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the respondent's satisfaction with the Senior Companions' ability to provide transportation assistance to agency clients.

Definition: "Very satisfied" means that the respondent is very pleased with the Senior Companions' ability to provide transportation assistance to agency clients. "Somewhat satisfied" means that the respondent is satisfied only some of the time with the Senior Companions' ability to provide transportation assistance. "Not at all satisfied" means that the respondent is not at all satisfied with the ability of Senior Companions' to provide transportation services to their clients.

Code: Choose only one response option.

21. How satisfied are you with your Senior Companions' ability to prepare meals to meet your clients' needs? Would you say that you are .... [READ LIST; RECORD ONE RESPONSE]

Very satisfied 3
Somewhat satisfied 2
Not at all satisfied 1
Not applicable.....0
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the respondent's satisfaction with the Senior Companions' ability to prepare meals for agency clients.

Definition: "Very satisfied" means that the respondent is very pleased with the Senior Companions' ability to prepare meals for agency clients. "Somewhat satisfied" means that the respondent is satisfied only some of the time with the Senior Companions' ability to prepare meals for their clients. "Not at all satisfied" means that the respondent is not at all satisfied with the ability of Senior Companions' to prepare meals for their clients.

Code: Choose only one response option.

22. How satisfied are you with your Senior Companions' ability to listen, visit, and be a companion to your clients? Would you say that you are .... [READ LIST; RECORD ONE RESPONSE]

Very satisfied 3
Somewhat satisfied 2
Not at all satisfied 1
Not applicable.....0
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the respondent's satisfaction with the Senior Companions' ability to be a companion to agency clients.

Definition: "Very satisfied" means that the respondent is very pleased with the Senior Companions' ability to listen, visit and be a companion to agency clients. "Somewhat satisfied" means that the respondent is satisfied only some of the time with the Senior Companions' ability to listen, visit and be a companion to agency clients. "Not at all satisfied" means that he respondent is not at all satisfied with the ability of Senior Companions' to listen, visit and be a companion to agency clients.

Code: Choose only one response option.

23. How satisfied are you with your Senior Companions' ability to help give family members/caregivers some time for themselves (*i.e., to run errands, to have lunch with a friend, etc.*)? Would you say that you are .... [READ LIST; RECORD ONE RESPONSE]

Very satisfied 3
Somewhat satisfied 2
Not at all satisfied 1
Not applicable.....0
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the respondent's satisfaction with the Senior Companions' ability to help family members/caregivers by giving them some time off for themselves.

Definition: "Very satisfied" means that the respondent is very pleased with the Senior Companions' ability to provide respite services (time off) for family members/caregivers. "Somewhat satisfied" means that the respondent is satisfied only some of the time with the Senior Companions' ability to provide respite services (time off) for family members/caregivers. "Not at all satisfied" means that the respondent is not at all satisfied with the ability of Senior Companions' to provide respite services (time off) for family members/caregivers.

Code: Choose only one response option.

24. Currently, how satisfied are you with the reliability of your Senior Companions (*i.e., does he/she come on time, come on the right day(s), stay for the correct amount of time, etc.*)? Would you say that you are .... [READ LIST; RECORD ONE RESPONSE]

Very satisfied 3
Somewhat satisfied 2
Not at all satisfied 1
Not applicable.....0
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the respondent's satisfaction with the Senior Companions' reliability.

Definition: "Very satisfied" means that the respondent is very pleased with the Senior Companions' reliability. "Somewhat satisfied" means that the respondent is satisfied only some of the time with the Senior Companions' reliability. "Not at all satisfied" means that the respondent is not at all satisfied with the reliability of Senior Companions.

Code: Choose only one response option.

25. Currently, how satisfied are you with the amount of time your clients spend with Senior Companions? Would you say that you are .... [READ LIST; RECORD ONE RESPONSE]

Very satisfied 3
Somewhat satisfied 2
Not at all satisfied 1
Not applicable.....0
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the respondent's satisfaction with the amount of time that agency clients spend with Senior Companions.

Definition: "Very satisfied" means that the respondent is very pleased with the amount of time that agency clients spend with Senior Companions. "Somewhat satisfied" means that the respondent is satisfied only some of the time with the amount of time that agency clients spend with Senior Companions. "Not at all satisfied" means that the respondent is not at all satisfied with the amount of time that agency clients spend with Senior Companions.

Code: Choose only one response option.

26. Currently, how satisfied are you with the ability of your Senior Companions to be courteous and polite? Would you say that you are .... [READ LIST; RECORD ONE RESPONSE]

Very satisfied 3
Somewhat satisfied 2
Not at all satisfied 1
Not applicable.....0
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the respondent's satisfaction with the Senior Companions' courtesy and politeness.

Definition: "Very satisfied" means that the respondent is very pleased with the Senior Companions' courtesy and politeness. "Somewhat satisfied" means that the respondent is satisfied only some of the time with the Senior Companions' courtesy and politeness. "Not at all satisfied" means that the respondent is not at all satisfied with the courtesy and politeness of Senior Companions.

Code: Choose only one response option.

27. Currently, how satisfied are you with the number and types of services that your Senior Companions provide to meet your clients' special needs? Would you say that you are .... [READ LIST; RECORD ONE RESPONSE]

Very satisfied 3
Somewhat satisfied 2
Not at all satisfied 1
Not applicable.....0
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the respondent's satisfaction with the number and types of different services that Senior Companions' provide for agency clients.

Definition: "Very satisfied" means that the respondent is very pleased with the number and types of services that Senior Companions provide to agency clients. "Somewhat satisfied" means that the respondent is satisfied only some of the time with the number and types of services that Senior Companions provide to agency clients. "Not at all satisfied" means that the respondent is not at all satisfied with the number and types of services that the Senior Companions provide to agency clients.

Code: Choose only one response option.

28. Currently, how satisfied are you with the overall quality of the Senior Companion services that your clients receive? Would you say that you are .... [READ LIST; RECORD ONE RESPONSE]

Very satisfied 3
Somewhat satisfied 2
Not at all satisfied 1
Not applicable.....0
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the respondent's satisfaction with the overall quality of care provided by Senior Companions.

Definition: "Very satisfied" means that the respondent is very pleased with the overall quality of care provided by Senior Companions. "Somewhat satisfied" means that the respondent is satisfied only some of the time with the overall quality of care provided by Senior Companions. "Not at all satisfied" means that the respondent is not at all satisfied with the overall quality of care provided by Senior Companions.

Code: Choose only one response option.

29. In your opinion, how responsible are Senior Companions relative to other employees of your agency who deliver similar kinds of client services? Would you say that your Senior Companions are .... [PICK THE ONE BEST ANSWER]

More responsible than typical agency staff 1
Less responsible than typical agency staff.....2
As responsible as typical agency staff 3
Not answered/DK..... -1
Refused.....99

Intent: This question asks about the respondent's perception of the degree to which Senior Companions are more/less/as responsible as other typical agency staff. This question is designed to determine whether the respondent feels that Senior Companions are more responsible, less responsible, or as responsible as the other agency staff who work at the named agency.

Coding: Choose only one response option.

30. In your opinion, how does the skill level of Senior Companions compare to that of other agency staff who deliver similar kinds of client services? Would you say that your Senior Companions are .... [PICK THE ONE BEST ANSWER]

More skilled than staff providing similar services.....1
Less skilled than staff providing similar services.....2
As skilled as staff providing similar services 3
Not answered/DK..... -1
Refused.....99

Intent: This question asks about the respondent's perception of the degree to which Senior Companions are more/less/as skilled as other typical agency staff in providing similar services to agency clients. This question is designed to determine whether the respondent feels that Senior Companions are more skilled, less skilled, or as skilled as the other agency staff who work at the named agency.

Coding: Choose only one response option.

Now I'd like to ask a few questions about the extent to which there are costs associated with having Senior Companions at your agency, as well as the estimated cost-savings from having the Senior Companions serve clients in their homes.

31. First I'd like to ask you if [agency] provides a service to older clients for which a fee may be charged?

Yes 1
No.....0 Skip to Q.32
Not answered/DK..... -1
Refused..... 99

Intent: This question is designed to determine whether the agency charges a fee for the services that it delivers to older adult clients.

Definition: "Fee" is any charge that is associated with services that are delivered by agency staff to clients.

Coding: If the response is "Yes", then go to Question 31a. If the response is "No" then skip to Question 32.

31a. On average, how much does your agency charge clients for an hour of services from a home health aide/personal care assistant?

$_____ dollars per hour

Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine how much the agency charges clients for an hour of home health aide/personal care assistance.

Definition: Home health aides may help with personal care tasks, such as bathing or dressing the client, transferring him/her in or out of bed, assistance with grooming, etc, rather than providing actual medical care to the client. Homemakers often provide assistance with chores, such as housecleaning and laundry, and they may provide meals and help with food preparation. Homemakers do not provide medical assistance to clients

Coding: Type in the average fee in dollars per hour.

31b. On average, how much does your agency charge clients for an hour of services from a respite care worker?

$_____ dollars per hour

Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine how much the agency charges clients for an hour of respite services for family members/caregivers.

Definition: Respite care is care provided to the family members/caregivers of an older adult. Respite care allows family members/caregivers to leave the house and do personal errands, have some time off, and get a break from caregiving. Usually, respite care involves staying with a frail older adult and helping with personal care tasks. Respite care benefits both client and family member/caregiver although its main focus is to give the family member/caregiver a rest from caring for the older adult.

Coding: Type in the average fee in dollars per hour.

31c. On average, how much does your agency charge clients for an hour of companionship services?

$_____ dollars per hour
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine how much the agency charges clients for an hour of companionship services.

Definition: Companionship services include listening, visiting, and speaking with the older adult. Other services might include assistance with personal care, transportation, running errands, light chores, help with letter writing, assistance in using the telephone, assistance with paperwork/reading the mail, etc.

Coding: Type in the average fee in dollars per hour.

32. How do Senior Companions affect the amount of money your clients spend on their personal care (*such as help dressing, grooming, getting in and out of bed, etc.*)? Would you say your clients are spending .... [READ ALL OPTIONS; SELECT ONLY ONE CATEGORY]

More than they did before there was a companion.....1
Less than they did before there was a companion 3
About the same as they did before there was a companion.....2
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to assess the impact of Senior Companions on client costs. Senior Companion services are free to clients. Therefore, the intent of this question is to determine whether having a Senior Companion has reduced/increased/ or not affected the total costs clients spend on personal care services.

Coding: Select only one response option.

33. How do Senior Companions affect the amount of money your clients spend on special transportation (*e.g., vans*) to help them get around? Would you say that your clients are spending .... [READ ALL OPTIONS; SELECT ONLY ONE CATEGORY]

More than they did before there was a companion.....1
Less than they did before there was a companion 3
About the same as they did before there was a companion.....2
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to assess the impact of Senior Companions on client costs. Senior Companion services are free to clients. Therefore, the intent of this question is to determine whether having a Senior Companion has reduced/increased/ or not affected the total costs clients spend on special transportation services.

Coding: Select only one response option.

34. How do Senior Companions affect the amount of money your clients spend on assistance with food preparation (*e.g., making meals, etc.*)? Would you say that your clients are spending ... [READ ALL OPTIONS; SELECT ONLY ONE CATEGORY]

More than they did before there was a companion.....1
Less than they did before there was a companion 3
About the same as they did before there was a companion.....2
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to assess the impact of Senior Companions on client costs. Senior Companion services are free to clients. Therefore, the intent of this question is to determine whether having a Senior Companion has reduced/increased/ or not affected the total costs clients spend on food preparation.

Coding: Select only one response option.

35. How do Senior Companions affect the ability of the family members or caregivers of your clients to remain employed? Would you say that they have been ....

Better able to work.....1
Less able to work 3
There is no difference in their ability to work 2
NA/Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine whether the respondent thinks that family members/caregivers of clients are better able to work/less able to work, or are no different in their ability to work as a result of having a Senior Companion take care of an older relative/client at home.

Coding: Select only one response option.

Now, I'd like to ask you some questions about the impact of the Senior Companion program on your agency.

36. How much do you value Senior Companions and their contribution to the care of your clients? Would you say that they are .... [READ ALL OPTIONS; SELECT ONLY ONE CATEGORY]

Extremely valuable 1
Somewhat valuable 2
A little valuable.....3
Not at all valuable 4
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the respondent's perception of the impact of the Senior Companion Program on clients served. Respondents are asked to rate how valuable they think Senior Companions are and how much they contribute to the care of clients.

Definition: Extremely valuable means that Senior Companions greatly contribute to, and enhance the amount and quality of care provided to clients. Somewhat valuable means that Senior Companions play a role in contributing to the amount and quality of care provided to clients. A little valuable means that Senior Companions only contribute a small amount to the amount and quality of care provided to clients. Not at all valuable means that Senior Companions do not contribute to the amount and quality of care provided to clients.

Coding: Select only one response option.

37. Why do you say that Senior Companions have this much value?

_____ (open-ended response)

Intent: This open-ended question is designed to allow the respondent to express his/her reasons for giving his/her rating of the value of Senior Companions in Question 36.

Code: Type in exactly what the respondent said.

38. Do you think that having Senior Companions visit clients makes it possible for your agency to serve additional clients? [READ ALL OPTIONS; SELECT ONLY ONE CATEGORY]

Yes 1
No .....2 →Skip to Q.39
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine whether the respondent thinks that Senior Companions have made it possible for his/her agency to serve additional clients.

Code: Choose only one response option. If the respondent says "Yes", go to question 38a. If the respondent says "No", skip to Question 39.

38a. How many additional clients have been served by your agency over a 12-month period as a result of having Senior Companions serve in this way?

_____ # of clients/year

Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the number of additional clients that the agency has been able to serve over a 12-month period as a direct result of having had Senior Companions volunteer at their agency.

Definition: "Additional clients" means the added number of clients who were able to be served by the agency due to the fact that Senior Companions were helping out by visiting with other agency clients.

Code: Probe for a specific number. Be sure to ask for the number of additional clients who were served over a 12-month period.

39. Do you think that Senior Companions make it possible for your agency to serve a greater variety of clients?

Yes 1
No .....2 Skip to Q.40
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine whether the agency has been able to serve a more varied mix of clients as a result of having Senior Companions volunteer at the agency.

Definition: Greater variety should be defined by the respondent but it generally means a more varied mix of clients (e.g., those who are more frail, those who are low income, and/or have special medical needs, etc).

Coding: Choose only one response option. If the respondent says "Yes", go to Question 39a. If the respondent says "No", skip to Question 40.

39a. Which of the following types of clients can your agency serve as a result of having Senior Companions? [READ LIST; CHECK ALL THAT APPLY]

	Yes	No	NA/DK	Refused
A) Clients who are not eligible for subsidized services but cannot afford to pay for these services themselves	1	0	-1	99
B) Clients who have special needs or who require extra attention	1	0	-1	99
C) Other (specify): _____	1	0	-1	99

Intent: This question is designed to determine which types of clients have been seen by the agency as a direct result of having Senior Companions volunteer there.

Definition: Clients who are not eligible for subsidized services but cannot afford to pay for these services themselves means that these individuals have too much/make too much money to qualify for public programs, but they are still unable to pay for these services themselves. Clients who have special needs or who require extra attention means that these individuals require extra help and assistance (and time) from agency staff as a result of a particular health or medical condition. Other may include any other type of client that has been able to have been served as a result of having Senior Companions volunteering at that agency location.

Coding: Please respond to each part of the question indicating Yes, No, NA/DK or Refused for each sub-question.

40. Does having Senior Companions enable agency staff to have more time to do other agency work?

Yes 1
No .....2 Skip to Q.41
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine whether having Senior Companions placed at the agency has enabled agency staff to have more time to do other agency work.

Coding: Select only one response option. If the respondent answers "Yes", go to Question 40a. If the respondent answers "No", skip to Question 41.

40a. To what extent does having Senior Companions free a staff member's time for other work? Would you say that they have freed up .... [READ ALL OPTIONS; SELECT ONLY ONE CATEGORY]

Less than 10% of a full-time staff member's time 1
10-20% of a full time staff member's time.....2
21-30% of a full-time staff member's time.....3
More than 30% of a full-time staff member's time 4
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the amount of staff time (percentage) that has been freed up as a result of having Senior Companions volunteer at that agency.

Definition: "Freed up" time is time that is available for agency staff members to use as a result of having Senior Companions do tasks that their staff otherwise would have had to perform. The "savings" in time result from having Senior Companions visit with clients, thus, freeing up agency staff time to do other things.

Coding: It might be necessary to probe to get the respondent to select one response category. Choose only one response option.

40b. What types of activities can agency staff do as a result of having Senior Companions assigned to your agency? Would you say that agency staff are better able to provide .... [READ EACH RESPONSE OPTION; CHECK ALL THAT APPLY]

	Yes	No	NA/DK	Refused
A) Additional services to **current** clients	1	0	-1	99
B) Services to **new** clients	1	0	-1	99
C) More services to clients who have **special needs** or who **require extra attention**	1	0	-1	99
D) Other (specify): _____	1	0	-1	99

Intent: This question is designed to determine the types of additional activities that agency staff are able to do as a result of having Senior Companions volunteer to serve agency clients.

Definition: "Additional services to current clients" means that agency staff are able to give current clients more or new services as a result of having more time available to them. "Services to new clients" means that agency staff are now able to serve additional (new) clients as a result of having more time available to them. "More services to clients who have special needs or require extra attention" means that agency staff are now able to serve clients with more extensive medical needs as a result of having more time available to them. "Other" can be any other activities that are performed as a result of having Senior Companions serve at the agency.

Coding: Check all that apply. Answer Yes, No, NA/DK or Refused for each sub-question.

Now, I'd like to ask some questions about the impact of the Senior Companion Program on other agencies that provide services to older adults in your area.

41. How much do agencies providing services to older adults **know about** the Senior Companion Program in your area? Would you say that this program is .... [READ LIST; CHECK ONE BEST ANSWER]

Very well known.....1
Somewhat known.....2
Little known.....3
Not at all known.....4
Not answered/DK.....-1
Refused.....99

Intent: This question is designed to determine the extent to which local agencies that provide services to older know about the Senior Companion Program.

Definition: Very well known means that the Senior Companion Program is established as part of the aging network of programs and very well known to other agencies that serve older adults. Somewhat known means that some agencies that serve older adults know about the Senior Companion Program, but that it is not known to all agencies serving older adults. Little known means that few agencies that serve older adults know about the Senior Companion Program. Not at all known means that the Senior Companion Program is not known to any of the agencies that serve older adults in the local community.

Coding: Select only one response option per person.

42. How much do agencies providing services to older adults **value** the Senior Companion Program? Would you say that they.... [CHECK ONE BEST ANSWER]

Highly value the program 1
Somewhat value the program.....2
Do not value the program 3
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to assess the value placed on the Senior Companion Program among the local agencies that provide services to older adults.

Definition: Highly value the program means that the agencies that provide services to older adults think that the Senior Companion Program is very beneficial to the local community and provides a very important service to older adults living in the community. Somewhat value the program means that the agencies that provide services to older adults think that the Senior Companion Program is somewhat beneficial and provides some important services to older adults living in the community. Do not value the program means that the agencies that provide services to older adults do not think that the Senior Companion provides a beneficial or important services to older adults in the local community.

Coding: Select only one response option per person.

43. How important is the Senior Companion Program to the **general community** your agency serves? Would you say that the general community thinks the program is.... [CHECK THE ONE BEST ANSWER]

Very important.....1
Somewhat important.....2
A little important.....3
Not at all important.....4
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to assess the value placed on the Senior Companion Program among the general community served by the agency.

Definition: General community means the general public. People who live in that community would be the population of interest here. Highly value the program means that the general community thinks that the Senior Companion Program is very beneficial to the local community and provides a very important service to older adults living in the community. Somewhat value the program means that the general community thinks that the Senior Companion Program is somewhat beneficial and provides some important services to older adults living in the community. Do not value the program means that the general community does

not think that the Senior Companion provides a beneficial or important services to older adults in the local community.

Coding: Select only one response option per person.

44. If a colleague is thinking about having his/her agency become a Senior Companion volunteer station, what advice would you give him/her about the value of Senior Companions to the agency?

_____ (record open-ended response)

Intent: This open-ended question is designed to determine the type of advice that the respondent would give a colleague if the colleague were thinking about becoming a volunteer station for the Senior Companion Program. The main purpose of this question is to determine the value that the respondent's agency places on having Senior Companions at his/her agency.

Definition: Volunteer station is the name given to an agency that agrees to have volunteers stationed (or placed) at that agency.

Coding: Type in exactly what the respondent says.

45. What would it take to motivate more agencies to pay some of the costs of supporting Senior Companions in your community?

_____ (record open-ended response).

Intent: This open-ended question is designed to determine what it would take to get more agencies to be willing to pay some of the costs of having Senior Companions serve in their community.

Definition: What would it take to motivate means what type of incentives would be necessary to encourage other agencies to be willing to pay some of the costs of having Senior Companions serve in the local community.

Coding: Type in exactly what the respondent says.

Finally, I want to ask you a few questions about yourself. Your answers will help us understand the characteristics of the people who participated in this survey.

46. Are you male or female? (*Select category. Ask only if you do not know or there is a discrepancy with what is listed as the respondent's gender.*)

Female.....1
Male 2
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the gender of the respondent. It also is being asked as a means to confirm that the person with whom you are speaking is the appropriate study respondent.

Coding: Ask this question only if you do not know or there is a discrepancy with what is listed as the respondent's gender.

47. What is your age?

_____ years
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine the current age of the respondent.

Coding: List the respondent's age. If the respondent is between years (e.g., 36 and ½ years, ask the respondent to list the age which he is closest to). Round to the nearest whole year.

48. How long have you worked for [agency]?

_____ # of years

Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine how many years the respondent has worked for the named agency.

Coding: List the state number of years. If the respondent uses fractions of years, convert into years. For example, if the respondent states 2 and ½ years, type 2.5 years. Fractions of years are fine to use here, but the fractions should be in units of a year.

49. How long have you been a volunteer station supervisor for the Senior Companion Program?

_____ # of years ➞ Go to Q.50

Not a volunteer station supervisor ➞ Go to Q.49a
Not answered/DK..... -1
Refused.....99

Intent: This question is designed to determine how many years the respondent has served as a volunteer station supervisor.

Definition: Volunteer station supervisor is an agency staff person who is responsible for the Senior Companions who are placed at his/her agency.

Coding: If the person is a volunteer station supervisor, list the state number of years in Question 49 and then skip to Question 50. If the respondent uses fractions of years, convert into years. For example, if the respondent states 2 and ½ years, type 2.5 years. Fractions of years are fine to use here, but the fractions should be in units of a year. If the person is not a volunteer station supervisor, go to Question 49.a.

49a. What position do you currently hold at [agency]? Are you a ....

	Yes	No	NA/DK	Refused
A) Staff nurse	1	0	-1	99
B) Staff home health aide	1	0	-1	99
C) Staff case manager	1	0	-1	99
D) Agency administrator	1	0	-1	99
E) Other (specify) _____	1	0	-1	99

Intent: This question is designed to determine the position that the respondent currently holds at the named agency.

Definition: Staff nurse is a licensed or registered nurse who is employed by the agency. Staff home health aide is a staff worker who is authorized to provide personal care services (e.g., help with dressing, eating, bathing, toileting, etc) to older adults. Staff case manager is someone who is authorized to coordinate the care of older adult clients and to be sure that appropriate services are being offered to them over time. Agency administrator is the director or manager of the named agency. Other may be anything else including, but not limited to dieticians, pharmacists, physical therapists, social workers, physicians, etc.

Coding: Only answer Question 49a if the answer to Question 49 is "No." When answering this question, please respond to each sub-section (e.g., answer Yes, No, NA/DK or Refused to parts A, B, C, D, and E).

50. What is the **field** of your highest degree?

A) Nursing.....1
B) Social Work 2
C) Specialized therapy 3
D) Other (describe):
_____4
E) Not answered/DK..... -1
F) *Refused*.....99

Intent: This question is designed to determine the respondent's field of training of his/her most advanced degree.

Definition: Nursing would include Registered Nursing (RN) or Licensed Practical Nursing (LPN) degrees or certificates. Social Work would include programs leading to a Masters or Bachelor's degree in Social Work. Specialized therapy would include degrees or certificates in physical therapy, speech therapy, occupational therapy, and respiratory therapy. Other could include degrees in medicine, psychology, health administration, business, or any other field. Please specify what other type of degree was stated by the respondent.

Coding: Choose the single best response. If the respondent indicates that he/she has received training in several of the listed areas, ask him/her to select the field of his/her highest degree and/or the degree with which he/she would like to be identified for purposes of this study.

END OF INTERVIEW: Thank you very much for your help with this very important research study.

Time Ended: _____AM _____PM

APPENDIX D2: *Client Baseline Survey*

APPENDIX D2
Client Baseline Survey

National Survey of the Senior Companion Program

Baseline Client Survey QxQs
June 21, 1999

This is text only for the items with any special issue.

General Instructions for Client Interview:

In most cases, you will use the client version of the interview instrument. To help you decide if the subject cannot respond capably to the interview, refer to the criteria and instructions in the Interviewer Manual. The client should not be interviewed when there are severe health (physical or mental) problems. Read the introduction/consent on first page before you begin with the questions.

During the interview: If the respondent refuses to answer a question during the interview, do not ask him/her to tell you the reason for refusing. However, if the respondent volunteers this information, record his/her comment(s) in the space provided next to the item.

Intent: The intent is to speak with the person who has been listed on your CATI screen. This person will be one of three types of respondents: (a) he/she will have recently been assigned a Senior Companion to help him/her with his/her needs at home; (b) he/she will be on the waiting list to receive Senior Companion services in the future; or (c) he/she will not be receiving Senior Companion services and he/she will not be on the waiting list to receive Senior Companion services. However, he/she currently will be receiving other agency services either at home or in the community.

Caseid: 10011060
Item: C_DI_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

PRESS ENTER TO CONTINUE

Specification: This section includes basic demographic information about the client. It also includes a cognitive screen designed to screen out any respondents who are mentally incapable of completing the interview.

Caseid: 10011050
Item: C_DI1@a
Zenia Beautiful (888) 888 8888

CODE RESPONDENT'S SEX. IF UNSURE ASK:

Are you male or female?

1 = Male
2 = Female

F4 = REFUSED

Intent: This question is also being asked as a means to confirm that the person with whom you are speaking is the appropriate study respondent. Refer to interviewer manual for instructions about inaccurate information.

Coding: Ask this question only if you are not sure what the client's gender is.

Caseid: 10011050
Item: C_DI2@a
Zenia Beautiful (888) 888 8888

How old were you on your last birthday?

F3 = DON'T KNOW
F4 = REFUSED

YEARS (50-99)

Intent: This question is being asked as a means to determine the mental status of the potential study respondent.

Coding: If questions 2 and 3 do not match correctly (i.e., the person says his/her birth date in question 2 and it is more than one year from the age that he/she reports in question 3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. In this case, you will be prompted by a consistency check to verify the respondent's answers and

correct the inconsistency. If you report that the inconsistency is accurate, you will be prompted with a screen that asks you to explain.

Definition: Cognitive = of, relating to, or involving the elements of perception, awareness and judgment.

Caseid: 10011050
Item: C_DI3@m
Zenia Beautiful (888) 888 8888

What is the month, day, and year of your birth?

F3 = DON'T KNOW
F4 = REFUSED

MONTH DAY YEAR

Intent: This question is designed to determine the birth date of the respondent. It also is being asked as a means to determine the mental status of the potential study respondent.

Coding: Record the month, day, and year.

Caseid: 10011050
Item: DI3_Ck@a
Zenia Beautiful (888) 888 8888

The computer has recorded that you are ___ years old but that your birthday is __/__/____.
Which is correct, age or date of birth?

1 = BOTH ARE CORRECT
2 = AGE IS CORRECT
3 = DATE OF BIRTH IS CORRECT

Intent: This question is being asked as a means to determine the mental status of the potential study respondent.

Coding: If questions 2 and 3 do not match correctly (i.e., the person says his/her birth date in question 2 and it is more than one year from the age that he/she reports in question 3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. In this case, you will be prompted by a consistency check to verify the respondent's answers and

correct the inconsistency. If you report that the inconsistency is accurate, you will be prompted with a screen that asks you to explain.

Definition: Cognitive = of, relating to, or involving the elements of perception, awareness and judgment.

Caseid: 10011050
Item: C_DI3_OR@A
Zenia Beautiful (888) 888 8888

INTERVIEWER: WHY DID YOU ALLOW THE INCONSISTENCY BETWEEN AGE: __ AND DATE OF BIRTH: __/__/____

1 = REPSONDENT UNCERTAIN ABOUT YEAR OF BIRTH; NO COGNITIVE DIFFICULTY OBSERVED
2 = RESPONDENT CONFUSED OR UNABLE TO CLARIFY DISCREPANCY
3 = OTHER

Intent: This question is being asked as a means to determine the mental status of the potential study respondent.

Coding: If questions 2 and 3 do not match correctly (i.e., the person says his/her birth date in question 2 and it is more than one year from the age that he/she reports in question 3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. In this case, you will be prompted by a consistency check to verify the respondent's answers and correct the inconsistency. If you report that the inconsistency is accurate, you will be prompted with a screen that asks you to explain.

Definition: Cognitive = of, relating to, or involving the elements of perception, awareness and judgment.

Caseid: 10011060
Item: C_DI4@a
Zenia Beautiful (888) 888 8888

Are you ...?

1 = Married
2 = Separated or divorced
3 = Widowed
4 = Never married
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 10011060
Item: C_DI5@a
Zenia Beautiful (888) 888 8888

Do you live alone?

1 = YES
2 = NO
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Coding: Those answering "Yes" skip to C_DI6.

Caseid: 10011060
Item: DI5a@a
Zenia Beautiful (888) 888 8888

Who lives with you? (CODE ALL THAT APPLY.)

1 = HUSBAND OR WIFE.....N
2 = CHILDREN (INCLUDING IN-LAWS).....N
3 = GRANDCHILDREN.....N
4 = PARENTS (INCLUDING IN-LAWS).....N
5 = BROTHERS OR SISTERS (INCLUDING IN-LAWS).....N
6 = OTHER RELATIVES.....N
7 = FRIENDS.....N
8 = NON-RELATED PAID HELPER (INCLUDE FREE ROOM).....N
9 = OTHER (SPECIFY).....N
10 = CONFUSED OR INAPPROPRIATE RESPONSE.....N
F3 = DK.....N
F4 = RE.....N

PRESS F9 TO CONTINUE

Coding: Code all answers given.

Definition: Children include stepchildren and children who are in-laws. Parents include in-laws. Brothers or sisters include stepbrothers and stepsisters. Other relatives include nieces, nephews, aunts, uncles, cousins, and other relatives. Non-related paid helpers include people who pay room and board, as well as those who receive free room and board in exchange for helping the client. Please specify who is selected in the "Other" category.

Caseid: 10011060
Item: C_DI6@a
Zenia Beautiful (888) 888 8888

Do you currently live in a ...

1 = Rural area/farm (population less than 2,500)?
2 = Town/village (population 2,500-50,000)?
3 = Small city (population 50,000-250,000)?
4 = Suburb of a large city?
5 = Large city (population over 250,000 people)?
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Probe: If the individual does not know the population of his/her community, probe to see if the place he/she lives has few stores, people, houses, etc. Then, have him/her define how he/she would describe his/her community and have him/her select the single most appropriate option of the five choices available here.

Definition: A Rural/farm community may have no central area, and may have few dwellings and inhabitants. A small town/village has some stores, many houses, and possibly a business center. A small city would have some urban areas, but there could also be some areas with few people living. This type of community, however, would be characterized as having at least one large central area where people live or work. Suburb of a large city is an area outside of the central city, but with a substantial population that commutes to, or has contact with the central city. Finally, a large city is one such as Los Angeles, New York City, and Chicago, IL would fall into this category.

Caseid: 10011060
Item: C_DI7@a
Zenia Beautiful (888) 888 8888

Are you of Hispanic or Latino background or descent?

1 = YES
2 = NO
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Intent: It is up to each respondent to determine whether he/she answers a "Yes" or "No" response to this question.

Caseid: 10011060
Item: C_DI8@a
Zenia Beautiful (888) 888 8888

How do you classify yourself? (CODE ALL THAT APPLY)

1 = White.....N
2 = Black or African American.....N
3 = Asian .....N
4 = American Indian or Alaska Native .....N
5 = Native Hawaiian or Other Pacific Islander .....N
F3 = DK.....N
F4 = RE .....N

PRESS F9 TO CONTINUE

Coding: One or more categories should be selected per respondent. Each respondent should identify to which group/groups he/she belongs.

Caseid: 10011060
Item: C_DI9@a
Zenia Beautiful (888) 888 8888

What was the highest level of education you have completed?

1 = LESS THAN HIGH SCHOOL
2 = HIGH SCHOOL GRADUATE
3 = SOME COLLEGE OR TECHNICAL SCHOOL TRAINING BEYOND HIGH SCHOOL
4 = COLLEGE GRADUATE (four years)
5 = POST-GRADUATE OR PROFESSIONAL DEGREE
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Definition: Do not read the list. If the respondent completed less than 12 years of schooling, probe to see whether he/she completed high school. If the respondent did not graduate from high school, then less than high school should be coded. If the respondent graduated from high school, high school graduate should be coded. If the individual attended some college or technical school post-high school, then some college/technical school training should be coded. If the respondent graduated from a four-year college, college graduate should be coded. If the individual graduated from college and completed more than 16 years of schooling, then post-graduate or professional degree should be coded.

Caseid: 10011060
Item: script4
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

INELIGIBLE-SAMPLE MEMBER GAVE INAPPROPRIATE RESPONSES

Thank you very much for your time. Those are all the questions
I have today. You have been very helpful. Have a good (day/evening).

PRESS ENTER TO CONTINUE

Specification: If the respondent's age and date of birth do not match AND the respondent gives a confused or inappropriate response to any other demographic question in this section, the respondent will become ineligible for the study due to cognitive difficulty. In that event, CATI will direct you to this exiting statement.

Caseid: 10011060
Item: C_IS8@a
Zenia Beautiful (888) 888 8888

If interview not completed or not done, note reason(s):
(CODE ALL THAT APPLY)

1 = Respondent's illness .....N
2 = Respondent's fatigue .....N
3 = Respondent's poor mental status .....N
4 = Respondent's uncooperativeness .....N
5 = Respondent insulted by questions .....N
6 = Other people present in the home wanted interview terminated.....N
7 = Unsatisfactory interview conditions .....N
8 = Respondent hard of hearing .....N
9 = Other (specify): .....N
F3 = DK.....N
F4 = RE .....N

PRESS F9 TO CONTINUE

Specification: You will see this screen any time you close out a case that is not a completed interview (e.g. ineligible due to respondent cognitive difficulty, respondent gives second refusal, etc.).

Caseid: 10011060
Item: C_DI10@a
Zenia Beautiful (888) 888 8888

Our records show that you have recently been _____. ("matched with a Sr. Companion", "placed on the waiting list for a Senior Companion", or "began receiving other agency services" will be filled in this space to complete the sentence.)

Is that correct?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: If the client is not ineligible due to cognitive difficulty, this screen will follow C_DI9. This question is asked only of clients answering the baseline survey. The purpose of this question is to determine whether or not we have the correct information on the client's sample group (i.e. whether he/she is a Senior Companion Program client, on the waiting list, or receiving other agency services.

Caseid: 10011060
Item: C_DI10a@a
Zenia Beautiful (888) 888 8888

What is your current status with Elder Services of Utopia, Inc.?

1 = RECEIVING SENIOR COMPANION SERVICES
2 = ON WAITING LIST FOR SENIOR COMPANION SERVICES
3 = NOT RECEIVING SENIOR COMPANION SERVICES, BUT DO RECEIVE OTHER SERVICES
4 = NOT INVOLVED WITH THE SENIOR COMPANION PROGRAM, AND DO NOT RECEIVE OTHER SERVICES FROM THE AGENCY

Intent: This question is only asked of clients who answer 'no' to the previous question. Only respondents answering '4' to this question are ineligible for the study. Please read the response categories only if the client is unable to answer this question without that prompting.

Caseid: 10011060
Item: C_HS_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

Now, I'd like to ask you about your health.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all respondents and has no skips within it.

Caseid: 10011060
Item: C_HS1@a
Zenia Beautiful (888) 888 8888

In general, would you say your health is:

1 = Excellent
2 = Very good
3 = Good
4 = Fair
5 = Poor
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the client's self-reported health. It is up to each person to determine which category is appropriate. The question is designed to ask about his/her current health.

Caseid: 10011060
Item: C_HS2@a
Zenia Beautiful (888) 888 8888

Compared to one year ago, how would you rate your health in general now? Would you say it is ...

1 = Much better than one year ago
2 = Somewhat better than one year ago
3 = About the same as one year ago
4 = Somewhat worse than one year ago
5 = Much worse than one year ago
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the client's current general health compared with his/her general health one year ago. General health refers to average or typical health. It is up to the respondent to determine whether his health is better, the same or worse than it was one year ago.

Definition: Much better than one year ago indicates that substantial improvement in health status has occurred during the one-year period. Somewhat better than one year ago indicates that some improvement in health status has occurred. About the same as one year ago indicates that respondent's health status has not changed during the one-year period. Somewhat worse than one year ago indicates that some decline in health has occurred during the one-year time period. Much worse now than one year ago indicates that substantial decline in health status has occurred during the one year period.

Caseid: 10011060
Item: C_HS3@a
Zenia Beautiful (888) 888 8888

To what extent have physical health problems interfered with your social activities with family, friends, neighbors, or other groups during the past month? Would you say they have interfered ...

1 = Not at all
2 = Slightly (Interfered 1-2 times)
3 = Moderately (3-4 times)
4 = Quite a bit (5-6 times)
5 = Extremely (more than 6 times)
F3 = DON'T KNOW
F4 = REFUSED

Definition: The extent of physical health problems experienced during the past month is defined by the respondent.

Caseid: 10011060
Item: C_HS4@a
Zenia Beautiful (888) 888 8888

To what extent have emotional problems interfered with your social activities with family, friends, neighbors, or other groups during the past month? Would you say they have interfered ...

1 = Not at all
2 = Slightly (Interfered 1-2 times)
3 = Moderately (3-4 times)
4 = Quite a bit (5-6 times)
5 = Extremely (more than 6 times)
F3 = DON'T KNOW
F4 = REFUSED

Definition: The extent of emotional problems experienced by a person is defined by the respondent. Emotional problems are not limited to the following, but may include things like depression, sadness following the death of a relative, or unhappiness resulting from the loss of independence with advanced age.

Caseid: 10011060
Item: C_HS5@a
Zenia Beautiful (888) 888 8888

How many friends have you seen or spoken to on the telephone in the past month? Would you say that you have seen or spoken with ...

1 = 9 or more friends
2 = 5 to 8 friends
3 = 2 to 4 friends
4 = 1 friend
9 = No friends
F3 = DON'T KNOW
F4 = REFUSED
F5 = NOT APPLICABLE, CAN'T USE THE PHONE

Intent: This question is designed to determine the extent to which the respondent has had social contact with friends during the past month. All social contacts (whether by telephone or in-person) count. Friends may include non-related caregivers, neighbors, and other people who the respondent identifies as being a friend.

Caseid: 10011060
Item: C_HS6@a
Zenia Beautiful (888) 888 8888

To what extent have you been able to talk about your feelings and problems with at least one friend during the past month? Would you say that you have been ...

1 = Always able to talk about feelings?
2 = Usually able to talk about feelings?
3 = Able to talk about feelings about half the time?
4 = Usually unable to talk about feelings?
5 = Always unable to talk about feelings?
6 = N/A: RESPONDENT HAS NO FRIENDS TO TALK TO
7 = N/A: RESPONDENT HAS NOT PROBLEMS/WORRISOME FEELINGS TO DISCUSS
F3 = DON'T KNOW
F4 = REFUSED

Definition: Always able to talk about feelings and problems means that the individual has access to at least one friend with whom he/she can speak whenever he/she wants. Usually able to talk about feelings and problems means that in most instances, the respondent has access to at least one friend in whom he/she can confide about his/her feelings and problems. Usually unable to talk about feelings and problems means that in most instances, the respondent does not have access to at least one friend in whom he/she can confide about his/her feelings and problems. Always unable to talk about feelings and problems means that the individual is never able to confide in at least one person regarding his/her feelings and problems.

Coding: If the individual reports that he/she has no friends, then the response choice "No friends to talk to" should be selected. If the individual reports that he/she has no problems or worrisome feelings to discuss, then "No problems/worrisome feelings to discuss" should be selected.

Caseid: 10011060
Item: C_HS7@a
Zenia Beautiful (888) 888 8888

How many times during the past month have you gone out socially with other people? For example, how many times have you visited friends, gone to church, or invited friends to your home? Would you say ...

1 = 9 or more times
2 = 5 to 8 times
3 = 2 to 4 times
4 = Once
9 = None
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine how often the respondent has socialized with other people during the past month. Activities counted include, but are not limited to the following: visiting with friends either inside or outside the home and going to church.

Caseid: 10011060
Item: C_PF_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

Now I'd like to ask you about some routine activities. Please tell me if you can do these activities without help, if you need some help to do them, or if you can't do them at all.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all clients and includes no skips. These questions establish the level of physical functioning the client maintains.

Caseid: 10011060
Item: C_PF1@a
Zenia Beautiful (888) 888 8888

To what extent can you use the telephone (including looking up numbers and dialing)? Can you use it ...

1 = Without help
2 = With some help (can answer phone or dial operator in an emergency, but need a special phone or help in getting the number or dialing)
3 = Or are you unable to use the telephone?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can use the phone to call someone else. The question does not ask about whether the person actually does use the telephone; instead, it asks about whether he/she **can** (i.e., has the ability to) use the telephone. Using the phone includes looking up numbers in a directory or phone book, and actually dialing the number.

The question refers to the respondent's ability to perform this activity today, not what activities the respondent can normally perform.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF2@a
Zenia Beautiful (888) 888 8888

To what extent can you get to places out of walking distance? Can you get there ...

1 = Without help (can travel alone on buses, taxis, or drive your own car)
2 = With some help (need someone to help you in order to be able to travel)
3 = Or are you unable to travel (unless emergency arrangements are made for a specialized vehicle)?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can get to places outside of walking distance. The question does not ask about whether the person actually does get to places outside of walking distance; instead, it asks about whether he/she **can** (i.e., has the ability to) get to places outside of walking distance.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF3@a
Zenia Beautiful (888) 888 8888

To what extent can you go shopping for groceries or clothes? Would you say ...

1 = Without help (taking care of all shopping needs yourself, assuming you had transportation)
2 = With some help (need someone to go with you on all shopping trips)
3 = Or are you unable to do any shopping?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can go shopping for groceries or clothes. The question does not ask about whether the person actually does shopping; instead, it asks about whether he/she **can** (i.e., has the ability to) go shopping. The question assumes that the individual has access to transportation to shop.

Definition: Without help means that no person or service provider is needed to help the respondent to shop for groceries or clothes. With some help means that the person needs help from another person in order to be able to shop. Unable to do any shopping means that the person is totally unable to go shopping.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF4@a
Zenia Beautiful (888) 888 8888

To what extent can you prepare your own meals? Can you prepare them ...

1 = Without help (plan and cook full meals yourself)?
2 = With some help (can prepare some things but unable to cook full meals yourself)?
3 = Or are you unable to prepare any meals?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can prepare his/her own meals. The question does not ask about whether the person actually does prepare the meals; instead, it asks about whether he/she **can** (i.e., has the ability to) prepare meals.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF5@a
Zenia Beautiful (888) 888 8888

To what extent can you do your housework (e.g., laundry, dusting, washing dishes, etc.)? Can you do it ...

1 = Without help (can you scrub floors, etc.)?
2 = With some help (can do light housework but need help with heavy housework)?
3 = Or are you unable to do any housework?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can do housework. The question does not ask about whether the person actually does housework; instead, it asks about whether he/she **can** (i.e., has the ability to) do housework.

Definition: Heavy housework includes things such as scrubbing floors and vacuuming. Light housework includes things like dusting, washing dishes, and doing laundry.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF6@a
Zenia Beautiful (888) 888 8888

To what extent can you take your own medicine? Can you take it ...

1 = Without help (in the right doses at the right time)?
2 = With some help (able to take medicine if someone prepares it for you and/or reminds you to take it)?
3 = Or are you unable to take your medicine?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can take his/her own medicine. The question does not ask about whether the person actually does take medicine; instead, it asks about whether he/she **can** (i.e., has the ability to) take medicine without assistance.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF7@a
Zenia Beautiful (888) 888 8888

To what extent can you handle your own money? Can you handle it ...

1 = Without help (write checks, pay bills, etc.)?
2 = With some help (manage day-to-day buying but need help with managing your checkbook and paying your bills)?
3 = Or are you unable to handle money?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can handle his/her own money. The question does not ask about whether the person actually does handle his/her own money; instead, it asks about whether he/she **can** (i.e., has the ability to) handle money.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF8@a
Zenia Beautiful (888) 888 8888

To what extent can you eat? Can you do it ...

1 = Without help (able to feed yourself completely)?
2 = With some help (need help with cutting, etc.)?
3 = Or are you unable to feed yourself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can eat. The question does not ask about whether the person actually does eat without help; instead, it asks about the extent to which he/she **can** (i.e., has the ability to) eat without assistance.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF9@a
Zenia Beautiful (888) 888 8888

To what extent can you dress and undress yourself? Can you do it ...

1 = Without help (able to pick out clothes, dress, and undress yourself completely)?
2 = With some help?
3 = Or are you unable to dress and undress yourself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can dress and undress him/herself. The question does not ask about whether the person actually does dress and undress himself; instead, it asks about whether he/she **can** (i.e., has the ability to) dress and undress.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF10@a
Zenia Beautiful (888) 888 8888

To what extent can you take care of your own appearance, for example, combing your hair ? Can you do it ...

1 = Without help?
2 = With some help?
3 = Or are you unable to maintain your appearance yourself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can take care of his/her own grooming. The question does not ask about whether the person actually does his/her own grooming (i.e., combing hair, and for men, shaving, etc); instead, it asks about whether he/she **can** (i.e., has the ability to) take care of his/her own appearance.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF11@a
Zenia Beautiful (888) 888 8888

To what extent can you walk? Can you do it ...

1 = Without help (except for a cane)?
2 = With some help (e.g., from a person, or with the use of a walker, or crutches, etc)?
3 = Or are you unable to walk?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can walk. The question does not ask about whether the person actually does walk; instead, it asks about whether he/she **can** (i.e., has the ability to) walk.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF12@a
Zenia Beautiful (888) 888 8888

To what extent can you get in and out of bed? Can you do it ...

1 = Without help (or aids)?
2 = With some help (either from a person, or with the aid of some device)?
3 = Or are you unable to get in and out of bed yourself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can get in and out of bed. The question does not ask about whether the person actually does get in and out of bed; instead, it asks about whether he/she **can** (i.e., has the ability to) get in and out of bed.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF13@a
Zenia Beautiful (888) 888 8888

To what extent can you take a bath or shower? Can you do it ...

1 = Without help?
2 = With some help (need help getting in and out of the tub, or need special attachments on the tub)?
3 = Or are you unable to bathe yourself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can take a bath or shower. The question does not ask about whether the person actually does take a bath or shower; instead, it asks about whether he/she **can** (i.e., has the ability to) take a bath or shower.

Definition: Without help means that no person or device is needed to help the respondent to take a bath or shower. With some help means that the person needs help from another person or device (such as special attachments on the tub) in order to be able to take a bath or shower. Unable to take a bath or shower means that the person is totally unable to bathe or wash him/herself.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011060
Item: C_PF15@a
Zenia Beautiful (888) 888 8888

Is there currently someone who helps you with such things as shopping, housework, bathing, dressing, and getting around?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Coding: If the respondent answers "No" to this question, he/she should skip to the next section. If the respondent answers "Yes" to this question, he/she should skip to C_PF15a.

Caseid: 10011060
Item: C_PF15a@a
Zenia Beautiful (888) 888 8888

Who helps you most often?

1=HUSBAND OR WIFE
2=CHILD (INCLUDING IN-LAW)
3=GRANDCHILD
4=PARENT (INCLUDING IN-LAW)
5=BROTHER/SISTER (INCLUDING IN-LAW)
6=OTHER RELATIVE
7=FRIEND
8=NEIGHBOR
9=NON-RELATED, PAID HELPER (LIVE-IN)
10=NON-RELATED, PAID HELPER (NOT LIVE-IN)
11=CHURCH HELPER
12=VOLUNTEER HELPER
13=OTHER (SPECIFY)

Definition: Children include stepchildren and children who are in-laws. Parents include in-laws. Brothers or sisters include stepbrothers and stepsisters. Other relatives include nieces, nephews, aunts, uncles, cousins, and other relatives. Non-related paid helpers include people who pay room and board, as well as those who receive free room and board in exchange for helping the client. Please specify who is selected in the "Other" category.

Coding: Do not read responses.

Caseid: 10011060
Item: C_CC_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

Now, I'd like to ask you some questions about health problems that you may have had.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all clients and includes no skips. In this section, you will be asking the client about any chronic health problems he/she may have.

Caseid: 10011060
Item: C_CC1@a
Zenia Beautiful (888) 888 8888

Do you now need any special equipment, such as an oxygen tank, in order to breathe?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Special equipment includes oxygen tanks, inhalators, or other devices that the respondent currently uses in order to help him/her breathe.

Caseid: 10011060
Item: C_CC2@a
Zenia Beautiful (888) 888 8888

Has a doctor ever told you that you had diabetes, high blood sugar, or sugar in your urine?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Diabetes is the same thing as high blood sugar or sugar in the urine. All three sets of words are used here to clarify that we are interested in finding out whether the respondent has been told by a physician that he/she has this condition. If the individual just thinks he/she has diabetes, that does not count as a "Yes." Only if

the individual states that a doctor has told him/her that he/she has had diabetes should you code "Yes" as the correct response option.

Caseid: 10011060
Item: C_CC3@a
Zenia Beautiful (888) 888 8888

Has a doctor ever told you that you had cancer, not including skin cancer?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: All cancers (e.g., uterine, ovarian, prostate, breast, lung, etc) except skin cancer count. If a person thinks that he/she has cancer, that does not count as a "Yes." Only if the respondent states that a doctor has told him/her that he/she has had a type of cancer (other than skin cancer) should you code "Yes" as the correct response option.

Caseid: 10011060
Item: C_CC4@a
Zenia Beautiful (888) 888 8888

Has a doctor ever told you that you had emphysema, asthma, or chronic obstruction pulmonary disease?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: If a person just thinks that he/she has had one of these conditions, that does not count as a "Yes." Only if the respondent states that a doctor has told him/her that he/she has had at least one of these three lung or pulmonary conditions should you code "Yes" as the correct response option.

Caseid: 10011060
Item: C_CC5@a
Zenia Beautiful (888) 888 8888

Has a doctor ever told you that you had a stroke?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: If a person just thinks that he/she has had a stroke, that does not count as a "Yes." Only if the respondent states that a doctor has told him/her that he/she has had a stroke should you code "Yes" as the correct response option.

Caseid: 10011060
Item: C_CC6@a
Zenia Beautiful (888) 888 8888

Has a doctor ever told you that you had a heart attack, coronary heart disease, congestive heart failure, problems with the valves in your heart, or problems with the rhythm of your heartbeat?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: If a person just thinks that he/she has had any of the listed heart conditions, that does not count as a "Yes." Only if the respondent states that a doctor has told him/her that he/she had one of these heart conditions should you code "Yes" as the correct response option.

Caseid: 10011060
Item: C_CC7_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

During the past month, have you had any problems with your daily activities as a result of your physical health? For example ...

PRESS ENTER TO CONTINUE

Specification: This screen introduces a series of four questions related to the clients daily activities and physical health.

Caseid: 10011060
Item: C_CC7A@a
Zenia Beautiful (888) 888 8888

Did you cut down on the amount of time you spent on regular activities?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This series of questions is designed to determine whether the individual has been limited in his/her daily activities as a result of a physical health problem. Each of the four questions ask about different ways in which the person may have been limited in what he/she could do as a result of a physical health problem.

Definition: Physical health problems includes illnesses, injuries, and pain that make it difficult for the person to do his/her normal activities.

Coding: Either Yes, No, DK, or Refused should be checked for each question. Only one response option should be checked per question.

Caseid: 10011060
Item: C_CC7B@a
Zenia Beautiful (888) 888 8888

Did you accomplish less than you would like?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This series of questions is designed to determine whether the individual has been limited in his/her daily activities as a result of a physical health problem. Each of the four questions ask about different ways in which the person may have been limited in what he/she could do as a result of a physical health problem.

Definition: Physical health problems includes illnesses, injuries, and pain that make it difficult for the person to do his/her normal activities.

Coding: Either Yes, No, DK, or Refused should be checked for each question. Only one response option should be checked per question.

Caseid: 10011060
Item: C_CC7C@a
Zenia Beautiful (888) 888 8888

Were you limited in your regular daily activities?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This series of questions is designed to determine whether the individual has been limited in his/her daily activities as a result of a physical health problem. Each of the four questions ask about different ways in which the person may have been limited in what he/she could do as a result of a physical health problem.

Definition: Physical health problems includes illnesses, injuries, and pain that make it difficult for the person to do his/her normal activities.

Coding: Either Yes, No, DK, or Refused should be checked for each question. Only one response option should be checked per question.

Caseid: 10011060
Item: C_CC7D@a
Zenia Beautiful (888) 888 8888

Did you have difficulty performing other activities (for example, it took extra effort)?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This series of questions is designed to determine whether the individual has been limited in his/her daily activities as a result of a physical health problem. Each of the four questions ask about different ways in which the person may have been limited in what he/she could do as a result of a physical health problem.

Definition: Physical health problems includes illnesses, injuries, and pain that make it difficult for the person to do his/her normal activities.

Coding: Either Yes, No, DK, or Refused should be checked for each question. Only one response option should be checked per question.

Caseid: 10011060
Item: C_HB_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

Now I'd like to ask you some questions about your current health behaviors.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all clients and has no skips.

Caseid: 10011060
Item: C_HB1@a
Zenia Beautiful (888) 888 8888

Do you now smoke cigarettes every day, some days, or not at all?

1 = EVERY DAY
2 = SOME DAYS
3 = NOT AT ALL
F3 = DON'T KNOW
F4 = REFUSED

Specification: This question refers to frequency of smoking, not the amount the person smokes each day that they smoke.

Caseid: 10011060
Item: C_HB2@a
Zenia Beautiful (888) 888 8888

How often do you eat fewer than two meals a day? Would you say ...

1 = Every day
2 = 5-6 days/week
3 = 3-4 days/week
4 = 1-2 days/week
9 = Never
F3 = DON'T KNOW
F4 = REFUSED

Specification: The term “meal” is defined by the respondent.

Caseid: 10011060
Item: C_HB3@a
Zenia Beautiful (888) 888 8888

Do you eat alone most of the time?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Most of the time" is defined by the respondent. If the respondent asks for clarification, tell him/her that you want to know if he/she eats alone more than half of the time.

Caseid: 10011060
Item: C_LS_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

Now I'd like to ask you some general questions about your attitudes toward life.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all clients and has no skips.

Caseid: 10011060
Item: C_LS1@a
Zenia Beautiful (888) 888 8888

As you get older, do you think that things keep getting better, worse, or stay about the same?

1 = BETTER
2 = WORSE
3 = STAY ABOUT THE SAME
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Things" refers to things in general.

Caseid: 10011060
Item: C_LS2@a
Zenia Beautiful (888) 888 8888

How lonely do you feel? Would you say you feel ...

1 = Very lonely
2 = Somewhat lonely
3 = Not at all lonely
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Very lonely" indicates that the respondent feels very isolated and alone. "Somewhat lonely" indicates that the respondent feels somewhat isolated and alone. "Not at all lonely" indicates that the individual does not feel at all isolated and alone.

Caseid: 10011060
Item: C_LS3@a
Zenia Beautiful (888) 888 8888

Do you have more, less, or the same amount of pep as you did last year?

1 = MORE
2 = LESS
3 = THE SAME
F3 = DON'T KNOW
F4 = REFUSED

Definition: More pep means that the respondent feels that he/she is more energetic than he/she was last year. Less pep means that the respondent feels that he/she is less energetic than he/she was last year. The same pep means that the respondent feels that there was no change in his/her energy level between last year and this year.

Caseid: 10011060
Item: C_LS4@a
Zenia Beautiful (888) 888 8888

How much do little things bother you? Would you say ...

1 = A lot
2 = Some
3 = Not very much
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Little things" are defined by the respondent. What is little to you may not be little to him/her so it is important to let the respondent decide for him/herself what he/she thinks is "little."

Caseid: 10011060
Item: C_LS5@a
Zenia Beautiful (888) 888 8888

Overall, do you see enough of your friends?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Who would qualify as a friend is defined solely by the respondent. For this question, friends do not include relatives (the next question of the interview asks about relatives).

Caseid: 10011060
Item: C_LS6@a
Zenia Beautiful (888) 888 8888

Overall, do you see enough of your relatives?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Who would qualify as a relative is defined solely by the respondent. For this question, relatives do not include friends.

Caseid: 10011060
Item: C_LS7@a
Zenia Beautiful (888) 888 8888

Do you think that as people get older they are more useful, less useful, or that age makes no difference?

1 = MORE USEFUL
2 = LESS USEFUL
3 = AGE MAKES NO DIFFERENCE
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "useful" is defined by the respondent. Useful (valuable) could be in reference to one's family, one's friends, one's neighbors, one's employer, etc. It is up to the respondent to determine what "useful" means to him/her.

Caseid: 10011060
Item: C_LS8@a
Zenia Beautiful (888) 888 8888

Do you sometimes worry so much that you can't sleep?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "worry" is defined by the respondent.

Caseid: 10011060
Item: C_LS9@a
Zenia Beautiful (888) 888 8888

Are you as happy now as you were when you were younger?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "younger" is defined by the respondent.

Caseid: 10011060
Item: C_LS10@a
Zenia Beautiful (888) 888 8888

Do you think that life is hard for you most of the time?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "hard" is defined by the respondent.

Caseid: 10011060
Item: C_LS11@a
Zenia Beautiful (888) 888 8888

How satisfied are you with your life today?
Would you say that you are ...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine how satisfied the respondent feels with his/her life today.

Definition: The term "satisfied" is defined by the respondent. Very satisfied means that the respondent feels very happy with his/her life today. Somewhat satisfied means that the respondent feels somewhat happy with his/her life today. Not at all satisfied means that the respondent is unhappy with his/her life today.

Caseid: 10011060
Item: C_DP_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

Now I'd like to ask you about how you may have felt during the past week.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all clients and has no skips. These questions refer to the client's emotional health.

Caseid: 10011060
Item: C_DP1@a
Zenia Beautiful (888) 888 8888

During the past week, have you lost interest in activities that you used to enjoy?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011060
Item: C_DP2@a
Zenia Beautiful (888) 888 8888

During the past week, have you felt happy?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "happy" is defined by the respondent. "Most of the time" also is defined by the respondent but if the respondent needs guidance, say "more than half of the time." Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011060
Item: C_DP3@a
Zenia Beautiful (888) 888 8888

During the past week, have you felt that your situation is hopeless?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "hopeless" is defined by the respondent. Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011060
Item: C_DP4@a
Zenia Beautiful (888) 888 8888

During the past week, did you look forward to going out and doing new things?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "new things" is defined by the respondent. Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011060
Item: C_DP5@a
Zenia Beautiful (888) 888 8888

During the past week, was it harder than usual to remember things?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011060
Item: C_DP6@a
Zenia Beautiful (888) 888 8888

During the past week, have you felt that it is wonderful to be alive now?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is measuring overall happiness and life satisfaction.

Definition: The term "wonderful to be alive" is defined by the respondent. Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011060
Item: C_DP7@a
Zenia Beautiful (888) 888 8888

During the past week, have you felt sad most of the time?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011060
Item: C_DP8@a
Zenia Beautiful (888) 888 8888

During the past week, have you felt full of energy?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "full of energy" is defined by the respondent. Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011060
Item: C_DP9@a
Zenia Beautiful (888) 888 8888

During the past week, have you enjoyed doing things as much as you used to?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011060
Item: C_SU_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

Now I'd like to ask you some questions about the health care and community services that you may have used. The next questions refer to the past 12 months, that is, from October 1998 till now.

PRESS ENTER TO CONTINUE

Specification: This section includes questions about other services the client may be receiving.

Caseid: 10011060
Item: C_SU1@a
Zenia Beautiful (888) 888 8888

Have you had a routine physical checkup during the past 12 months?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks whether the respondent has had a non-urgent (routine or regularly scheduled physical exam during the past 12 months.

Definition: "Routine" means non-urgent or a scheduled regular check-up with a health care professional such as doctor, nurse, or physician assistant.

Caseid: 10011060
Item: C_SU2@a
Zenia Beautiful (888) 888 8888

Have you been admitted to a hospital overnight or longer since October 1998?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Hospital" is a place where acute medical care is received. "Overnight" means that the person stayed at least over one evening in the hospital.

Coding: If the respondent says "No", skip to SU3. Go to SU2a if the respondent says, "Yes."

Caseid: 10011060
Item: C_SU2a@a
Zenia Beautiful (888) 888 8888

How many different times did you stay in a hospital overnight or longer during the past 12 months, since October 1998?

F3 = DON'T KNOW
F4 = REFUSED

stays

Intent: This question asks the respondent to report the total number of times he/she stayed in a hospital for at least one night during the past year. It does not ask how many days the respondent stayed in the hospital. For example, if R stayed two days in November and five days in March, he/she would had two stays involving at least one overnight.

Definition: "Hospital" is a place where acute medical care is received. Every different hospital stay should be counted. "Overnight" means that the person stayed at least over one evening in the hospital.

Coding: Any number greater than zero should be listed. Every different hospital stay should be counted.

Caseid: 10011060
Item: C_SU3@a
Zenia Beautiful (888) 888 8888

Have you been a resident or patient in a nursing home or similar place since October 1998?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Resident" means the respondent lived there. "Nursing home" is a place such as a skilled nursing home, a semi-skilled nursing home, or a rest home where older adults receive room and board and medical assistance from nurses and other medical professionals.

Coding: If the client says "Yes," go to SU3a. If the respondent says, "No," go to SU4.

Caseid: 10011060
Item: C_SU3a@a
Zenia Beautiful (888) 888 8888

How many different times have you been a resident or patient in a nursing home or similar place during the past 12 months, since October 1998?

F3 = DON'T KNOW
F4 = REFUSED

stays

Definition: "Resident" means the respondent lived there. "Nursing home" is a place such as a skilled nursing home, a semi-skilled nursing home, or a rest home where older adults receive room and board and medical assistance from nurses and other medical professionals.

Coding: Any number greater than zero should be listed. Every different nursing home stay should be counted.

Caseid: 10011060
Item: C_SU4_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

Now, I'd like to ask you a few more questions about the health care and community services that you may have used, as well as your satisfaction with these services. These next questions refer to the past three months, that is from July through September.

PRESS ENTER TO CONTINUE

Specification: This statement introduces a new set of questions that have a different time reference than earlier questions — the past three months.

Caseid: 10011060
Item: C_SU4@a
Zenia Beautiful (888) 888 8888

How many visits have you made to a doctor or other medical person during the past three months?
F3 = DON'T KNOW
F4 = REFUSED

visits (0-125)

Coding: The response options may range anywhere from 0 up to 125 visits. Every different doctor visit within three months should be counted. If there were no visits during the past three months, enter zero and then skip to Question C_SU6. If there were visits, go to Question C_SU5.

Caseid: 10011060
Item: C_SU5@a
Zenia Beautiful (888) 888 8888

(During the past three months) how satisfied were you with the overall quality of medical care received? Would you say that you were ...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED
F5 = NOT APPLICABLE, HAVE NOT SEEN PROVIDER

Definition: "Overall quality" is defined by the respondent. Very satisfied means that the respondent is very happy with the quality of medical care received. Somewhat satisfied means that the respondent is somewhat happy with the quality of medical care received. Not at all satisfied means that the respondent is unhappy with the quality of medical care received.

Caseid: 10011060
Item: SU5_CK@a
Zenia Beautiful (888) 888 8888

The computer has recorded that you made __ visits to a doctor or other medical person during the past three months and that you have not seen a medical care provider during that time.
Which is correct?

1 = BOTH ARE CORRECT
2 = HAVE VISITED A PROVIDER
3 = HAVE NOT SEEN PROVIDER IN PAST THREE MONTHS

Specification: You should only get this screen if the respondent gave inconsistent information about the number of visits to a medical professional in the past three months.

Caseid: 10011060
Item: SU5_OR
Zenia Beautiful (888) 888 8888

INTERVIEWER: WHY DID YOU ALLOW THE INCONSISTENCY BETWEEN __ MEDICAL VISITS AND NO VISITS?

Intent: This question allows you to explain why you allowed the apparent inconsistency between no visits and one or more visits to a doctor or medical professional. Fifty characters are provided for the explanation.

Caseid: 10011060
Item: C_SU6
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

Have you used any of the following community services since July?

PRESS ENTER TO CONTINUE

Specification: This question is the root of the following four questions.

Coding: One response option should be selected for each part of this question. In other words, a response should be selected for A, B, C, and D.

Caseid: 10011060
Item: C_SU6A@a
Zenia Beautiful (888) 888 8888

(Since July, have you used) adult day care/senior center?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Adult day care" is a service whereby the older adult visits a social service agency or provider during the hours of 8-5 and socializes with other older adults as well as may receive a meal, and medical care (in some cases, and as needed). A "senior center" is a very similar setting to an "adult day care" setting but it may provide a more limited set of social and nutritional services to older adults and over a shorter period of time/day.

Caseid: 10011060
Item: C_SU6B@a
Zenia Beautiful (888) 888 8888

(Since July, have you used) special transportation (e.g. van)?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Special transportation" may include a special van that comes to the home of the older adult and will take him/her to medical appointments or other scheduled appointments as needed.

Caseid: 10011060
Item: C_SU6C@a
Zenia Beautiful (888) 888 8888

(Since July, have you used) home delivered meals such as Meals-on-Wheels?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Home delivered meals" such as Meals-on-Wheels are programs that provide scheduled hot meals to older adults and are delivered by a volunteer with a minimal (or no) charge to the individual in his/her home.

Caseid: 10011060
Item: C_SU6D@a
Zenia Beautiful (888) 888 8888

(Since July, have you used) group meal program?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Group meal programs" are nutritional programs that provide hot meals to older adults in a group (congregate) setting such as a social service agency or adult day care center.

Caseid: 10011060
Item: C_SU7@a
Zenia Beautiful (888) 888 8888

How satisfied are you with the overall quality of special transportation that you have received? Would you say that you are ...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Overall quality" is defined by the respondent.

Coding: This question is asked only if C_SU6B=1.

Caseid: 10011060
Item: C_SU8@a
Zenia Beautiful (888) 888 8888

How satisfied are you with the overall quality of nutrition services, such as in-home meals and food assistance, that you have received? Would you say that you are ...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Overall quality" is defined by the respondent.

Coding: This question is asked only if C_SU6C=1. Otherwise, skip directly to Question SU9.

Caseid: 10011060
Item: C_SU9
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

Have you had any of the following professionals come to your home to provide services for you during the past three months, since July ...

PRESS ENTER TO CONTINUE

Specification: The following questions refer to professional services the client may receive in his/her home.

Coding: One response option should be selected for each part of the question.

Caseid: 10011060
Item: C_SU9A@a
Zenia Beautiful (888) 888 8888

Has ... a visiting nurse or public health nurse come to your home to provide services for you since July?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: A "Visiting Nurse" or "Public Health Nurse" is a medical care provider who is licensed and trained to provide in-home nursing services to older adults. Nursing duties include but are not limited to the following: assistance in helping the client take medications; changing of dressings; assistance with special medical equipment/devices; and assistance in turning or rotating the client in his/her bed.

Caseid: 10011060
Item: C_SU9B@a
Zenia Beautiful (888) 888 8888

Has ... a home health aide or homemaker service come to your home to provide services for you since July?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: A "Home health aide" or "Homemaker service" is a person who is less trained than a visiting or public health nurse, and will provide more limited range of personal care services to clients. Home health aides may help with personal care tasks, such as bathing or dressing the client, transferring him/her in or out of bed, assistance with grooming, etc, rather than providing actual medical care to the client. Homemakers often provide assistance with chores, such as housecleaning and laundry, and they may provide meals and help with food preparation. Homemakers do not provide medical assistance to clients.

Caseid: 10011060
Item: C_SU9C@a
Zenia Beautiful (888) 888 8888

Have you had ... specialized therapy (Physical Therapy, Occupational Therapy, Speech Therapy, etc.) in your home since July?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Specialized therapy may include any of the following four therapies: physical therapy in the home, speech therapy in the home, occupational therapy in the home, or respiratory therapy in the home. Physical therapy is designed to help the person regain physical movement and functioning. Exercises are often taught to the client at home. Speech therapy is designed to help the client regain his/her ability to speak. Occupational therapy is designed to help the person to learn to move his/her hands, feet, legs, etc. in order to regain movement and provide rehabilitation to the client. Finally, respiratory therapy is designed to help the client breathe. Assistance with breathing devices, and exercises to improve breathing may be done during these at-home sessions.

Caseid: 10011060
Item: C_SU9D@a
Zenia Beautiful (888) 888 8888

Has ... a social worker come to your home to provide services for you since July?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Social workers are individuals who are trained to provide counseling and support to individuals who are experiencing emotional difficulties (e.g., depression, adjustment to a major loss such as death of a relative, general sadness, etc).

Caseid: 10011060
Item: C_SU10@a
Zenia Beautiful (888) 888 8888

How satisfied are you with the overall quality of home health care that you have received? Would you say that you are ...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Intent: This specific question asks about patient satisfaction with the overall quality of home health care that he/she has received.

Definition: "Home health care" includes visiting nurse, public health nurse, home health aide, or homemaker services. "Overall quality" is defined by the respondent.

Coding: This question is asked only if SU9A=1 or SU9B=1. Otherwise, skip directly to the end of the section.

Caseid: 10011090
Item: C_UN_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

Sometimes people have trouble getting the care they need. These next few questions ask about whether or not you have had trouble getting the care you needed during the past three months.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all clients.

Caseid: 10011090
Item: C_UN1@a
Zenia Beautiful (888) 888 8888

During the past three months, was there any time when you needed more help with personal care in your home (i.e., with any of the following: eating, bathing, grooming, or getting in and out of bed, etc.) but were unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Personal care" includes assistance with any of the following: eating, bathing, grooming, getting in and out of bed, toileting, etc.

Coding: If the respondent says, "No," to this question, skip to UN2.

Caseid: 10011090
Item: C_UN1a@a
Zenia Beautiful (888) 888 8888

During the past three months, about how often were you unable to get help with personal care when you needed it? Would you say that you were unable to get help ...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Personal care" includes assistance with any of the following: eating, bathing, grooming, getting in and out of bed, toileting, etc.

Coding: This question is only asked when Question C_UN1 = Yes.

Caseid: 10011090
Item: C_UN1b@a
Zenia Beautiful (888) 888 8888

Why didn't you get the help you needed with personal care?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME INTO THE HOME
4 = OTHER (SPECIFY)
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No Provider was available" means that the respondent could not find a person or provider who was able to help him/her with personal care activities during the past three months. "Service not covered by insurance/Cost too much" means that the respondent could not afford to pay for the personal care services he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" to help him/her with personal care services during the past three months. "Other" could be any other reason not covered above.

Coding: Please specify what the reason was when the client gives a reason that is not listed above. This question is only asked when C_UN1=yes.

Caseid: 10011090
Item: C_UN2@a
Zenia Beautiful (888) 888 8888

During the past three months, was there any time when you needed more help with meal preparation in your home but were unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Meal preparation" includes assistance with grocery shopping, planning a meal, and/or preparing/cooking the meal.

Coding: If respondent answers, "No," to this question, skip to UN3. Otherwise, go to question UN2a.

Caseid: 10011090
Item: C_UN2a@a
Zenia Beautiful (888) 888 8888

During the past three months, about how often were you unable to get help with meal preparation when you needed it? Would you say that you were unable to get help ...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Meal preparation" includes assistance with grocery shopping, planning a meal, and/or preparing/cooking the meal.

Coding: This question is only asked when Question UN2=yes.

Caseid: 10011090
Item: C_UN2b@a
Zenia Beautiful (888) 888 8888

Why didn't you get the help you needed with meal preparation?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME INTO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No Provider was available" means that the respondent could not find a person or provider who was able to help him/her with personal care activities during the past three months. "Service not covered by insurance/Cost too much" means that the respondent could not afford to pay for the personal care services he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" to help him/her with personal care services during the past three months. "Other" could be any other reason not covered above.

Coding: Please specify what the reason was when the client gives a reason that is not listed above. This question is only asked when Question UN2=yes.

Caseid: 10011090
Item: C_UN3@a
Zenia Beautiful (888) 888 8888

During the past three months, was there any time when you needed more special transportation from your home but were unable to get it?

1 = Yes
2 = No
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Special transportation" may include a special van or other type of vehicle that comes to the home of the older adult and will take him/her to medical appointments or other scheduled appointments as needed.

Coding: If respondent answers, "No," to this question, skip to UN4. Otherwise, go to question UN3a.

Caseid: 10011090
Item: C_UN3a@a
Zenia Beautiful (888) 888 8888

During the past three months, about how often were you unable to get special transportation when you needed it? Would you say that you were unable to get help ...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Special transportation" may include a special van or other type of vehicle that comes to the home of the older adult and will take him/her to medical appointments or other scheduled appointments as needed.

Coding: This question is only asked when Question UN3=yes.

Caseid: 10011090
Item: C_UN3b@a
Zenia Beautiful (888) 888 8888

Why didn't you get the help you needed with special transportation?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME TO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No Provider was available" means that the respondent could not find a person or provider who was able to help him/her with personal care activities during the past three months. "Service not covered by insurance/Cost too much" means that the respondent could not afford to pay for the personal care services he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" to help him/her with personal care services during the past three months. "Other" could be any other reason not covered above.

Coding: Please specify what the reason was when the client gives a reason that is not listed above. This question is only asked when Question UN3=yes.

Caseid: 10011090
Item: C_UN4@a
Zenia Beautiful (888) 888 8888

During the past three months was there any time when you needed more help taking medications in your home but were unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Help taking medications" may include reminders to take the medicine, assistance in getting a medicine bottle open, assistance in getting a glass of water to drink with the medicine, or assistance in determining (and counting) the number of pills, or the actual amount of liquid to actually take.

Coding: If respondent answers, "No," to this question, skip to the end of the section. Otherwise, go to question UN4a.

Caseid: 10011090
Item: C_UN4a@a
Zenia Beautiful (888) 888 8888

During the past three months, about how often were you unable to get help taking medications when you needed it? Would you say that you were unable to get help ...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Help taking medications" may include reminders to take the medicine, assistance in getting a medicine bottle open, assistance in getting a glass of water to drink with the medicine, or assistance in determining (and counting) the number of pills, or the actual amount of liquid to actually take.

Coding: This question is only asked when Question UN4=yes.

Caseid: 10011090
Item: C_UN4b@a
Zenia Beautiful (888) 888 8888

Why didn't you get the help you needed with medications?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME TO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No Provider was available" means that the respondent could not find a person or provider who was able to help him/her with personal care activities during the past three months. "Service not covered by insurance/Cost too much" means that the respondent could not afford to pay for the personal care services he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" to help him/her with personal care services during the past three months. "Other" could be any other reason not covered above.

Coding: Please specify what the reason was when the client gives a reason that is not listed above. This question is only asked when Question UN4=yes.

Caseid: 10011060
Item: C_EF_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

INTRODUCTION ONLY FOR CLIENTS ABOUT TO RECEIVE (OR CURRENTLY RECEIVING) SENIOR COMPANION PROGRAM SERVICES:

I know that you have just been assigned a Senior Companion to help with your special needs at home. Now I am going to ask you a few questions about how you learned about the Senior Companion Program. I also am going to ask you about the kind of care you want from your Senior Companion.

INTRODUCTION FOR CLIENTS WHO ARE ON THE WAITING LIST TO RECEIVE SENIOR COMPANION PROGRAM SERVICES

I know that you are currently waiting to receive services from the Senior Companion Program. Now I am going to ask you a few questions about how you learned about the Senior Companion Program, and the kind of care you want to receive from the Senior Companion in your home.

INTRODUCTION FOR CLIENTS WHO ARE ONLY RECEIVING OTHER AGENCY SERVICES

Now I'd like to ask you about the kind of care **you would want** if you could have additional help in your home.

Specification: You will have one of the three above introductions, depending on whether or not your respondent is an SCP client, on the SCP waiting list, or receiving other agency services.

Caseid: 10011060
Item: C_EF1@a
Zenia Beautiful (888) 888 8888

How did you hear about the Senior Companion Program? Did you hear about it from a ...

1 = Health/social service agency
2 = Family member
3 = Other (specify):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "How did you hear about..." is a question designed to find out who or what agency was the source of information about the Senior Companion Program. "Health/social agency" is any agency or organization that provides services to individuals that initially told the respondent about the Senior Companion Program. "Family member" is any relative who initially told the respondent about the Senior Companion Program. "Other" is any other person or provider that told the respondent about the Senior Companion Program.

Coding: This question is only asked of individuals who are either about to receive or are currently receiving SCP services, and those who are on the waiting list to receive Senior Companion Services.

Caseid: 10011060
Item: C_EF2@a
Zenia Beautiful (888) 888 8888

Will this be your first experience with a Senior Companion?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This specific question asks whether this experience with the Senior Companion Program will be the first contact the respondent has had with the program.

Definition: "First experience..." means that the client has not had prior direct contact with the Senior Companion Program.

Coding: This question is only asked of individuals who are receiving, or are on the waiting list to receive Senior Companion Services. If the respondent answers, "Yes," to this question and is receiving senior companion services, skip to EF3. If he/she answers, "Yes," and is on the waiting list for senior companion services, skip to EF4. If "No," question EF2a should be asked.

Caseid: 10011060
Item: C_EF2a@a
Zenia Beautiful (888) 888 8888

Not including the new/current Senior Companion, how many other Senior Companions have come to visit you until now? Number of previous Senior Companions

Intent: This specific question is designed to determine the number of Senior Companions that the respondent has had prior to the current Senior Companion.

Coding: This question is only asked of individuals who answered NO to Question 83. If the respondent indicates that they have had zero senior companions, a consistency check screen will prompt you to ask the respondent how many senior companions they have had, since they have told us that this wasn't their first contact in EF2, and that they've had no previous senior companions in EF2a.

Caseid: 10011060
Item: EF2a_CK@a
Zenia Beautiful (888) 888 8888

The computer recorded that this is not your first experience with a senior companion and that you have had zero previous companions. Which is correct?

1 = BOTH ARE CORRECT
2 = THIS IS MY FIRST EXPERIENCE WITH A SENIOR COMPANION
3 = I HAVE HAD PREVIOUS SENIOR COMPANIONS

Specification: You should only have gotten to the screen if the respondent indicated that this was not his/her first experience with a Senior Companion and that he/she had no previous Senior Companions. If you indicate that both answers are correct, you will be prompted with an override screen that requires you to explain why you allowed the inconsistency. Otherwise, you will go to C_EF3 or C_EF4.

Caseid: 10011060
Item: EF2a_OR@a
Zenia Beautiful (888) 888 8888

INTERVIEWER: WHY DID YOU ALLOW THE INCONSISTENCY BETWEEN HAVING NO PREVIOUS SENIOR COMPANIONS AND HAVING PREVIOUS SENIOR COMPANIONS?

Specification: This screen asks you to explain the apparent inconsistency you allowed in EF2a_CK.

Caseid: 10011060
Item: C_EF3_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

How important is it to you that your Senior Companion does the following activities for you? Would you say that it is important, or not important that your Senior Companion:

PRESS ENTER TO CONTINUE

Specification: This question is the root of a several-part question on the next screen. This question is asked only of clients receiving Senior Companion Services.

Coding: Each part of C_EF3 should be answered. This question is only asked of individuals who are currently receiving Senior Companions.

Intent: This question is designed to determine how important it is for the respondent to receive each of the listed services from his/her Senior Companion.

Caseid: 10011060
Item: C_EF3A@a
Zenia Beautiful (888) 888 8888

Would you say that it is important, or not important that your Senior Companion ... provide personal care assistance (help dressing, eating, grooming, etc.?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Personal assistance" includes help in eating, dressing, toileting, getting in and out of bed, and bathing.

Caseid: 10011060
Item: C_EF3B@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... do light chores?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW

Specification: "Light chores" includes things such as laundry and doing the dishes.

Caseid: 10011060
Item: C_EF3C@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... take you to medical appointments?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Take you to medical appointments" includes driving to medical appointments, and/or accompanying the respondent to medical appointments.

Caseid: 10011060
Item: C_EF3D@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... run errands?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification:

Caseid: 10011060
Item: C_EF3E@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... prepare meals?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification:

Caseid: 10011060
Item: C_EF3F@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... do grocery shopping?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification:

Caseid: 10011060
Item: C_EF3G@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... make phone calls for you?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification:

Caseid: 10011060
Item: C_EF3H@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... help you take medicine?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Help you take medicine" includes things such as reminding the respondent to take his/her medicine, helping him/her to open the bottle, getting him/her a glass of water to take with the medicine, and/or telling him/her the proper dosage to take.

Caseid: 10011060
Item: C_EF3I@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... keep you company?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification:

Caseid: 10011060
Item: C_EF3J@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... help you with paperwork?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Help with paperwork" includes but is not limited to opening the mail, paying bills, filling out forms, and reading and understanding different documents.

Caseid: 10011060
Item: C_EF3K@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... be there in case of an emergency?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Be there in case of an emergency" means that the Senior Companion is there to offer support in the event of an urgent need.

Caseid: 10011060
Item: C_EF3L@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... assist you by giving a family member/caregiver time off?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Assist you by giving a family member/caregiver time off" means that the Senior Companion provides respite services to the family member/caregiver by allowing him/her to go out for a few hours while the Senior Companion is visiting.

Caseid: 10011060
Item: C_EF3M@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... be on time?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Be on time" is interpreted by the respondent.

Caseid: 10011060
Item: C_EF3N@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... visit on a regular basis?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Visit on a regular basis" is defined by the respondent.

Caseid: 10011060
Item: C_EF3O@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... stay for a specific period of time each visit?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Stay for a specific period of time each visit" is defined by the respondent.

Caseid: 10011060
Item: C_EF3P@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... Does other activities for you?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 10011060
Item: C_EF4_INTRO
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

If you were willing and able to receive additional services in the home, how important would each of the following activities be to you? Would it be important, or not important that this person:

PRESS ENTER TO CONTINUE

Specification: This question is the root of a several-part question on the next screen. This question is asked only of clients on the waiting list to receive Senior Companion Services or those receiving other services.

Coding: Each part of C_EF4 should be answered. This question is only asked of individuals who are currently receiving Senior Companions.

Intent: This question is designed to determine how important it is for the respondent to receive each of the listed services from his/her Senior Companion.

Caseid: 10011060
Item: C_EF4A@a
Zenia Beautiful (888) 888 8888

Would you say that it is important, or not important that your Senior Companion ... provide personal care assistance (help dressing, eating, grooming, etc.?)

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Personal assistance" includes help in eating, dressing, toileting, getting in and out of bed, and bathing.

Caseid: 10011060
Item: C_EF4B@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... do light chores?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW

Specification: "Light chores" includes things such as laundry and doing the dishes.

Caseid: 10011060
Item: C_EF4C@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... take you to medical appointments?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Take you to medical appointments" includes driving to medical appointments, and/or accompanying the respondent to medical appointments.

Caseid: 10011060
Item: C_EF4D@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... run errands?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification:

Caseid: 10011060
Item: C_EF4E@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... prepare meals?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification:

Caseid: 10011060
Item: C_EF4F@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... do grocery shopping?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification:

Caseid: 10011060
Item: C_EF4G@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... make phone calls for you?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification:

Caseid: 10011060
Item: C_EF4H@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... help you take medicine?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Help you take medicine" includes things such as reminding the respondent to take his/her medicine, helping him/her to open the bottle, getting him/her a glass of water to take with the medicine, and/or telling him/her the proper dosage to take.

Caseid: 10011060
Item: C_EF4I@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... keep you company?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification:

Caseid: 10011060
Item: C_EF4J@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... help you with paperwork?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Help with paperwork" includes but is not limited to opening the mail, paying bills, filling out forms, and reading and understanding different documents.

Caseid: 10011060
Item: C_EF4K@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... be there in case of an emergency?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Be there in case of an emergency" means that the Senior Companion is there to offer support in the event of an urgent need.

Caseid: 10011060
Item: C_EF4L@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... assist you by giving a family member/caregiver time off?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Assist you by giving a family member/caregiver time off" means that the Senior Companion provides respite services to the family member/caregiver by allowing him/her to go out for a few hours while the Senior Companion is visiting.

Caseid: 10011060
Item: C_EF4M@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... be on time?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Be on time" is interpreted by the respondent.

Caseid: 10011060
Item: C_EF4N@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... visit on a regular basis?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Visit on a regular basis" is defined by the respondent.

Caseid: 10011060
Item: C_EF4O@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... stay for a specific period of time each visit?

1 = IMPORTANT
2 = NOT IMPORTANT
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Stay for a specific period of time each visit" is defined by the respondent.

Caseid: 10011060
Item: C_EF4P@a
Zenia Beautiful (888) 888 8888

(Would you say that it is important, or not important that your Senior Companion) ... Does other activities for you?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 10011060
Item: C_EFEND2
Press ENTER to move to the next field
Zenia Beautiful (888) 888 8888

Thank you very much for your help with this important research study.
We will be back in touch in a few months for an update.

PRESS ENTER TO CONTINUE

Specification: This screen indicates the end of the client interview. There are several questions that follow that require information from you about the interview.

Caseid: 10011060
Item: c_IS1@a
Zenia Beautiful (888) 888 8888

How much of the time did the client appear to be confused during the interview?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Definition: Most of the time means that the respondent seemed confused or disoriented over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to be confused or disoriented some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the client seemed to be clear about the meaning of most questions and have little difficulty answering questionnaire items. None of the time means that the respondent had no difficulty with confusion during the entire interview.

Caseid: 10011060
Item: c_IS2@a
Zenia Beautiful (888) 888 8888

How much of the time did the client appear to understand the questions that were asked of him/her?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Definition: Most of the time means that the respondent seemed to understand over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to understand some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the client seemed to understand most questions and have little difficulty answering questionnaire items. None of the time means that the respondent had no difficulty understanding any of the interview questions.

Caseid: 10011060
Item: c_IS3@a
Zenia Beautiful (888) 888 8888

How much of the time did the client communicate understandably and appropriately?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Definition: Most of the time means that the respondent appropriately communicated over 50% of the time it took to complete the interview. Some of the time means that the respondent appropriately communicated some (e.g., about 25-50%) of the time. Very little of the time means that the respondent communicated

understandably and appropriately only a small proportion (e.g., less than 25%) of the time. None of the time means that the respondent was totally unable to appropriately respond to questionnaire items.

Caseid: 10011060
Item: c_IS4@a
Zenia Beautiful (888) 888 8888

How much of the time did the client seem upset during the interview?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Definition: Most of the time means that the respondent seemed to get upset over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to get upset some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the client seemed to get upset less than 25% of the time. None of the time means that the respondent did not get upset with any interview questions.

Caseid: 10011060
Item: c_IS5@a
Zenia Beautiful (888) 888 8888

How difficult was it to conduct this interview?

1 = Very difficult
2 = Somewhat difficult
3 = A little difficult
4 = Not at all difficult

Definition: Very difficult means that it was very hard for the interviewer to be able to administer the questionnaire. Very difficult could be defined as being hard to administer for over 50% of the interview. This could have been due to any of the following: respondent fatigue, respondent lack of understanding of questionnaire items, respondent difficulty in communicating his/her response, poor quality of the telephone reception, lack of privacy during the interview, etc. Somewhat difficult means that interview was somewhat hard to administer for the same reasons listed above. (Somewhat could be defined as occurring between 25-50% of the time). A little difficult means that between 1-25% of the interview was difficult to administer. Not at all difficult means that the interview was not at all hard to administer.

Caseid: 10011060
Item: c_IS6@a
Zenia Beautiful (888) 888 8888

Was the interview completed in one sitting?

1 = Yes
2 = No

Caseid: 10011060
Item: c_IS7@a
Zenia Beautiful (888) 888 8888

How many times did it take to complete the entire interview?

times (1-99)

Coding: Only those answering Question S6 with 'NO' should be asked this question. Response should be greater than 1.

APPENDIX D3: *Client Follow-up Survey*

APPENDIX D3
Client Follow-up Survey

National Survey of the Senior Companion Program

Follow-up Client Survey QxQs
Feb, 2001

This is text only for the items with any special issue.

General Instructions for Client Follow-up Interview:

In most cases, you will use the client version of the interview instrument. To help you decide if the subject cannot respond capably to the interview, refer to the criteria and instructions in the Interviewer Manual. The client should not be interviewed when there are severe health (physical or mental) problems. Read the introduction/consent on first page before you begin with the questions.

During the interview: If the respondent refuses to answer a question during the interview, do not ask him/her to tell you the reason for refusing. However, if the respondent volunteers this information, record his/her comment(s) in the space provided next to the item.

Intent: The intent is to speak with the person who has been listed on your CATI screen. This person will be one of three types of respondents: (a) he/she will have recently been assigned a Senior Companion to help him/her with his/her needs at home; (b) he/she will be on the waiting list to receive Senior Companion services in the future; or (c) he/she will not be receiving Senior Companion services and he/she will not be on the waiting list to receive Senior Companion services. However, he/she currently will be receiving other agency services either at home or in the community. If the individual is not one of these three types, he/she should not be completing the follow-up survey. Code out correct reason for not completing the interview before exiting the CATI script.

SQ1 Three months ago, when we spoke with you last, you were receiving Senior Companion services. Are you still being visited by a Senior Companion?

1 = YES
2 = NO

99 = CONFUSED OR INAPPROPRIATE RESPONSE

Intent: This question is asked only in the follow-up interview. The purpose of this question and the remaining questions in this section is to determine whether or not the client has become ineligible for the study since we last talked with him/her.

Coding: 99 = CONFUSED OR INAPPROPRIATE RESPONSE should be chosen only when the client does not seem to understand the question or is not able to give an appropriate answer to the question.

SQ1_CK

Three months ago you were being visited by a Senior Companion, but now you are no longer matched with a Senior Companion. Is this correct?

1 = YES
2 = NO

Intent: This question is asked only in the follow-up interview. The purpose of this question is to verify with the client that he/she was once visited by a Senior Companion, but is no longer receiving those services. If that is the case, this respondent is ineligible for the sample.

SQ2. Three months ago, when we spoke with you last, you were on the waiting list for Senior Companion services. Are you still on the waiting list to receive Senior Companion Services?

1 = YES
2 = NO

99 = CONFUSED OR INAPPROPRIATE RESPONSE

Intent: This question is asked only in the follow-up interview. The purpose of this question is to determine whether or not the client has become ineligible for the study since we last talked with him/her.

Coding: 99 = CONFUSED OR INAPPROPRIATE RESPONSE should be chosen only when the client does not seem to understand the question or is not able to give an appropriate answer to the question.

>C_SQ2a<

Have you been matched with a Senior Companion?

1 = YES
2 = NO

Intent: This question is asked only in the follow-up interview. Regardless of the respondent's answer to this question, he/she is ineligible for the follow-up sample.

>C_SQ3<

Three months ago, when we spoke with you last, you were receiving services from AGENCY NAME, but not receiving Senior Companion services.

Are you still receiving services from AGENCY NAME other than Senior Companion services?

1 = YES
2 = NO
99 = CONFUSED OR INAPPROPRIATE RESPONSE

Intent: This question is asked only in the follow-up interview. The purpose of this question is to determine whether or not the client has become ineligible for the study since we last talked with him/her.

Coding: 99 = CONFUSED OR INAPPROPRIATE RESPONSE should be chosen only when the client does not seem to understand the question or is not able to give an appropriate answer to the question.

>C_SQ3a<

Are you on the waiting list for Senior Companion Services or have you been assigned a Senior Companion?

1 = YES
2 = NO

Intent: This question is asked only in the follow-up interview. If the respondent answers "Yes" to this question, he/she is ineligible for the follow-up sample.

Caseid: 10011063
Item: C_DI_INTRO
Press ENTER to move to the next field
Tim Smith (888) 888 8888

PRESS ENTER TO CONTINUE

Specification: This section includes basic demographic information about the client. It also includes a cognitive screen designed to screen out any respondents who are mentally incapable of completing the interview.

Caseid: 10011050
Item: C_DI1@a
Tim Smith (888) 888 8888

CODE RESPONDENT'S SEX. IF UNSURE ASK:

Are you male or female?

1 = Male
2 = Female

F4 = REFUSED

Intent: This question is also being asked as a means to confirm that the person with whom you are speaking is the appropriate study respondent. Refer to interviewer manual for instructions about inaccurate information.

Coding: Ask this question only if you are not sure what the client's gender is.

Caseid: 10011050
Item: C_DI2@a
Tim Smith (888) 888 8888

How old were you on your last birthday?

F3 = DON'T KNOW
F4 = REFUSED

YEARS (50-99)

Intent: This question is being asked as a means to determine the mental status of the potential study respondent.

Coding: If questions 2 and 3 do not match correctly (i.e., the person says his/her birth date in question 2 and it is more than one year from the age that he/she reports in question 3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. In this case, you will be prompted by a consistency check to verify the respondent's answers and correct the inconsistency. If you report that the inconsistency is accurate, you will be prompted with a screen that asks you to explain.

Definition: Cognitive = of, relating to, or involving the elements of perception, awareness and judgment.

Caseid: 10011050
Item: C_DI3@m
Tim Smith (888) 888 8888

What is the month, day, and year of your birth?

F3 = DON'T KNOW
F4 = REFUSED

MONTH DAY YEAR

Intent: This question is designed to determine the birth date of the respondent. It also is being asked as a means to determine the mental status of the potential study respondent.

Coding: Record the month, day, and year.

Caseid: 10011050
Item: DI3_Ck@a
Tim Smith (888) 888 8888

The computer has recorded that you are ___ years old but that your birthday is __/__/____.
Which is correct, age or date of birth?

1 = BOTH ARE CORRECT
2 = AGE IS CORRECT
3 = DATE OF BIRTH IS CORRECT

Intent: This question is being asked as a means to determine the mental status of the potential study respondent.

Coding: If questions 2 and 3 do not match correctly (i.e., the person says his/her birth date in question 2 and it is more than one year from the age that he/she reports in question 3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. In this case, you will be prompted by a consistency check to verify the respondent's answers and correct the inconsistency. If you report that the inconsistency is accurate, you will be prompted with a screen that asks you to explain.

Definition: Cognitive = of, relating to, or involving the elements of perception, awareness and judgment.

Caseid: 10011050
Item: C_DI3_OR@A
Tim Smith (888) 888 8888

INTERVIEWER: WHY DID YOU ALLOW THE INCONSISTENCY
BETWEEN AGE: __ AND
DATE OF BIRTH: __/__/____

1 = REPSONDENT UNCERTAIN ABOUT YEAR OF BIRTH; NO COGNITIVE DIFFICULTY OBSERVED
2 = RESPONDENT CONFUSED OR UNABLE TO CLARIFY DISCREPANCY
3 = OTHER

Intent: This question is being asked as a means to determine the mental status of the potential study respondent.

Coding: If questions 2 and 3 do not match correctly (i.e., the person says his/her birth date in question 2 and it is more than one year from the age that he/she reports in question 3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. In this case, you will be prompted by a consistency check to verify the respondent's answers and correct the inconsistency. If you report that the inconsistency is accurate, you will be prompted with a screen that asks you to explain.

Definition: Cognitive = of, relating to, or involving the elements of perception, awareness and judgment.

Caseid: 10011063
Item: C_DI4@a
Tim Smith (888) 888 8888

Are you ...?

1 = Married
2 = Separated or divorced
3 = Widowed
4 = Never married
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 10011063
Item: C_DI5@a
Tim Smith (888) 888 8888

Do you live alone?

1 = YES
2 = NO
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Coding: Those answering "Yes" skip to C_HS_INTRO.

Caseid: 10011063
Item: DI5a@a
Tim Smith (888) 888 8888

Who lives with you? (CODE ALL THAT APPLY.)
1 = HUSBAND OR WIFE.....N
2 = CHILDREN (INCLUDING IN-LAWS).....N
3 = GRANDCHILDREN.....N
4 = PARENTS (INCLUDING IN-LAWS).....N
5 = BROTHERS OR SISTERS (INCLUDING IN-LAWS).....N
6 = OTHER RELATIVES.....N
7 = FRIENDS.....N
8 = NON-RELATED PAID HELPER (INCLUDE FREE ROOM).....N
9 = OTHER (SPECIFY).....N
10 = CONFUSED OR INAPPROPRIATE RESPONSE.....N
F3 = DK.....N
F4 = RE.....N

PRESS F9 TO CONTINUE

Coding: Code all answers given.

Definition: Children include stepchildren and children who are in-laws. Parents include in-laws. Brothers or sisters include stepbrothers and stepsisters. Other relatives include nieces, nephews, aunts, uncles, cousins, and other relatives. Non-related paid helpers include people who pay room and board, as well as those who receive free room and board in exchange for helping the client. Please specify who is selected in the "Other" category.

Caseid: 10011063
Item: C_HS_INTRO
Press ENTER to move to the next field
Tim Smith (888) 888 8888

Now, I'd like to ask you about your health.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all respondents and has no skips within it.

Caseid: 10011063
Item: C_HS1@a
Tim Smith (888) 888 8888

In general, would you say your health is:

1 = Excellent
2 = Very good
3 = Good
4 = Fair
5 = Poor
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the client's self-reported health. It is up to each person to determine which category is appropriate. The question is designed to ask about his/her current health.

Caseid: 10011063
Item: C_HS2@a
Tim Smith (888) 888 8888

Compared to one year ago, how would you rate your health in general now? Would you say it is ...

1 = Much better than one year ago
2 = Somewhat better than one year ago
3 = About the same as one year ago
4 = Somewhat worse than one year ago
5 = Much worse than one year ago
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the client's current general health compared with his/her general health one year ago. General health refers to average or typical health. It is up to the respondent to determine whether his health is better, the same or worse than it was one year ago.

Definition: Much better than one year ago indicates that substantial improvement in health status has occurred during the one-year period. Somewhat better than one year ago indicates that some improvement in health status has occurred. About the same as one year ago indicates that respondent's health status has not changed during the one-year period. Somewhat worse than one year ago indicates that some decline in health has occurred during the one-year time period. Much worse now than one year ago indicates that substantial decline in health status has occurred during the one-year period.

Caseid: 10011063
Item: C_HS3@a
Tim Smith (888) 888 8888

To what extent have physical health problems interfered with your social activities with family, friends, neighbors, or other groups during the past month? Would you say they have interfered...

1 = Not at all
2 = Slightly (Interfered 1-2 times)
3 = Moderately (3-4 times)
4 = Quite a bit (5-6 times)
5 = Extremely (more than 6 times)
F3 = DON'T KNOW
F4 = REFUSED

Definition: The extent of physical health problems experienced during the past month is defined by the respondent.

Caseid: 10011063
Item: C_HS4@a
Tim Smith (888) 888 8888

To what extent have emotional problems interfered with your social activities with family, friends, neighbors, or other groups during the past month? Would you say they have interfered ...

1 = Not at all
2 = Slightly (Interfered 1-2 times)
3 = Moderately (3-4 times)
4 = Quite a bit (5-6 times)
5 = Extremely (more than 6 times)
F3 = DON'T KNOW
F4 = REFUSED

Definition: The extent of emotional problems experienced by a person is defined by the respondent. Emotional problems are not limited to the following, but may include things like depression, sadness following the death of a relative, or unhappiness resulting from the loss of independence with advanced age.

Caseid: 10011063
Item: C_HS5@a
Tim Smith (888) 888 8888

How many friends have you seen or spoken to on the telephone in the past month? Would you say that you have seen or spoken with ...

1 = 9 or more friends
2 = 5 to 8 friends
3 = 2 to 4 friends
4 = 1 friend
9 = No friends
F3 = DON'T KNOW
F4 = REFUSED
F5 = NOT APPLICABLE, CAN'T USE THE PHONE

Intent: This question is designed to determine the extent to which the respondent has had social contact with friends during the past month. All social contacts (whether by telephone or in-person) count. Friends may include non-related caregivers, neighbors, and other people who the respondent identifies as being a friend.

Caseid: 10011063
Item: C_HS6@a
Tim Smith (888) 888 8888

To what extent have you been able to talk about your feelings and problems with at least one friend during the past month? Would you say that you have been ...

1 = Always able to talk about feelings?
2 = Usually able to talk about feelings?
3 = Able to talk about feelings about half the time?
4 = Usually unable to talk about feelings?
5 = Always unable to talk about feelings?
6 = N/A: RESPONDENT HAS NO FRIENDS TO TALK TO
7 = N/A: RESPONDENT HAS NOT PROBLEMS/WORRISOME FEELINGS TO DISCUSS
F3 = DON'T KNOW
F4 = REFUSED

Definition: Always able to talk about feelings and problems means that the individual has access to at least one friend with whom he/she can speak whenever he/she wants. Usually able to talk about feelings and problems means that in most instances, the respondent has access to at least one friend in whom he/she can confide about his/her feelings and problems. Usually unable to talk about feelings and problems means that in most instances, the respondent does not have access to at least one friend in whom he/she can confide about his/her feelings and problems. Always unable to talk about feelings and problems means that the individual is never able to confide in at least one person regarding his/her feelings and problems.

Coding: If the individual reports that he/she has no friends, then the response choice "No friends to talk to" should be selected. If the individual reports that he/she has no problems or worrisome feelings to discuss, then "No problems/worrisome feelings to discuss" should be selected.

Caseid: 10011063
Item: C_HS7@a
Tim Smith (888) 888 8888

How many times during the past month have you gone out socially with other people? For example, how many times have you visited friends, gone to church, or invited friends to your home?
Would you say ...

1 = 9 or more times
2 = 5 to 8 times
3 = 2 to 4 times
4 = Once
9 = None
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine how often the respondent has socialized with other people during the past month. Activities counted include, but are not limited to the following: visiting with friends either inside or outside the home and going to church.

Caseid: 10011063
Item: C_PF_INTRO
Press ENTER to move to the next field
Tim Smith (888) 888 8888

Now I'd like to ask you about some routine activities. Please tell me if you can do these activities without help, if you need some help to do them, or if you can't do them at all.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all clients and includes no skips. These questions establish the level of physical functioning the client maintains.

Caseid: 10011063
Item: C_PF1@a
Tim Smith (888) 888 8888

To what extent can you use the telephone (including looking up numbers and dialing)? Can you use it ...

1 = Without help
2 = With some help (can answer phone or dial operator in an emergency, but need a special phone or help in getting the number or dialing)
3 = Or are you unable to use the telephone?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can use the phone to call someone else. The question does not ask about whether the person actually does use the telephone; instead, it asks about whether he/she **can** (i.e., has the ability to) use the telephone. Using the phone includes looking up numbers in a

directory or phone book, and actually dialing the number. The question refers to the respondent's ability to perform this activity today, not what activities the respondent can normally perform.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent for this set of questions.

Caseid: 10011063
Item: C_PF2@a
Tim Smith (888) 888 8888

To what extent can you get to places out of walking distance?
Can you get there ...

1 = Without help (can travel alone on buses, taxis, or drive your own car)
2 = With some help (need someone to help you in order to be able to travel)
3 = Or are you unable to travel (unless emergency arrangements are made for a specialized vehicle)?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can get to places outside of walking distance. The question does not ask about whether the person actually does get to places outside of walking distance; instead, it asks about whether he/she **can** (i.e., has the ability to) get to places outside of walking distance.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011063
Item: C_PF3@a
Tim Smith (888) 888 8888

To what extent can you go shopping for groceries or clothes?
Would you say ...

1 = Without help (taking care of all shopping needs yourself, assuming you had transportation)
2 = With some help (need someone to go with you on all shopping trips)
3 = Or are you unable to do any shopping?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can go shopping for groceries or clothes. The question does not ask about whether the person actually does shopping; instead, it asks about whether he/she **can** (i.e., has the ability to) go shopping. The question assumes that the individual has access to transportation to shop.

Definition: Without help means that no person or service provider is needed to help the respondent to shop for groceries or clothes. With some help means that the person needs help from another person in order to be able to shop. Unable to do any shopping means that the person is totally unable to go shopping.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011063
Item: C_PF4@a
Tim Smith (888) 888 8888

To what extent can you prepare your own meals? Can you prepare them...

1 = Without help (plan and cook full meals yourself)?
2 = With some help (can prepare some things but unable to cook full meals yourself)?
3 = Or are you unable to prepare any meals?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can prepare his/her own meals. The question does not ask about whether the person actually does prepare the meals; instead, it asks about whether he/she **can** (i.e., has the ability to) prepare meals.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011063
Item: C_PF5@a
Tim Smith (888) 888 8888

To what extent can you do your housework (e.g., laundry, dusting, washing dishes, etc.)? Can you do it ...

1 = Without help (can you scrub floors, etc.)?
2 = With some help (can do light housework but need help with heavy housework)?
3 = Or are you unable to do any housework?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can do housework. The question does not ask about whether the person actually does housework; instead, it asks about whether he/she **can** (i.e., has the ability to) do housework.

Definition: Heavy housework includes things such as scrubbing floors and vacuuming. Light housework includes things like dusting, washing dishes, and doing laundry.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011063
Item: C_PF6@a
Tim Smith (888) 888 8888

To what extent can you take your own medicine? Can you take it ...

1 = Without help (in the right doses at the right time)?
2 = With some help (able to take medicine if someone prepares it for you and/or reminds you to take it)?
3 = Or are you unable to take your medicine?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can take his/her own medicine. The question does not ask about whether the person actually does take medicine; instead, it asks about whether he/she **can** (i.e., has the ability to) take medicine without assistance.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011063
Item: C_PF7@a
Tim Smith (888) 888 8888

To what extent can you handle your own money? Can you handle it ...

1 = Without help (write checks, pay bills, etc.)?
2 = With some help (manage day-to-day buying but need help with managing your checkbook and paying your bills)?
3 = Or are you unable to handle money?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can handle his/her own money. The question does not ask about whether the person actually does handle his/her own money; instead, it asks about whether he/she **can** (i.e., has the ability to) handle money.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011063
Item: C_PF8@a
Tim Smith (888) 888 8888

To what extent can you eat? Can you do it ...

1 = Without help (able to feed yourself completely)?
2 = With some help (need help with cutting, etc.)?
3 = Or are you unable to feed yourself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can eat. The question does not ask about whether the person actually does eat without help; instead, it asks about the extent to which he/she **can** (i.e., has the ability to) eat without assistance.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011063
Item: C_PF9@a
Tim Smith (888) 888 8888

To what extent can you dress and undress yourself? Can you do it ...

1 = Without help (able to pick out clothes, dress, and undress yourself completely)?
2 = With some help?
3 = Or are you unable to dress and undress yourself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can dress and undress him/herself. The question does not ask about whether the person actually does dress and undress himself; instead, it asks about whether he/she **can** (i.e., has the ability to) dress and undress.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011063
Item: C_PF10@a
Tim Smith (888) 888 8888

To what extent can you take care of your own appearance, for example, combing your hair ? Can you do it ...

1 = Without help?
2 = With some help?
3 = Or are you unable to maintain your appearance yourself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can take care of his/her own grooming. The question does not ask about whether the person actually does his/her own grooming (i.e., combing hair, and for men, shaving, etc); instead, it asks about whether he/she **can** (i.e., has the ability to) take care of his/her own appearance.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011063
Item: C_PF11@a
Tim Smith (888) 888 8888

To what extent can you walk? Can you do it ...

1 = Without help (except for a cane)?
2 = With some help (e.g., from a person, or with the use of a walker, or crutches, etc)?
3 = Or are you unable to walk?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can walk. The question does not ask about whether the person actually does walk; instead, it asks about whether he/she **can** (i.e., has the ability to) walk.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011063
Item: C_PF12@a
Tim Smith (888) 888 8888

To what extent can you get in and out of bed? Can you do it ...

1 = Without help (or aids)?
2 = With some help (either from a person, or with the aid of some device)?
3 = Or are you unable to get in and out of bed yourself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can get in and out of bed. The question does not ask about whether the person actually does get in and out of bed; instead, it asks about whether he/she **can** (i.e., has the ability to) get in and out of bed.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011063
Item: C_PF13@a
Tim Smith (888) 888 8888

To what extent can you take a bath or shower? Can you do it ...

1 = Without help?
2 = With some help (need help getting in and out of the tub, or need special attachments on the tub)?
3 = Or are you unable to bathe yourself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the individual can take a bath or shower. The question does not ask about whether the person actually does take a bath or shower; instead, it asks about whether he/she **can** (i.e., has the ability to) take a bath or shower.

Definition: Without help means that no person or device is needed to help the respondent to take a bath or shower. With some help means that the person needs help from another person or device (such as special attachments on the tub) in order to be able to take a bath or shower. Unable to take a bath or shower means that the person is totally unable to bathe or wash him/herself.

Instruction: If respondent interrupts you to reply to the question, simply record their answer and move on to the next question. You do not have to read all response categories if you are interrupted by the respondent.

Caseid: 10011063
Item: C_PF15@a
Tim Smith (888) 888 8888

Is there currently someone who helps you with such things as shopping, housework, bathing, dressing, and getting around?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Coding: If the respondent answers "No" to this question, he/she should skip to the next section. If the respondent answers "Yes" to this question, he/she should skip to C_PF15a.

Caseid: 10011063
Item: C_PF15a@a
Tim Smith (888) 888 8888

Who helps you most often?

1=HUSBAND OR WIFE
2=CHILD (INCLUDING IN-LAW)
3=GRANDCHILD
4=PARENT (INCLUDING IN-LAW)
5=BROTHER/SISTER (INCLUDING IN-LAW)
6=OTHER RELATIVE
7=FRIEND
8=NEIGHBOR
9=NON-RELATED, PAID HELPER (LIVE-IN)
10=NON-RELATED, PAID HELPER (NOT LIVE-IN)
11=CHURCH HELPER
12=VOLUNTEER HELPER
13=OTHER (SPECIFY)

Definition: Children include stepchildren and children who are in-laws. Parents include in-laws. Brothers or sisters include stepbrothers and stepsisters. Other relatives include nieces, nephews, aunts, uncles, cousins, and other relatives. Non-related paid helpers include people who pay room and board, as well as those who receive free room and board in exchange for helping the client. Please specify who is selected in the "Other" category.

Coding: Do not read responses.

Caseid: 10011063
Item: C_CC_INTRO
Press ENTER to move to the next field
Tim Smith (888) 888 8888

Now, I'd like to ask you some questions about health problems that you may have had.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all clients and includes no skips. In this section, you will be asking the client about any chronic health problems he/she may have.

Caseid: 10011063
Item: C_CC1@a
Tim Smith (888) 888 8888

Do you now need any special equipment, such as an oxygen tank, in order to breathe?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Special equipment includes oxygen tanks, inhalators, or other devices that the respondent currently uses in order to help him/her breathe.

Caseid: 10011063
Item: C_CC2@a
Tim Smith (888) 888 8888

Has a doctor ever told you that you had diabetes, high blood sugar, or sugar in your urine?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Diabetes is the same thing as high blood sugar or sugar in the urine. All three sets of words are used here to clarify that we are interested in finding out whether the respondent has been told by a physician that he/she has this condition. If the individual just thinks he/she has diabetes, that does not count as a "Yes." Only if the individual states that a doctor has told him/her that he/she has had diabetes should you code "Yes" as the correct response option.

Caseid: 10011063
Item: C_CC3@a
Tim Smith (888) 888 8888

Has a doctor ever told you that you had cancer, not including skin cancer?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: All cancers (e.g., uterine, ovarian, prostate, breast, lung, etc) except skin cancer count. If a person thinks that he/she has cancer, that does not count as a "Yes." Only if the respondent states that a doctor has told him/her that he/she has had a type of cancer (other than skin cancer) should you code "Yes" as the correct response option.

Caseid: 10011063
Item: C_CC4@a
Tim Smith (888) 888 8888

Has a doctor ever told you that you had emphysema, asthma, or chronic obstruction pulmonary disease?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: If a person just thinks that he/she has had one of these conditions, that does not count as a "Yes." Only if the respondent states that a doctor has told him/her that he/she has had at least one of these three lung or pulmonary conditions should you code "Yes" as the correct response option.

Caseid: 10011063
Item: C_CC5@a
Tim Smith (888) 888 8888

Has a doctor ever told you that you had a stroke?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: If a person just thinks that he/she has had a stroke, that does not count as a "Yes." Only if the respondent states that a doctor has told him/her that he/she has had a stroke should you code "Yes" as the correct response option.

Caseid: 10011063
Item: C_CC6@a
Tim Smith (888) 888 8888

Has a doctor ever told you that you had a heart attack, coronary heart disease, congestive heart failure, problems with the valves in your heart, or problems with the rhythm of your heartbeat?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: If a person just thinks that he/she has had any of the listed heart conditions, that does not count as a "Yes." Only if the respondent states that a doctor has told him/her that he/she had one of these heart conditions should you code "Yes" as the correct response option.

Caseid: 10011063
Item: C_CC7_INTRO
Press ENTER to move to the next field
Tim Smith (888) 888 8888

During the past month, have you had any problems with your daily activities as a result of your physical health? For example ...

PRESS ENTER TO CONTINUE

Specification: This screen introduces a series of four questions related to the clients daily activities and physical health.

Caseid: 10011063
Item: C_CC7A@a
Tim Smith (888) 888 8888

Did you cut down on the amount of time you spent on regular activities?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This series of questions is designed to determine whether the individual has been limited in his/her daily activities as a result of a physical health problem. Each of the four questions ask about different ways in which the person may have been limited in what he/she could do as a result of a physical health problem.

Definition: Physical health problems includes illnesses, injuries, and pain that make it difficult for the person to do his/her normal activities.

Coding: Either Yes, No, DK, or Refused should be checked for each question. Only one response option should be checked per question.

Caseid: 10011063
Item: C_CC7B@a
Tim Smith (888) 888 8888

Did you accomplish less than you would like?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This series of questions is designed to determine whether the individual has been limited in his/her daily activities as a result of a physical health problem. Each of the four questions ask about different ways in which the person may have been limited in what he/she could do as a result of a physical health problem.

Definition: Physical health problems includes illnesses, injuries, and pain that make it difficult for the person to do his/her normal activities.

Coding: Either Yes, No, DK, or Refused should be checked for each question. Only one response option should be checked per question.

Caseid: 10011063
Item: C_CC7C@a
Tim Smith (888) 888 8888

Were you limited in your regular daily activities?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This series of questions is designed to determine whether the individual has been limited in his/her daily activities as a result of a physical health problem. Each of the four questions ask about different ways in which the person may have been limited in what he/she could do as a result of a physical health problem.

Definition: Physical health problems includes illnesses, injuries, and pain that make it difficult for the person to do his/her normal activities.

Coding: Either Yes, No, DK, or Refused should be checked for each question. Only one response option should be checked per question.

Caseid: 10011063
Item: C_CC7D@a
Tim Smith (888) 888 8888

Did you have difficulty performing other activities (For example, it took extra effort)?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This series of questions is designed to determine whether the individual has been limited in his/her daily activities as a result of a physical health problem. Each of the four questions ask about different ways in which the person may have been limited in what he/she could do as a result of a physical health problem.

Definition: Physical health problems includes illnesses, injuries, and pain that make it difficult for the person to do his/her normal activities.

Coding: Either Yes, No, DK, or Refused should be checked for each question. Only one response option should be checked per question.

Caseid: 10011063
Item: C_HB_INTRO
Press ENTER to move to the next field
Tim Smith (888) 888 8888

Now I'd like to ask you some questions about your current health behaviors.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all clients and has no skips.

Caseid: 10011063
Item: C_HB1@a
Tim Smith (888) 888 8888

Do you now smoke cigarettes every day, some days, or not at all?

1 = EVERY DAY
2 = SOME DAYS
3 = NOT AT ALL
F3 = DON'T KNOW
F4 = REFUSED

Specification: This question refers to frequency of smoking, not the amount the person smokes each day that they smoke.

Caseid: 10011063
Item: C_HB2@a
Tim Smith (888) 888 8888

How often do you eat fewer than two meals a day? Would you say ...

1 = Every day
2 = 5-6 days/week
3 = 3-4 days/week
4 = 1-2 days/week
9 = Never
F3 = DON'T KNOW
F4 = REFUSED

Specification: The term "meal" is defined by the respondent.

Caseid: 10011063
Item: C_HB3@a
Tim Smith (888) 888 8888

Do you eat alone most of the time?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Most of the time" is defined by the respondent. If the respondent asks for clarification, tell him/her that you want to know if he/she eats alone more than half of the time.

Caseid: 10011063
Item: C_LS_INTRO
Press ENTER to move to the next field
Tim Smith (888) 888 8888

Now I'd like to ask you some general questions about your attitudes toward life.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all clients and has no skips.

Caseid: 10011063
Item: C_LS1@a
Tim Smith (888) 888 8888

As you get older, do you think that things keep getting better, worse, or stay about the same?

1 = BETTER
2 = WORSE
3 = STAY ABOUT THE SAME
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Things" refers to things in general.

Caseid: 10011063
Item: C_LS2@a
Tim Smith (888) 888 8888

How lonely do you feel? Would you say you feel ...

1 = Very lonely
2 = Somewhat lonely
3 = Not at all lonely
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Very lonely" indicates that the respondent feels very isolated and alone. "Somewhat lonely" indicates that the respondent feels somewhat isolated and alone. "Not at all lonely" indicates that the individual does not feel at all isolated and alone.

Caseid: 10011063
Item: C_LS3@a
Tim Smith (888) 888 8888

Do you have more, less, or the same amount of pep as you did last year?

1 = MORE
2 = LESS
3 = THE SAME
F3 = DON'T KNOW
F4 = REFUSED

Definition: More pep means that the respondent feels that he/she is more energetic than he/she was last year. Less pep means that the respondent feels that he/she is less energetic than he/she was last year. The same pep means that the respondent feels that there was no change in his/her energy level between last year and this year.

Caseid: 10011063
Item: C_LS4@a
Tim Smith (888) 888 8888

How much do little things bother you? Would you say ...

1 = A lot
2 = Some
3 = Not very much
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Little things" are defined by the respondent. What is little to you may not be little to him/her so it is important to let the respondent decide for him/herself what he/she thinks is "little."

Caseid: 10011063
Item: C_LS5@a
Tim Smith (888) 888 8888

Overall, do you see enough of your friends?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Who would qualify as a friend is defined solely by the respondent. For this question, friends do not include relatives (the next question of the interview asks about relatives).

Caseid: 10011063
Item: C_LS6@a
Tim Smith (888) 888 8888

Overall, do you see enough of your relatives?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Who would qualify as a relative is defined solely by the respondent. For this question, relatives do not include friends.

Caseid: 10011063
Item: C_LS7@a
Tim Smith (888) 888 8888

Do you think that as people get older they are more useful, less useful, or that age makes no difference?

1 = MORE USEFUL
2 = LESS USEFUL
3 = AGE MAKES NO DIFFERENCE
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "useful" is defined by the respondent. Useful (valuable) could be in reference to one's family, one's friends, one's neighbors, one's employer, etc. It is up to the respondent to determine what "useful" means to him/her.

Caseid: 10011063
Item: C_LS8@a
Tim Smith (888) 888 8888

Do you sometimes worry so much that you can't sleep?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "worry" is defined by the respondent.

Caseid: 10011063
Item: C_LS9@a
Tim Smith (888) 888 8888

Are you as happy now as you were when you were younger?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "younger" is defined by the respondent.

Caseid: 10011063
Item: C_LS10@a
Tim Smith (888) 888 8888

Do you think that life is hard for you most of the time?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "hard" is defined by the respondent.

Caseid: 10011063
Item: C_LS11@a
Tim Smith (888) 888 8888

How satisfied are you with your life today?
Would you say that you are ...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine how satisfied the respondent feels with his/her life today.

Definition: The term "satisfied" is defined by the respondent. Very satisfied means that the respondent feels very happy with his/her life today. Somewhat satisfied means that the respondent feels somewhat happy with his/her life today. Not at all satisfied means that the respondent is unhappy with his/her life today.

Caseid: 10011063
Item: C_DP_INTRO
Press ENTER to move to the next field
Tim Smith (888) 888 8888

Now I'd like to ask you about how you may have felt during the past week.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all clients and has no skips. These questions refer to the client's emotional health.

Caseid: 10011063
Item: C_DP1@a
Tim Smith (888) 888 8888

During the past week, have you lost interest in activities that you used to enjoy?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011063
Item: C_DP2@a
Tim Smith (888) 888 8888

During the past week, have you felt happy?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "happy" is defined by the respondent. "Most of the time" also is defined by the respondent but if the respondent needs guidance, say "more than half of the time." Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011063
Item: C_DP3@a
Tim Smith (888) 888 8888

During the past week, have you felt that your situation is hopeless?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "hopeless" is defined by the respondent. Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011063
Item: C_DP4@a
Tim Smith (888) 888 8888

During the past week, did you look forward to going out and doing new things?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "new things" is defined by the respondent. Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011063
Item: C_DP5@a
Tim Smith (888) 888 8888

During the past week, was it harder than usual to remember things?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011063
Item: C_DP6@a
Tim Smith (888) 888 8888

During the past week, have you felt that it is wonderful to be alive now?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is measuring overall happiness and life satisfaction.

Definition: The term "wonderful to be alive" is defined by the respondent. Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011063
Item: C_DP7@a
Tim Smith (888) 888 8888

During the past week, have you felt sad most of the time?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011063
Item: C_DP8@a
Tim Smith (888) 888 8888

During the past week, have you felt full of energy?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "full of energy" is defined by the respondent. Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 10011063
Item: C_DP9@a
Tim Smith (888) 888 8888

During the past week, have you enjoyed doing things as much as you used to?

1 = Definitely yes
2 = Sometimes
3 = Definitely no
F3 = DON'T KNOW
F4 = REFUSED

Definition: Interviewers should continue to probe "during the past week" as the time frame of reference.

Caseid: 0103115
Item: C_SU_INTRO
Press ENTER to move to the next field
Mabel Smith (508) 888 8888

Now I'd like to ask you some questions about the health care and community services that you may have used. The next questions refer to the past three months, that is, from November 1999 till now.

PRESS ENTER TO CONTINUE

Specification: This section includes questions about other services the client may be receiving.

Caseid: 01031153
Item: C_SU1@a
Mabel Smith (508) 888 8888

Have you had a routine physical checkup during the past three months?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question ask whether the respondent has had a non-urgent (routine or regularly scheduled physical exam during the past three months.

Definition: "Routine" means non-urgent or a scheduled regular check-up with a health care professional such as doctor, nurse, or physician assistant.

Caseid: 01031153
Item: C_SU2@a
Mabel Smith (508) 888 8888

Have you been admitted to a hospital overnight or longer since November 1999?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Hospital" is a place where acute medical care is received. "Overnight" means that the person stayed at least over one evening in the hospital.

Coding: If the respondent says "No", skip to SU3. Go to SU2a if the respondent says, "Yes."

Caseid: 01031153
Item: C_SU2a@a
Mabel Smith (508) 888 8888

How many different times did you stay in a hospital overnight or longer during the past three months, since November 1999?

F3 = DON'T KNOW
F4 = REFUSED

stays

Intent: This question asks the respondent to report the total number of times he/she stayed in a hospital for at least one night during the past year. It does not ask how many days the respondent stayed in the hospital. For example, if R stayed two days in November and five days in March, he/she would had two stays involving at least one overnight.

Definition: "Hospital" is a place where acute medical care is received. Every different hospital stay should be counted. "Overnight" means that the person stayed at least over one evening in the hospital.

Coding: Any number greater than zero should be listed. Every different hospital stay should be counted.

Caseid: 01031153
Item: C_SU3@a
Mabel Smith (508) 888 8888

Have you been a resident or patient in a nursing home or similar place since November 1999?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Resident" means the respondent lived there. "Nursing home" is a place such as a skilled nursing home, a semi-skilled nursing home, or a rest home where older adults receive room and board and medical assistance from nurses and other medical professionals.

Coding: If the client says "Yes," go to SU3a. If the respondent says, "No," go to SU4.

Caseid: 01031153
Item: C_SU3a@a
Mabel Smith (508) 888 8888

How many different times have you been a resident or patient in a nursing home or similar place during the past three months since November 1999?

F3 = DON'T KNOW
F4 = REFUSED

stays

Definition: "Resident" means the respondent lived there. "Nursing home" is a place such as a skilled nursing home, a semi-skilled nursing home, or a rest home where older adults receive room and board and medical assistance from nurses and other medical professionals.

Coding: Any number greater than zero should be listed. Every different nursing home stay should be counted.

Caseid: 01031153
Item: C_SU4@a
Mabel Smith (508) 888 8888

How many visits have you made to a doctor or other medical person during the past three months?

F3 = DON'T KNOW
F4 = REFUSED

visits (0-125)

Coding: The response options may range anywhere from 0 up to 125 visits. Every different doctor visit within three months should be counted. If there were no visits during the past three months, enter zero and then skip to Question C_SU6. If there were visits, go to Question C_SU5.

Caseid: 01031153
Item: C_SU5@a
Mabel Smith (508) 888 8888

(During the past three months) how satisfied were you with the overall quality of medical care received? Would you say that you were ...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED
F5 = NOT APPLICABLE, HAVE NOT SEEN PROVIDER

Definition: "Overall quality" is defined by the respondent. Very satisfied means that the respondent is very happy with the quality of medical care received. Somewhat satisfied means that the respondent is somewhat happy with the quality of medical care received. Not at all satisfied means that the respondent is unhappy with the quality of medical care received.

Caseid: 01031153
Item: SU5_CK@a
Mabel Smith (508) 888 8888

The computer has recorded that you made one visit to a doctor or other medical person during the past three months and that you have not seen a medical care provider during that time. Which is correct?

1 = BOTH ARE CORRECT
2 = HAVE VISITED A PROVIDER
3 = HAVE NOT SEEN PROVIDER IN PAST THREE MONTHS

Specification: You should only get this screen if the respondent gave inconsistent information about the number of visits to a medical professional in the past three months.

Caseid: 01031153
Item: SU5_OR
Mabel Smith (508) 888 8888

INTERVIEWER: WHY DID YOU ALLOW THE INCONSISTENCY BETWEEN 1 MEDICAL VISITS AND NO VISITS?

Intent: This question allows you to explain why you allowed the apparent inconsistency between no visits and one or more visits to a doctor or medical professional. Fifty characters are provided for the explanation.

Caseid: 01031153
Item: C_SU6
Press ENTER to move to the next field
Mabel Smith (508) 888 8888

Have you used any of the following community services since November 1999?

PRESS ENTER TO CONTINUE

Specification: This question is the root of the following four questions.

Coding: One response option should be selected for each part of this question. In other words, a response should be selected for A, B, C, and D.

Caseid: 01031153
Item: C_SU6A@a
Mabel Smith (508) 888 8888

(Since November 1999, have you used) adult day care/senior center?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Adult day care" is a service whereby the older adult visits a social service agency or provider during the hours of 8-5 and socializes with other older adults as well as may receive a meal, and medical care (in some cases, and as needed). A "senior center" is a very similar setting to an "adult day care" setting but it may provide a more limited set of social and nutritional services to older adults and over a shorter period of time/day.

Caseid: 01031153
Item: C_SU6B@a
Mabel Smith (508) 888 8888

(Since November 1999, have you used) special transportation (e.g. van)?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Special transportation" may include a special van that comes to the home of the older adult and will take him/her to medical appointments or other scheduled appointments as needed.

Caseid: 01031153
Item: C_SU6C@a
Mabel Smith (508) 888 8888

(Since November 1999, have you used) ... home delivered meals such as Meals-on-Wheels?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Home delivered meals" such as Meals-on-Wheels are programs that provide scheduled hot meals to older adults and are delivered by a volunteer with a minimal (or no) charge to the individual in his/her home.

Caseid: 01031153
Item: C_SU6D@a
Mabel Smith (508) 888 8888

(Since November 1999, have you used) ... group meal program?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Group meal programs" are nutritional programs that provide hot meals to older adults in a group (congregate) setting such as a social service agency or adult day care center.

Caseid: 01031153
Item: C_SU7@a
Mabel Smith (508) 888 8888

How satisfied are you with the overall quality of special transportation that you have received? Would you say that you are ...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Overall quality" is defined by the respondent.

Coding: This question is asked only if C_SU6B=1.

Caseid: 01031153
Item: C_SU8@a
Mabel Smith (508) 888 8888

How satisfied are you with the overall quality of nutrition services, such as in-home meals and food assistance, that you have received?
Would you say that you are ...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Overall quality" is defined by the respondent.

Coding: This question is asked only if C_SU6C=1. Otherwise, skip directly to Question SU9.

Caseid: 01031153
Item: C_SU9
Press ENTER to move to the next field
Mabel Smith (508) 888 8888

Have you had any of the following professionals come to your home to provide services for you during the past three months, since November 1999...

PRESS ENTER TO CONTINUE

Specification: The following questions refer to professional services the client may receive in his/her home.

Coding: One response option should be selected for each part of the question.

Caseid: 01031153
Item: C_SU9A@a
Mabel Smith (508) 888 8888

Has a visiting nurse or public health nurse come to your home to provide services for you since November 1999?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: A "Visiting Nurse" or "Public Health Nurse" is a medical care provider who is licensed and trained to provide in-home nursing services to older adults. Nursing duties include but are not limited to the following: assistance in helping the client take medications; changing of dressings; assistance with special medical equipment/devices; and assistance in turning or rotating the client in his/her bed.

Caseid: 01031153
Item: C_SU9B@a
Mabel Smith (508) 888 8888

Has a home health aide or homemaker service come to your home to provide services for you since November 1999?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: A "Home health aide" or "Homemaker service" is a person who is less trained than a visiting or public health nurse, and will provide a more limited range of personal care services to clients. Home health aides may help with personal care tasks, such as bathing or dressing the client, transferring him/her in or out of bed, assistance with grooming, etc, rather than providing actual medical care to the client. Homemakers often provide assistance with chores, such as housecleaning

and laundry, and they may provide meals and help with food preparation. Homemakers do not provide medical assistance to clients.

Caseid: 01031153
Item: C_SU9C@a
Mabel Smith (508) 888 8888

Have you had specialized therapy (Physical Therapy, Occupational Therapy, Speech Therapy, etc.) in your home since November 1999?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Specialized therapy may include any of the following four therapies: physical therapy in the home, speech therapy in the home, occupational therapy in the home, or respiratory therapy in the home. Physical therapy is designed to help the person regain physical movement and functioning. Exercises are often taught to the client at home. Speech therapy is designed to help the client regain his/her ability to speak. Occupational therapy is designed to help the person to learn to move his/her hands, feet, legs, etc. in order to regain movement and provide rehabilitation to the client. Finally, respiratory therapy is designed to help the client breathe. Assistance with breathing devices, and exercises to improve breathing may be done during these at-home sessions.

Caseid: 01031153
Item: C_SU9D@a
Mabel Smith (508) 888 8888

Has a social worker come to your home to provide services for you since November 1999?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Social workers are individuals who are trained to provide counseling and support to individuals who are experiencing emotional difficulties (e.g., depression, adjustment to a major loss such as death of a relative, general sadness, etc).

Caseid: 01031153
Item: C_SU10@a
Mabel Smith (508) 888 8888

How satisfied are you with the overall quality of home health care that you have received? Would you say that you are ...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Intent: This specific question asks about patient satisfaction with the overall quality of home health care that he/she has received.

Definition: "Home health care" includes visiting nurse, public health nurse, home health aide, or homemaker services. "Overall quality" is defined by the respondent.

Coding: This question is asked only if SU9A=1 or SU9B=1. Otherwise, skip directly to the end of the section.

Now I'd like to ask you some questions about your use of, and satisfaction with the Senior Companion Services that you currently receive. First of all....

>C_US1<

How many times per week does your Senior Companion usually come to visit you?

_____ TIMES PER WEEK

Intent: This section of questions should be asked of Senior Companion Program clients for the follow-up interviews only. This question refers to a normal, or typical week.

Coding: If the client says "every day", code this as five times per week.

>C_US2<

How many hours per week does your Senior Companion usually spend with you?

_____ HOURS PER WEEK

Intent: This question refers to a typical week.

Coding: You may need to help the client to calculate total hours per week. For example, if the client says that the Senior Companion visits with him/her three times a week, for about three hours per visit, then you would code this response as nine hours per week (three visits per week X three hours per visit). Probe, as necessary, to get a total number of hours per week.

>C_US3<

How many times per week does your Senior Companion provide assistance with your personal care needs (e.g. help dress you, get you in and out of bed, help with grooming, etc.)?

_____ TIMES PER WEEK

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

>C_US3a<

How satisfied are you with your companion's ability to provide assistance with your personal care needs (e.g., help dress you, get you in and out of bed, help with grooming, etc.)? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

Specification: If the computer records that the Senior Companion helps the client with personal care needs in the previous question, but the client answers "Not Applicable" for this question, you will be prompted to answer question US3a_CK.

>US3a_CK<

The computer has recorded that your Senior Companion helps you with your personal care needs _____ times per week but that the question of how satisfied you are with those services does not apply to you. Which is correct?

1 = BOTH ARE CORRECT; THE SENIOR COMPANION HELPS THE RESPONDENT WITH PERSONAL CARE NEEDS AND THE SATISFACTION QUESTION DOES NOT APPLY.
2 = THE SENIOR COMPANION HELPS THE RESPONDENT WITH PERSONAL CARE NEEDS.
3 = THE QUESTION OF HOW SATISFIED THE RESPONDENT IS WITH HELP FROM THE SENIOR COMPANION WITH PERSONAL CARE NEEDS DOES NOT APPLY BECAUSE THE RESPONDENT DOES NOT RECEIVE THIS TYPE OF CARE FROM THE SENIOR COMPANION.

Specification: The clarification the client provides in answering this question may prompt the computer to have you re-ask/re-key prior questions to make sure the information is accurate. If you select '1' for this question, you will be prompted to provide an explanation for allowing the inconsistency at question US3a_OR.

>US3a_OR<

INTERVIEWER: WHY DID YOU ALLOW THE INCONSISTENCY BETWEEN THE NUMBER OF TIMES PER WEEK THE RESPONDENT RECEIVES HELP FROM THE SENIOR COMPANION WITH PERSONAL CARE NEEDS AND THE RESPONDENT'S SATISFACTION WITH HELP FROM THE SENIOR COMPANION WITH PERSONAL CARE NEEDS?

Specification: Fifty characters are allowed for you to explain why you allowed the apparent inconsistency.

>C_US4<

How many times per week does your Senior Companion provide transportation for you (i.e., take you places outside of the home)?

_____ TIMES PER WEEK

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

>C_US4a<

How satisfied are you with your companion's ability to provide transportation for you? Would you say you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_US5<

How many times per week does your Senior Companion provide meals for you?

_____ TIMES PER WEEK

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

>C_US5a<

How satisfied are you with your companion's ability to prepare meals for you? Would you say you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_US6<

How many times per week does your Senior Companion help your family member/caregiver by giving them some time for themselves (i.e., to run errands, have lunch with a friend, etc.)?

_____ TIMES PER WEEK

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

>C_US6a<

How satisfied are you with your companion's ability to help your family member/caregiver by giving them some time for themselves? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

Intent: "Time for themselves" refers to time the family member/caregiver is not responsible for the care of the client. The family member/caregiver may be at the client's home or away from the client's home.

>C_US7<

How satisfied are you with your companion's ability to listen to you, visit with you, and be a companion to you? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_US8<

Currently, how satisfied are you with the reliability of your Senior Companion (i.e., does he/she come on time, come on the right day(s), stay for the correct amount of time, etc.)? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_US9<

How satisfied are you with the amount of time you spend with your Senior Companion? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_US10<

Currently, how satisfied are you with the ability of your companion to be courteous and polite? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_US11<

How satisfied are you with the number and types of services that your companion provides to meet your special needs? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_US12<

Currently, how satisfied are you with the overall quality of the Senior Companion Services that you receive? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_US13<

How valuable is the Senior Companion Program to you? Do you think it is

1 = Extremely valuable
2 = Somewhat valuable
3 = A little valuable
4 = Not at all valuable (I.E. IT MAKES NO DIFFERENCE TO YOU)
F5 = NOT APPLICABLE

Intent: The definition of "valuable" is up to the client.

Now I'd like to ask you some more specific questions about your use of, and satisfaction with the in-home services that you currently receive. First of all...

>C_OS1<

How many times per week does a visiting nurse/home health aide usually come to visit you?

_____ TIMES PER WEEK

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

>C_OS2<

How many hours per week does a visiting nurse/home health aide usually spend with you?

_____ HOURS PER WEEK

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

>C_OS3<

How many times per week does a visiting nurse/home health aide provide assistance with your personal care needs (e.g. help dress you, get you in and out of bed, help with grooming, etc.)?

_____ TIMES PER WEEK

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

>C_OS3a<

How satisfied are you with the visiting nurse/home health aide's ability to provide assistance with your personal care needs (e.g. help dress you, get you in and out of bed, help with grooming, etc.)? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_OS4<

How many times per week does a visiting nurse/home health aide help your family member/caregiver by giving them some time for themselves (i.e., to run errands, have lunch with a friend, etc.)?

_____ TIMES PER WEEK

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

>C_OS4a<

How satisfied are you with the visiting nurse/home health aide's ability to help your family member/caregiver by giving them some time for themselves? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_OS5<

How satisfied are you with the visiting nurse/home health aide's ability to listen to you, visit with you, and be a companion to you? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_OS6<

Currently, how satisfied are you with the reliability of the visiting nurse/home health aide (i.e., does he/she come on time, come on the right day(s), stay for the correct amount of time, etc.)? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_OS7<

How satisfied are you with the amount of time you spend with the visiting nurse/home health aide? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_OS8<

Currently, how satisfied are you with the ability of the visiting nurse/home health aide to be courteous and polite? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_OS9<

How satisfied are you with the number and types of services that the visiting nurse/home health aide provides to meet your special needs? Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE

>C_OS10<

How valuable are the visiting nurse/home health aide services that are provided to you? Do you think they are...

1 = Extremely valuable
2 = Somewhat valuable
3 = A little valuable
4 = Not at all valuable (I.E. IT MAKES NO DIFFERENCE TO YOU)
F5 = NOT APPLICABLE

>C_OS11< [#allow 75]

In general, what do you feel are some of the best things about the visiting nurse/home health aide services that you are currently receiving?

Specification: You are allowed 75 characters for the respondent's answer. Please record the answer verbatim, as much as possible.

>C_OS12< [#allow 75]

What do you feel are some of the worst things about the visiting nurse/home health aide services that you are currently receiving?

Specification: You are allowed 75 characters for the respondent's answer. Please record the answer verbatim, as much as possible.

>C_OS13< [#allow 75]

What are some of the ways in which the visiting nurse/home health aide services that you are receiving could be changed to be made more responsive to your particular needs?

Specification: You are allowed 75 characters for the respondent's answer. Please record the answer verbatim, as much as possible.

Now I would like to ask you a few questions about the costs of care and any changes in your costs since you have had a Senior Companion come to your home.

>C_CS1<

During the past three months, how has having a Senior Companion affected the amount of money you spend on help with personal care (such as help dressing, grooming, getting in and out of bed, etc.)? Would you say that you have been spending...

1 = More than you did before you had a companion
2 = Less than you did before you had a companion
3 = The same as you did before you had a companion

>C_CS2<

During the past three months, how has having a Senior Companion affected the amount of money you spend on special transportation (e.g., vans) to help you get around? Would you say that you have been spending...

1 = More than you did before you had a companion
2 = Less than you did before you had a companion
3 = The same as you did before you had a companion

>C_CS3<

During the past three months, how has having a Senior Companion affected the amount of money you spend on food preparation (e.g., making meals, etc.)? Would you say that you have been spending...

1 = More than you did before you had a companion
2 = Less than you did before you had a companion
3 = The same as you did before you had a companion

Now, I would like to ask about your general opinions of the Senior Companion Program.

>C_GO1< [#allow 75]

In general, what do you feel are some of the best things about the Senior Companion Program?

Specification: You are allowed 75 characters for the respondent's answer. Please record the answer verbatim, as much as possible.

>C_GO2< [#allow 75]

What do you feel are some of the worst things about the Senior Companion Program?

Specification: You are allowed 75 characters for the respondent's answer. Please record the answer verbatim, as much as possible.

>C_GO3< [#allow 75]

What are some of the ways in which the Senior Companion Program could be changed to be made more responsive to your particular needs?

Specification: You are allowed 75 characters for the respondent's answer. Please record the answer verbatim, as much as possible.

Caseid: 10011090
Item: C_UN_INTRO
Press ENTER to move to the next field
Tim Smith (888) 888 8888

Sometimes people have trouble getting the care they need. These next few questions ask about whether or not you have had trouble getting the care you needed during the past three months.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all clients.

Caseid: 10011090
Item: C_UN1@a
Tim Smith (888) 888 8888

During the past three months, was there any time when you needed more help with personal care in your home (i.e., with any of the following: eating, bathing, grooming, or getting in and out of bed, etc.) but were unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Personal care" includes assistance with any of the following: eating, bathing, grooming, getting in and out of bed, toileting, etc.

Coding: If the respondent says, "No," to this question, skip to UN2.

Caseid: 10011090
Item: C_UN1a@a
Tim Smith (888) 888 8888

Definition: "Personal care" includes assistance with any of the following: eating, bathing, grooming, getting in and out of bed, toileting, etc.

Coding: This question is only asked when Question C_UN1 = Yes.

Caseid: 10011090
Item: C_UN1b@a
Tim Smith (888) 888 8888

Why didn't you get the help you needed with personal care?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME INTO THE HOME
4 = OTHER (SPECIFY)
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No Provider was available" means that the respondent could not find a person or provider who was able to help him/her with personal care activities during the past three months. "Service not covered by insurance/Cost too much" means that the respondent could not afford to pay for the personal care services he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" to help him/her with personal care services during the past three months. "Other" could be any other reason not covered above.

Coding: Please specify what the reason was when the client gives a reason that is not listed above. This question is only asked when C_UN1=yes.

Caseid: 10011090
Item: C_UN2@a
Tim Smith (888) 888 8888

During the past three months, was there any time when you needed more help with meal preparation in your home but were unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Meal preparation" includes assistance with grocery shopping, planning a meal, and/or preparing/cooking the meal.

Coding: If respondent answers, "No," to this question, skip to UN3. Otherwise, go to question UN2a.

Caseid: 10011090
Item: C_UN2a@a
Tim Smith (888) 888 8888

During the past three months, about how often were you unable to get help with meal preparation when you needed it? Would you say that you were unable to get help ...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Meal preparation" includes assistance with grocery shopping, planning a meal, and/or preparing/cooking the meal.

Coding: This question is only asked when Question UN2=yes.

Caseid: 10011090
Item: C_UN2b@a
Tim Smith (888) 888 8888

Why didn't you get the help you needed with meal preparation?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME INTO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No Provider was available" means that the respondent could not find a person or provider who was able to help him/her with personal care activities during the past three months. "Service not covered by insurance/Cost too much" means that the respondent could not afford to pay for the personal care services he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" to help him/her with personal care services during the past three months. "Other" could be any other reason not covered above.

Coding: Please specify what the reason was when the client gives a reason that is not listed above. This question is only asked when Question UN2=yes.

Caseid: 10011090
Item: C_UN3@a
Tim Smith (888) 888 8888

During the past three months, was there any time when you needed more special transportation from your home but were unable to get it?

1 = Yes
2 = No
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Special transportation" may include a special van or other type of vehicle that comes to the home of the older adult and will take him/her to medical appointments or other scheduled appointments as needed.

Coding: If respondent answers, "No," to this question, skip to UN4. Otherwise, go to question UN3a.

Caseid: 10011090
Item: C_UN3a@a
Tim Smith (888) 888 8888

During the past three months, about how often were you unable to get special transportation when you needed it? Would you say that you were unable to get help ...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Special transportation" may include a special van or other type of vehicle that comes to the home of the older adult and will take him/her to medical appointments or other scheduled appointments as needed.

Coding: This question is only asked when Question UN3=yes.

Caseid: 10011090
Item: C_UN3b@a
Tim Smith (888) 888 8888

Why didn't you get the help you needed with special transportation?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME TO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No Provider was available" means that the respondent could not find a person or provider who was able to help him/her with personal care activities during the past three months. "Service not covered by insurance/Cost too much" means that the respondent could not afford to pay for the personal care services he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" to help him/her with personal care services during the past three months. "Other" could be any other reason not covered above.

Coding: Please specify what the reason was when the client gives a reason that is not listed above. This question is only asked when Question UN3=yes.

Caseid: 10011090
Item: C_UN4@a
Tim Smith (888) 888 8888

During the past three months was there any time when you needed more help taking medications in your home but were unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Help taking medications" may include reminders to take the medicine, assistance in getting a medicine bottle open, assistance in getting a glass of water to drink with the medicine, or assistance in determining (and counting) the number of pills, or the actual amount of liquid to actually take.

Coding: If respondent answers, "No," to this question, skip to the end of the section. Otherwise, go to question UN4a.

Caseid: 10011090
Item: C_UN4a@a
Tim Smith (888) 888 8888

During the past three months, about how often were you unable to get help taking medications when you needed it? Would you say that you were unable to get help ...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Help taking medications" may include reminders to take the medicine, assistance in getting a medicine bottle open, assistance in getting a glass of water to drink with the medicine, or assistance in determining (and counting) the number of pills, or the actual amount of liquid to actually take.

Coding: This question is only asked when Question UN4=yes.

Caseid: 10011090
Item: C_UN4b@a
Tim Smith (888) 888 8888

Why didn't you get the help you needed with medications?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME TO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No Provider was available" means that the respondent could not find a person or provider who was able to help him/her with personal care activities during the past three months. "Service not covered by insurance/Cost too much" means that the respondent could not afford to pay for the personal care services he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" to help him/her with personal care services during the past three months. "Other" could be any other reason not covered above.

Coding: Please specify what the reason was when the client gives a reason that is not listed above. This question is only asked when Question UN4=yes.

Thank you very much for your help with this important research study.
We will be back in touch in a few months for an update.

PRESS ENTER TO CONTINUE

Specification: This screen indicates the end of the client interview. There are several questions that follow that require information from you about the interview.

Caseid: 10011060
Item: c_IS1@a
Zenia Beautiful (888) 888 8888

How much of the time did the client appear to be confused during the interview?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Definition: Most of the time means that the respondent seemed confused or disoriented over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to be confused or disoriented some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the client seemed to be clear about the meaning of most questions and have little difficulty answering questionnaire items. None of the time means that the respondent had no difficulty with confusion during the entire interview.

Caseid: 10011060
Item: c_IS2@a
Zenia Beautiful (888) 888 8888

How much of the time did the client appear to understand the questions that were asked of him/her?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Definition: Most of the time means that the respondent seemed to understand over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to understand some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the client seemed to understand most questions and have little difficulty answering questionnaire items. None of the time means that the respondent had no difficulty understanding any of the interview questions.

Caseid: 10011060
Item: c_IS3@a
Zenia Beautiful (888) 888 8888

How much of the time did the client communicate understandably and appropriately?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Definition: Most of the time means that the respondent appropriately communicated over 50% of the time it took to complete the interview. Some of the time means that the respondent appropriately communicated some (e.g., about 25-50%) of the time. Very little of the time means that the respondent communicated

understandably and appropriately only a small proportion (e.g., less than 25%) of the time. None of the time means that the respondent was totally unable to appropriately respond to questionnaire items.

Caseid: 10011060
Item: c_IS4@a
Zenia Beautiful (888) 888 8888

How much of the time did the client seem upset during the interview?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Definition: Most of the time means that the respondent seemed to get upset over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to get upset some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the client seemed to get upset less than 25% of the time. None of the time means that the respondent did not get upset with any interview questions.

Caseid: 10011060
Item: c_IS5@a
Zenia Beautiful (888) 888 8888

How difficult was it to conduct this interview?

1 = Very difficult
2 = Somewhat difficult
3 = A little difficult
4 = Not at all difficult

Definition: Very difficult means that it was very hard for the interviewer to be able to administer the questionnaire. Very difficult could be defined as being hard to administer for over 50% of the interview. This could have been due to any of the following: respondent fatigue, respondent lack of understanding of questionnaire items, respondent difficulty in communicating his/her response, poor quality of the telephone reception, lack of privacy during the interview, etc. Somewhat difficult means that interview was somewhat hard to administer for the same reasons listed above. (Somewhat could be defined as occurring between 25-50% of the time). A little difficult means that between 1-25% of the interview was difficult to administer. Not at all difficult means that the interview was not at all hard to administer.

Caseid: 10011060
Item: c_IS6@a
Zenia Beautiful (888) 888 8888

Was the interview completed in one sitting?

1 = Yes
2 = No

Caseid: 10011060
Item: c_IS7@a
Zenia Beautiful (888) 888 8888

How many times did it take to complete the entire interview?

times (1-99)

Coding: Only those answering Question S6 with 'NO' should be asked this question. Response should be greater than 1.

APPENDIX D4: *Family Baseline Survey*

APPENDIX D4
Family Baseline Survey

National Survey of the Senior Companion Program

Baseline Family Member/Caregiver Survey QxQs
June 21, 1999

This is text only for the items with any special issue.

General Instructions for Family Member/Caregiver Interview:

Family members and/or caregivers may be interviewed. Read the introduction/consent on the first page before you begin with the questions.

During the interview: If the respondent refuses to answer a question during the interview, do not ask him/her to tell you the reason for refusing. However, if the respondent volunteers this information, record his/her comment(s) in the space provided next to the item.

Intent: The intent is to speak with the person who has been listed on your CATI screen. This person will be one of two types of respondents: (a) he/she is related to, or takes care of a frail older adult who is currently receiving Senior Companion services, or (b) he/she is related to, or takes care of a frail older adult who is on the waiting list to receive Senior Companion services.

Definition: Family members are related to the client, while caregivers may or may not be related to the person that they care for. Caregivers help frail older adults to perform their daily activities. These individuals are either related to, or take care of frail older adults who either have just been matched with a Senior Companion, or are on the waiting list to receive a Senior Companion.

Caseid: 10014120
Item: F_SECT1
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

First, I'd like to ask you a few questions about yourself.

PRESS ENTER TO CONTINUE

Specification: This section includes basic demographic information about the family member/caregiver. It also includes a cognitive screen designed to screen out any respondents who are mentally incapable of completing the interview.

Caseid: 10014120
Item: F_DI1@a
BELA FLECK (919) 598 0001

CODE RESPONDENT'S SEX. IF UNSURE ASK:

Are you male or female?

1 = MALE
2 = FEMALE
F4 = REFUSED

Intent: This question is being asked as a means to confirm that the person with whom you are speaking is the appropriate study respondent.

Coding: Ask this question only if you are not sure of the family member/caregiver's gender.

Caseid: 10014120
Item: F_DI2@a
BELA FLECK (919) 598 0001

How old were you on your last birthday?

YEARS

Intent: This question, in combination with the question about the respondent's age, is being asked as a means to determine the mental status of the potential study respondent.

Coding: If both questions F_DI2 and F_DI3 do not match correctly (i.e., the person says his/her birth date in question F_DI2 and it is more than one year from the age that he/she reports in question F_DI3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. Continue to ask questions 4-13, but if the respondent answers questions F_DI2 and F_DI3 without the appropriate match, plus appears to answer at least **two** of the remaining questions in Section 1 incorrectly, politely thank the interviewee and exit from the interview.

Caseid: 10014120
Item: F_DI3@m
BELA FLECK (919) 598 0001

What is the month, day, and year of your birth?

F3 = DON'T KNOW
F4 = REFUSED

MONTH DAY YEAR

Intent: This question is being asked as a means to determine the mental status of the potential study respondent.

Coding: Record the month, day, and year. If both questions F_DI2 and F_DI3 do not match correctly (i.e., the person says his/her birth date in question F_DI2 and it is more than one year from the age that he/she reports in question F_DI3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. Continue to ask questions 4-13, but if the respondent answers questions F_DI2 and F_DI3 without the appropriate match, plus appears to answer at least **two** of the remaining questions in Section 1 incorrectly, politely thank the interviewee and exit from the interview.

Caseid: 10014120
Item: DI3_Ck@a
BELA FLECK (919) 598 0001

The computer has recorded that you are __ years old but that your birthday is _____.

Which is correct, age or date of birth?

1 = BOTH ARE CORRECT
2 = AGE IS CORRECT
3 = DATE OF BIRTH IS CORRECT

Intent: This question is being asked as a means to determine the mental status of the potential study respondent.

Coding: Record the month, day, and year. If both questions F_DI2 and F_DI3 do not match correctly (i.e., the person says his/her birth date in question F_DI2 and it is more than one year from the age that he/she reports in question F_DI3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. Continue to ask questions 4-13, but if the respondent answers questions F_DI2 and F_DI3 without the appropriate

match, plus appears to answer at least **two** of the remaining questions in Section 1 incorrectly, politely thank the interviewee and exit from the interview.

Caseid: 10014120
Item: F_DI3_OR@A
BELA FLECK (919) 598 0001

INTERVIEWER: WHY DID YOU ALLOW THE INCONSISTENCY BETWEEN AGE: __ AND DATE OF BIRTH: __/__/__

1 = REPSONDENT UNCERTAIN ABOUT YEAR OF BIRTH; NO COGNITIVE DIFFICULTY OBSERVED
2 = RESPONDENT CONFUSED OR UNABLE TO CLARIFY DISCREPANCY
3 = OTHER

Intent: This question is being asked as a means to determine the mental status of the potential study respondent.

Coding: Record the month, day, and year. If both questions F_DI2 and F_DI3 do not match correctly (i.e., the person says his/her birth date in question F_DI2 and it is more than one year from the age that he/she reports in question F_DI3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. Continue to ask questions 4-13, but if the respondent answers questions F_DI2 and F_DI3 without the appropriate match, plus appears to answer at least **two** of the remaining questions in Section 1 incorrectly, politely thank the interviewee and exit from the interview.

Definition: Cognitive = of, relating to, or involving the elements of perception, awareness, and judgment.

Caseid: 10014120
Item: F_DI4@a
BELA FLECK (919) 598 0001

Are you....?

1 = Married
2 = Separated or divorced
3 = Widowed
4 = Never married
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the family member/caregiver's current marital status.

Caseid: 10014120
Item: F_DI5@a
BELA FLECK (919) 598 0001

In general, would you say that your health is:

1 = Excellent
2 = Very good
3 = Good
4 = Fair
5 = Poor
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 10014120
Item: F_DI6@a
BELA FLECK (919) 598 0001

Do you live alone?

1 = YES
2 = NO
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Coding: Those answering "Yes" skip to question F_DI7. Those who say "No" go to question F_DI6a.

Caseid: 10014120
Item: DI6a@a
BELA FLECK (919) 598 0001

Who lives with you? (CODE ALL THAT APPLY.)

1 = HUSBAND OR WIFE.....N
2 = CHILDREN (INCLUDING IN-LAWS).....N
3 = GRANDCHILDREN.....N
4 = PARENTS (INCLUDING IN-LAWS).....N
5 = BROTHERS OR SISTERS (INCLUDING IN-LAWS).....N
6 = OTHER RELATIVES.....N
7 = FRIENDS.....N
8 = NON-RELATED PAID HELPER (INCLUDE FREE ROOM).....N
9 = OTHER (SPECIFY).....N
10 = CONFUSED OR INAPPROPRIATE RESPONSE.....N
F3 = DK.....N
F4 = REFUSEDN

PRESS F9 TO CONTINUE

Intent: This question asks who lives with the family member/caregiver.

Definition: Children include stepchildren and children who are in-laws. Parents include in-laws. Brothers or sisters include stepbrothers and stepsisters. Other relatives include nieces, nephews, aunts, uncles, cousins, and other relatives. Non-related paid helpers include people who pay room and board, as well as those who receive free room and board in exchange for helping the family member/caregiver. Please specify who is selected in the "Other" category.

Coding: Do not read the list. Select all categories that apply. Probe as necessary.

Caseid: 10014120
Item: F_DI7@a
BELA FLECK (919) 598 0001

Do you currently live in a....

1 = Rural area/farm (population less than 2,500)
2 = Town/village (population 2,500-50,000)
3 = Small city (population 50,000-250,000)
4 = Suburb of a large city
5 = Large city (population over 250,000 people)
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine whether the family member/caregiver comes from a rural or more urban setting. If the individual does not know the population of his/her community, probe to see if the place he/she lives has few stores, people, houses, etc. Then, have him/her define how he/she would describe his/her community and have him/her select the single most appropriate option of the five choices available here.

Definition: A Rural/farm community may have no central area, and may have few dwellings and inhabitants. A small town/village has some stores, many houses, and possibly a business center. A small city would have some urban areas, but there could also be some areas with few people living. This type of community, however, would be characterized as having at least one large central area where people live or work. Suburb of a large city is an area outside of the central city, but with a substantial population that commutes to, or has contact with the central city. Finally, a large city is one such as Los Angeles, New York City, and Chicago, IL would fall into this category.

Caseid: 10014120
Item: F_DI8@a
BELA FLECK (919) 598 0001

Are you of Hispanic or Latino background or descent?

1 = YES
2 = NO
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to ask whether the individual identifies him/herself as being of Hispanic or Latino background. It is up to each respondent to determine whether he/she answers a "Yes" or "No" response to this question.

Caseid: 10014120
Item: F_DI9@a
BELA FLECK (919) 598 0001

How do you classify yourself? (CODE ALL THAT APPLY)

1 = White.....N
2 = Black or African American.....N
3 = Asian.....N
4 = American Indian or Alaska Native.....N
5 = Native Hawaiian or Other Pacific Islander.....N
6 = CONFUSED OR INAPPROPRIATE RESPONSE.....N
F3 = DK.....N
F4 = RE.....N

PRESS F9 TO CONTINUE

Intent: This question is designed to determine how each respondent defines his/her race/ethnicity.

Coding: One or more categories may be selected. Read list slowly, pause briefly after each. If the respondent says "Other", please indicate the way he/she would like to be classified.

Caseid: 10014120 Existing answer: "99"
Item: F_DI10@a
BELA FLECK (919) 598 0001

What was the highest level of education you have completed?

1 = LESS THAN HIGH SCHOOL
2 = HIGH SCHOOL GRADUATE
3 = SOME COLLEGE OR TECHNICAL SCHOOL TRAINING BEYOND HIGH SCHOOL
4 = COLLEGE GRADUATE (FOUR YEARS)
5 = POST-GRADUATE OR PROFESSIONAL DEGREE
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Definition: If the respondent completed less than 12 years of schooling, probe to see whether he/she completed high school. If the individual graduated from college and completed more than 16 years of schooling, then post-graduate or professional degree should be coded.

Instructions: Do not read list; probe with list as necessary.

Caseid: 10014120
Item: F_DI11@a
BELA FLECK (919) 598 0001

What is your relationship to ZENIA BEAUTIFUL?

1 = HUSBAND OR WIFE
2 = CHILD (INCLUDING IN-LAWS)
3 = GRANDCHILD
4 = PARENT (INCLUDING IN-LAWS)
5 = BROTHER OR SISTER (INCLUDING IN-LAWS)
6 = OTHER RELATIVE (DOES NOT INCLUDE IN-LAWS COVERED IN THE ABOVE CATEGORIES)
7 = FRIEND/NEIGHBOR
8 = NON-RELATED PAID HELPER (INCLUDE FREE ROOM)
9 = OTHER (SPECIFY):
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Definition: Children include stepchildren and children who are in-laws. Parents include in-laws. Brothers or sisters include stepbrothers and stepsisters. Other relatives include nieces, nephews, aunts, uncles, cousins, and other relatives. Friend/neighbor includes people who live nearby and those who live far away. Non-related paid helpers include people who pay room and board, as well as those who receive free room and board in exchange for helping the client. Please specify who is selected in the "Other" category.

Coding: Code all that apply. Do not read list.

Caseid: 10014120
Item: F_DI12@a
BELA FLECK (919) 598 0001

Do you currently live with ZENIA BEAUTIFUL?

1 = YES
2 = NO
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Coding: If the answer to Question F_DI12 is Yes, skip to question F_DI13. If the answer to Question F_DI12 is No, go to Question F_DI12a.

Caseid: 10014120
Item: F_DI12a@m
BELA FLECK (919) 598 0001

How long does it take for you to get to ZENIA BEAUTIFUL's home?

99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

# of minutes (0-990)

Intent: This question asks the length of time it takes (in minutes) for the family member/caregiver to get to the named client's home. This time is the total length of time it takes from his/her own house to the client's home.

Coding: If the respondent answers in hours, convert this to minutes. For example, if he/she says one hour, that would be 60 minutes. If he/she says 1.5 hours, convert this to 90 minutes. If he/she says two hours, convert this to 120 minutes.

Caseid: 10014120
Item: F_DI12b@a
BELA FLECK (919) 598 0001

How many times have you visited or seen ZENIA BEAUTIFUL in the past month?

99 = CONFUSED ON INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

# of times (0-90)

Intent: This question asks the number of times that the family member/caregiver has visited or seen the named client during the past month. Do not include telephone conversations or other contact that is not face-to-face.

Coding: If the respondent has difficulty coming up with a number, probe to get an estimate if necessary.

Caseid: 10014120
Item: DI13@a
BELA FLECK (919) 598 0001

Are you ZENIA BEAUTIFUL's (CODE ALL THAT APPLY)

1 = Primary (main) caregiver .....N
2 = Secondary caregiver.....N
3 = Not a caregiver.....N
4 = Other (specify) .....N
5 = CONFUSED OR INAPPROPRIATE RESPONSE.....N
F3 = DK.....N
F4 = RE .....N

PRESS F9 TO CONTINUE

Intent: This question is designed to determine whether the respondent takes care of the client, and if so, whether he/she is the primary or secondary caregiver.

Definition: Primary caregiver means that this person is the main person who takes care of the named client. He/she provides assistance to the client with daily activities such as eating, bathing, toileting, dressing, and getting in and out of bed. Secondary caregiver means that this person is not the main person who takes care of the named client, but he/she does provide some assistance to the named client. Not a caregiver means that the respondent does not provide personal care to the client.

Coding: Each section of Question F_DI13 should be answered. For example Questions F_DI13a, F_DI13b, F_DI13c. and F_DI13d should each be answered Yes or No. Only one Yes response should be given for all of Question F_DI13. More specifically, if the respondent says that he/she is the primary caregiver (Question F_DI13a=Yes), then the answers to the subquestions about whether he/she is a secondary caregiver, not a caregiver, or other all should be coded as No.

Similarly, if the respondent says that he/she is not a caregiver (Question F_DI13c=Yes), then the answers to the subquestions about whether he/she is the primary caregiver, secondary caregiver, or other should all be no

Caseid: 10014120
Item: script4
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

INELIGIBLE - COGNITIVE REASONS

Those are all the questions I have. Thank you for taking the time to answer these questions. Have a good (day/evening).

PRESS ENTER TO CONTINUE

Specification: If the respondent's age and date of birth do not match and the respondent gives a confused or inappropriate response to **TWO** or more of the remaining demographic questions, the respondent will become ineligible for the study due to cognitive difficulty. In that event, CATI will direct you to this exiting statement.

Caseid: 10014120
Item: F_IS8@a
BELA FLECK (919) 598 0001

If interview not completed or not done, note reason(s):
(CODE ALL THAT APPLY)

1 = Respondent's illness .....N
2 = Respondent's fatigue .....N
3 = Respondent's poor mental status .....N
4 = Respondent's uncooperativeness.....N
5 = Respondent insulted by questions.....N
6 = Other people present in the home wanted interview terminated.....N
7 = Unsatisfactory interview conditions .....N
8 = Respondent hard of hearing .....N
9 = Other (specify): .....N
F3 = DK.....N
F4 = RE .....N

PRESS F9 TO CONTINUE

Specification: You will see this screen any time you close out a case that is not a completed interview (e.g., ineligible due to respondent cognitive difficulty, respondent gives second refusal, etc.).

Caseid: 10014120
Item: F_DI14@a
BELA FLECK (919) 598 0001

Our records show that ZENIA BEAUTIFUL has just been matched with a Senior Companion.

Is this correct?

1 = YES
2 = NO

Specification: If the family member/caregiver is not ineligible due to cognitive difficulty, this screen will follow C_DI9. This question is asked only of family member/caregivers answering the baseline survey. The purpose of this question is to determine whether or not we have the correct information on the client's sample group (i.e., whether he/she is a Senior Companion Program client, on the waiting list, or receiving other agency services). Most family members/caregivers will be related to SCP clients and waiting list clients. We are not interviewing the family members/caregivers of other services clients.

Caseid: 10014120
Item: F_DI14a@a
BELA FLECK (919) 598 0001

What is ZENIA BEAUTIFUL's status with ELDER SERVICES OF UTOPIA, INC.?

1 = RECEIVING SENIOR COMPANION SERVICES
2 = ON WAITING LIST FOR SENIOR COMPANION SERVICES
3 = NOT RECEIVING SENIOR COMPANION SERVICES, BUT DO RECEIVE OTHER SERVICES
4 = NOT INVOLVED WITH THE SENIOR COMPANION PROGRAM, AND DO NOT RECEIVE OTHER SERVICES FROM THE AGENCY
F3 = DON'T KNOW
F4 = REFUSED

Specification: This question is only asked of family member/caregivers who answer 'no' to the previous question. Only respondents answering '4' to this question are ineligible

for the study. Please read the response categories only if the respondent is unable to answer this question without that prompting.

Caseid: 10014120
Item: F_SECT2
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

Now, I have some general questions about ZENIA BEAUTIFUL's health.

PRESS ENTER TO CONTINUE

Specification: This section includes questions on the health of the client, from the family member/caregiver's perspective.

Caseid: 10014120
Item: F_HS1@a
BELA FLECK (919) 598 0001

In general, would you say his/her health is:

1 = Excellent
2 = Very good
3 = Good
4 = Fair
5 = Poor
F3 = DON'T KNOW
F4 = REFUSED

Intent: The question is designed to ask about the named client's current health.

Caseid: 10014120
Item: F_HS2@a
BELA FLECK (919) 598 0001

Compared to one year ago, how would you rate his/her health in general now?

Would you say it is...

1 = Much better than one year ago
2 = Somewhat better than one year ago
3 = About the same now as one year ago
4 = Somewhat worse now than one year ago
5 = Much worse now than one year ago
F3 = DON'T KNOW
F4 = REFUSED

Intent: General health refers to average or typical health.

Caseid: 10014120
Item: F_HS3@a
BELA FLECK (919) 598 0001

To what extent have physical health problems interfered with ZENIA BEAUTIFUL's social activities with family, friends, neighbors, or other groups during the past month?

Would you say they have interfered...

1 = Not at all
2 = Slightly (Interfered 1-2 times)
3 = Moderately (3-4 times)
4 = Quite a bit (5-6 times)
5 = Extremely (more than 6 times)
F3 = DON'T KNOW
F4 = REFUSED

Intent: The family member/caregiver is giving his/her perception of the ability of the named client to engage in social activities due to physical health problems.

Caseid: 10014120
Item: F_HS4@a
BELA FLECK (919) 598 0001

To what extent have emotional problems interfered with ZENIA BEAUTIFUL's social activities with family, friends, neighbors, or other groups during the past month?

Would you say they have interfered...

1 = Not at all
2 = Slightly (Interfered 1-2 times)
3 = Moderately (3-4 times)
4 = Quite a bit (5-6 times)
5 = Extremely (more than 6 times)
F3 = DON'T KNOW
F4 = REFUSED

Intent: The family member/caregiver is giving his/her perception of the ability of the named client to engage in social activities due to emotional health problems.

Definition: The extent of emotional problems experienced by the named client is defined by the family member/caregiver respondent. Emotional problems are not limited to the following, but may include things like depression, sadness following the death of a relative, or unhappiness resulting from the loss of independence with advanced age.

Caseid: 10014120
Item: F_HS5@a
BELA FLECK (919) 598 0001

How many friends has ZENIA BEAUTIFUL seen or spoken to on the telephone in the past month?

Would you say he/she has seen or spoken with...

1 = 9 or more friends
2 = 5 to 8 friends
3 = 2 to 4 friends
4 = 1 friend
9 = No friends
F5 = NA/CAN'T USE THE PHONE
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to assess the extent to which the named client has had social contact with friends during the past month. All social contacts (whether by telephone or in-person) count. Friends include non-related caregivers, neighbors, and other people who the respondent identifies as being a friend.

Caseid: 10014120
Item: F_HS6@a
BELA FLECK (919) 598 0001

To what extent has ZENIA BEAUTIFUL been able to talk about his/her feelings and problems with at least one friend during the past month?

Would you say that ZENIA BEAUTIFUL has been...

1 = Always able to talk about feelings?
2 = Usually able to talk about feelings?
3 = Able to talk about feelings about half the time?
4 = Usually unable to talk about feelings?
5 = Always unable to talk about feelings?
6 = N/A: HE/SHE HAS NO FRIENDS TO TALK TO
7 = N/A: HE/SHE HAS NO PROBLEMS/WORRISOME FEELINGS TO DISCUSS
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine the extent to which the named client has been able to talk about feelings and problems with at least one friend during the past month.

Caseid: 10014120
Item: F_HS7@a
BELA FLECK (919) 598 0001

How many times during the past month has ZENIA BEAUTIFUL gone out socially with other people? For example, how many times has he/she visited friends, gone to church, or invited friends to his/her home?

Would you say...

1 = 9 or more times
2 = 5 to 8 times
3 = 2 to 4 times
4 = Once
9 = None
F3 = DON'T KNOW
F4 = REFUSED

Intent: Activities counted include, but are not limited to the following: visiting with friends either inside or outside the home and going to church.

Caseid: 10014120
Item: F_SECT3
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

Now I'd like to ask you about some routine activities that ZENIA BEAUTIFUL does. Please tell me if he/she can do these activities without help, if he/she needs some help to do them, or if he/she can't do them at all.

PRESS ENTER TO CONTINUE

Specification: This section is only asked of family member/caregivers whose client did not complete this section in the client interview. This section is reserved only for family member/caregivers who are considered a proxy.

Caseid: 10014120
Item: F_PF1@a
BELA FLECK (919) 598 0001

To what extent can ZENIA BEAUTIFUL use the telephone (including looking up numbers and dialing)?

Can he/she use it....

1 = Without help
2 = With some help (can answer phone or dial operator in an emergency, but needs a special phone or help in getting the number or dialing)
3 = Or is he/she unable to use the telephone?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the named client can use the phone to call someone else. The question does not ask about whether the client actually does use the telephone; instead, it asks about whether he/she **can** (i.e., has the ability to) use the telephone. Using the phone includes looking up numbers in a directory or phone book, and actually dialing the number.

Caseid: 10014120
Item: F_PF2@a
BELA FLECK (919) 598 0001

To what extent can ZENIA BEAUTIFUL get to places out of walking distance?

Can he/she get there

1 = Without help (can travel alone on buses, taxis, or drive his/her own car)
2 = With some help (needs someone to help him/her in order to be able to travel)
3 = Or is he/she unable to travel (unless emergency arrangements are made for a specialized vehicle)?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the named client can get to places outside of walking distance. The question does not ask about whether the person actually does get to places outside of walking distance; instead, it asks about whether the client **can** (i.e., has the ability to) get to places outside of walking distance.

Caseid: 10014120
Item: F_PF3@a
BELA FLECK (919) 598 0001

To what extent can ZENIA BEAUTIFUL go shopping for groceries or clothes?

1 = Without help (taking care of all shopping needs him/herself, assuming he/she had transportation)
2 = With some help (needs someone to go with him/her on all shopping trips)
3 = Or is he/she unable to do any shopping?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the named client can go shopping for groceries or clothes. The question does not ask about whether the client actually does shopping; instead, it asks about whether he/she **can** (i.e., has the ability to) go shopping. The question assumes that the client has access to transportation to shop.

Caseid: 10014120
Item: F_PF4@a
BELA FLECK (919) 598 0001

To what extent can ZENIA BEAUTIFUL prepare his/her own meals?

Can he/she prepare them....

1 = Without help (plans and cooks full meals him/herself)
2 = With some help (can prepare some things but unable to cook full meals him/herself)
3 = Or is he/she unable to prepare any meals?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can prepare his/her own meals. The question does not ask about whether the client actually does prepare the meals; instead, it asks about whether he/she **can** (i.e., has the ability to) prepare meals.

Caseid: 10014120
Item: F_PF5@a
BELA FLECK (919) 598 0001

To what extent can ZENIA BEAUTIFUL do his/her housework (e.g., laundry, dusting, washing dishes, etc.)?

Can he/she do it ....

1 = Without help (can he/she scrub floors, etc.)
2 = With some help (can do light housework, but needs help with heavy housework)
3 = Or is he/she unable to do any housework?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can do housework. The question does not ask about whether the client actually does housework; instead, it asks about whether he/she **can** (i.e., has the ability to) do housework.

Definition: Heavy housework includes things such as scrubbing floors and vacuuming. Light housework includes things like dusting, washing dishes, and doing laundry.

Caseid: 10014120
Item: F_PF6@a
BELA FLECK (919) 598 0001

To what extent can ZENIA BEAUTIFUL take his/her own medicine?

Can he/she take it....

1 = Without help (in the right doses at the right time)
2 = With some help (able to take medicine if someone prepares it for him/her and/or reminds him/her to take it)
3 = Or is he/she unable to take his/her medicine?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can take his/her own medicine. The question does not ask about whether the client actually does take medicine; instead, it asks about whether he/she **can** (i.e., has the ability to) take medicine without assistance.

Caseid: 10014120
Item: F_PF7@a
BELA FLECK (919) 598 0001

To what extent can ZENIA BEAUTIFUL handle his/her own money?

Can he/she handle it....

1 = Without help (writes checks, pay bills, etc.)
2 = With some help (manages day-to-day buying but needs help with managing his/her checkbook and paying his/her bills)
3 = Or is he/she unable to handle money?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can handle his/her own money. The question does not ask about whether the client actually does handle his/her own money; instead, it asks about whether he/she **can** (i.e., has the ability to) handle money.

Caseid: 10014120
Item: F_PF8@a
BELA FLECK (919) 598 0001

To what extent can ZENIA BEAUTIFUL eat?

Can he/she do it....

1 = Without help (able to feed him/herself completely)
2 = With some help (needs help with cutting, etc.)
3 = Or is he/she unable to feed him/herself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can eat. The question does not ask about whether the client actually does eat without help; instead, it asks about the extent to which he/she **can** (i.e., has the ability to) eat without assistance.

Caseid: 10014120
Item: F_PF9@a
BELA FLECK (919) 598 0001

To what extent can ZENIA BEAUTIFUL dress and undress him/herself?

Can he/she do it....

1 = Without help (able to pick out clothes, dress, and undress him/herself completely)
2 = With some help
3 = Or is he/she unable to dress and undress him/herself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can dress and undress him/herself. The question does not ask about whether the client actually does dress and undress himself; instead, it asks about whether he/she **can** (i.e., has the ability to) dress and undress.

Caseid: 10014120
Item: F_PF10@a
BELA FLECK (919) 598 0001

To what extent can ZENIA BEAUTIFUL take care of his/her own appearance, for example, combing his/her hair and (for men) shaving?

Can he/she do it....

1 = Without help
2 = With some help
3 = Or is he/she unable to maintain his/her appearance?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can take care of his/her own grooming. The question does not ask about whether the client actually does his/her own grooming (i.e., combing hair, and for men, shaving, etc); instead, it asks about whether he/she **can** (i.e., has the ability to) take care of his/her own appearance.

Caseid: 10014120
Item: F_PF11@a
BELA FLECK (919) 598 0001

To what extent can ZENIA BEAUTIFUL walk?

Can he/she do it....

1 = Without help (except for a cane)
2 = With some help (e.g., from a person, or with the use of a walker, or crutches, etc.)
3 = Or is he/she unable to walk?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the named client can walk. The question does not ask about whether the client actually does walk; instead, it asks about whether he/she **can** (i.e., has the ability to) walk.

Caseid: 10014120
Item: F_PF12@a
BELA FLECK (919) 598 0001

To what extent can he/she get in and out of bed?

Can he/she do it....

1 = Without help (or aids)
2 = With some help (either from a person, or with the aid of some device)
3 = Or is he/she unable to get in and out of bed him/herself
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can get in and out of bed. The question does not ask about whether the client actually does get in and out of bed; instead, it asks about whether he/she **can** (i.e., has the ability to) get in and out of bed.

Caseid: 10014120
Item: F_PF13@a
BELA FLECK (919) 598 0001

To what extent can ZENIA BEAUTIFUL take a bath or shower?

Can he/she do it....

1 = Without help
2 = With some help (needs help getting in and out of the tub, or needs special attachments on the tub)
3 = Or is he/she unable to bathe him/herself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can take a bath or shower. The question does not ask about whether the client actually does take a bath or shower; instead, it asks about whether he/she **can** (i.e., has the ability to) take a bath or shower.

Caseid: 10014120
Item: F_PF15@a
BELA FLECK (919) 598 0001

Is there currently someone who helps ZENIA BEAUTIFUL with such things as shopping, housework, bathing, dressing, and getting around?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine whether the client currently has someone to help him/her with normal daily activities.

Caseid: 10014120
Item: F_PF15a@a
BELA FLECK (919) 598 0001

Who helps ZENIA BEAUTIFUL most often? (PROBE: What is his/her relationship to ZENIA BEAUTIFUL?)

1 = HUSBAND OR WIFE
2 = CHILD (INCLUDING IN-LAW)
3 = GRANDCHILD
4 = PARENT (INCLUDING IN-LAW)
5 = BROTHER OR SISTER (INCLUDING IN-LAW)
6 = OTHER RELATIVE (DOES NOT INCLUDE IN-LAW COVERED IN THE ABOVE CATEGORIES)
7 = FRIEND
8 = NEIGHBOR
9 = NON-RELATED PAID HELPER (LIVE-IN HELPER)
10 = NON-RELATED PAID HELPER (NOT LIVE-IN HELPER)
11 = CHURCH HELPER
12 = VOLUNTEER HELPER
13 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: Children include stepchildren and children who are in-laws. Parents include in-laws. Brothers or sisters include stepbrothers and stepsisters. Other relatives include nieces, nephews, aunts, uncles, cousins, and other relatives. Non-related paid helpers include people who pay room and board, as well as those who receive free room and board in exchange for helping the client. Please specify who is selected in the "Other" category.

Caseid: 10014120
Item: F_SECT4
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

Now, I'd like to ask some questions about some health problems that ZENIA BEAUTIFUL may have had.

PRESS ENTER TO CONTINUE

Specification: This section is asked only of family member/caregivers who are serving as proxies. If the client completed the interview, the family member/caregiver does not answer this section of questions.

Caseid: 10014120
Item: F_CC1@a
BELA FLECK (919) 598 0001

Does ZENIA BEAUTIFUL now need any special equipment, such as an oxygen tank, in order to breathe?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Special equipment includes oxygen tanks, inhalators, or other devices that the named client currently uses in order to help him/her breathe.

Caseid: 10014120
Item: F_CC2@a
BELA FLECK (919) 598 0001

Has a doctor ever told ZENIA BEAUTIFUL that he/she had diabetes, high blood sugar, or sugar in his/her urine?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Diabetes is the same thing as high blood sugar or sugar in the urine. All three sets of words are used here to clarify that we are interested in finding out whether the named client has been told by a physician that he/she has this condition. If the respondent just thinks that the named client has diabetes, that does not count as a "Yes." Only if the respondent states that a doctor has told the client that he/she has had diabetes should you code "Yes" as the correct response option.

Caseid: 10014120
Item: F_CC3@a
BELA FLECK (919) 598 0001

Has a doctor ever told ZENIA BEAUTIFUL that he/she had cancer, not including skin cancer?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: All cancers (e.g., uterine, ovarian, prostate, breast, lung, etc) except skin cancer count. If a respondent thinks that a doctor has told the client that he/she has had a type of cancer (other than skin cancer) should you code "Yes" as the correct response option.

Caseid: 10014120
Item: F_CC4@a
BELA FLECK (919) 598 0001

Has a doctor ever told ZENIA BEAUTIFUL that he/she had emphysema, asthma, or chronic obstruction pulmonary disease?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine whether the client has ever been told that he/she had lung or other breathing problems caused by diseases such as emphysema, asthma, or chronic obstruction pulmonary disease.

Definition: If the respondent just thinks that the named client has had one of these conditions, that does not count as a "Yes." Only if the respondent states that a doctor has told the client that he/she has had at least one of these three lung or pulmonary conditions should you code "Yes" as the correct response option.

Caseid: 10014120
Item: F_CC5@a
BELA FLECK (919) 598 0001

Has a doctor ever told ZENIA BEAUTIFUL that he/she had a stroke?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: If the respondent just thinks that the named client has had a stroke, that does not count as a "Yes." Only if the respondent states that a doctor has told the client that he/she has had a stroke should you code "Yes" as the correct response option.

Caseid: 10014120
Item: F_CC6@a
BELA FLECK (919) 598 0001

Has a doctor ever told ZENIA BEAUTIFUL that he/she had a heart attack, coronary heart disease, congestive heart failure, problems with the valves in his/her heart, or problems with the rhythm of his/her heartbeat?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: If the respondent just thinks that the client has had any of the listed heart conditions, that does not count as a "Yes." Only if the respondent states that a doctor has told the client that he/she has had one of these heart conditions should you code "Yes" as the correct response option.

Caseid: 10014120
Item: F_CC7@a
BELA FLECK (919) 598 0001

During the past month, has ZENIA BEAUTIFUL had any problems with daily activities as a result of his/her physical health?

For example...
1 = Yes
2 = No

A) Has he/she cut down on the amount of time he/she spent on regular activities
B) Has he/she accomplished less than he/she would like
C) Was he/she limited in his/her regular daily activities
D) Did he/she have difficulty performing other activities (For example, it took extra effort)

Intent: This question is designed to determine whether the named client has been limited in his/her daily activities as a result of a physical health problem.

Definition: Physical health problems includes illnesses, injuries, and pain that make it difficult for the person to do his/her normal activities.

Caseid: 10014120
Item: F_SECT5
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

Now I'd like to ask some questions about ZENIA BEAUTIFUL's current health behaviors.

PRESS ENTER TO CONTINUE

Specification: This section is asked of family member/caregivers only if the client did not complete this section in the client interview.

Caseid: 10014120
Item: F_HB1@a
BELA FLECK (919) 598 0001

Does he/she now smoke cigarettes every day, some days, or not at all?

1 = EVERY DAY
2 = SOME DAYS
3 = NOT AT ALL
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine the current smoking habits of the client.

Caseid: 10014120
Item: F_HB2@a
BELA FLECK (919) 598 0001

How often does ZENIA BEAUTIFUL eat fewer than two meals a day? Would you say...

1 = Every day
2 = 5-6 days/week
3 = 3-4 days/week
4 = 1-2 days/week
9 = Never
F3 = DON'T KNOW
F4 = REFUSED

Specification: This question is designed to find out how often the client eats one or fewer meals per day.

Caseid: 10014120
Item: F_HB3@a
BELA FLECK (919) 598 0001

Does he/she eat alone most of the time?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Most of the time is defined by the respondent. If the respondent asks for clarification, tell him/her that you want to know if the named client eats alone more than half of the time.

Caseid: 10014120
Item: sect6
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

Now I'd like to ask some questions about the health care and community services that ZENIA BEAUTIFUL may have used. The next questions refer to the past 12 months, that is, from October, 1998 till now.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all family member/caregivers.

Caseid: 10014120
Item: F_SU1@a
BELA FLECK (919) 598 0001

Has he/she had a routine physical checkup during the past 12 months?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This specific question asks whether the client has had a non-urgent (routine or regularly scheduled) physical exam during the past 12 months.

Definition: "Routine" means non-urgent or a scheduled regular check-up with a health care professional such as doctor, nurse, or physician assistant.

Caseid: 10014120
Item: F_SU2@a
BELA FLECK (919) 598 0001

Has he/she been admitted to a hospital overnight or longer since October, 1998?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Hospital" is a place where acute medical care is received. "Overnight" means that the client stayed at least over one evening in the hospital.

Coding: If the respondent says 'NO', skip to Question F_SU3. If the respondent says "Yes", go to Question F_SU2a.

Caseid: 10014120
Item: F_SU2a@a
BELA FLECK (919) 598 0001

How many different times did ZENIA BEAUTIFUL stay in a hospital overnight or longer during the past 12 months

F3 = DON'T KNOW
F4 = REFUSED

# of stays (0-99)

Intent: This specific question asks the respondent to report the total number of times that the client stayed in a hospital for at least one night during the past year.

Definition: "Hospital" is a place where acute medical care is received. Every different hospital stay should be counted. "Overnight" means that the client stayed at least over one evening in the hospital.

Coding: Any number greater than zero should be listed. Every different hospital stay should be counted. This question is only asked if F_SU2 = 1.

Caseid: 10014120
Item: F_SU3@a
BELA FLECK (919) 598 0001

Has he/she been a resident or patient in a nursing home or similar place since October, 1998?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Resident" means the client lived there. "Nursing home" is a place such as a skilled nursing home, a semi-skilled nursing home, or a rest home where older adults receive room and board and medical assistance from nurses and other medical professionals.

Coding: If the respondent says YES, go to question F_SU3a. If the respondent answers NO, skip to Question F_SU4.

Caseid: 10014120
Item: F_SU3a@a
BELA FLECK (919) 598 0001

How many different times has ZENIA BEAUTIFUL been a resident or patient in a nursing home or similar place during the past 12 months?

F3 = DON'T KNOW
F4 = REFUSED

stays (0-99)

Intent: This specific question asks the respondent to report the total number of times that the named client has been a resident or patient of a nursing home during the past 12 months.

Definition: "Resident" means the respondent lived there. "Nursing home" is a place such as a skilled nursing home, a semi-skilled nursing home, or a rest home where older adults receive room and board and medical assistance from nurses and other medical professionals.

Coding: Any number greater than zero should be listed. Every different nursing home stay should be counted. This question is only asked if F_SU3 = 1.

Caseid: 10014120
Item: F_SU4intro
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

Now I'd like to ask you a few more questions about the health care and community services that ZENIA BEAUTIFUL may have used, as well as your satisfaction with these services. These next questions refer to the past three months, that is, from July, 1999 till now.

PRESS ENTER TO CONTINUE

Specification: These questions are about services the client used in the **past three months**.

Caseid: 10014120
Item: F_SU4@a
BELA FLECK (919) 598 0001

How many visits has ZENIA BEAUTIFUL made to a doctor or other medical person during the past three months?

F3 = DON'T KNOW
F4 = REFUSED

# of visits (0-125)

Intent: This specific question asks the respondent to report the total number of visits that the client made to a doctor or other medical person during the past three months.

Coding: The number stated by the respondent should be listed. The response options may range from 0 up to 125 visits. Every different doctor visit within three months should be counted. If there were no visits during the past three months, enter zero and then skip to Question F_SU6. If there were visits, go to Question F_SU5.

Caseid: 10014120
Item: F_SU5@a
BELA FLECK (919) 598 0001

How satisfied are you with the overall quality of medical care that he/she has received?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = HAS NOT SEEN PROVIDER
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Overall quality" is defined by the respondent.

Caseid: 10014120
Item: SU5_CK@a
BELA FLECK (919) 598 0001

The computer has recorded that ZENIA BEAUTIFUL made 1 visit to a doctor or other medical person during the past three months and that ZENIA BEAUTIFUL had not seen a medical care provider during that time.

1 = BOTH ARE CORRECT
2 = HAS VISITED A MEDICAL CARE PROVIDER (SU4 CORRECT)
3 = HAS NOT SEEN PROVIDER IN PAST THREE MONTHS

Specification: You should only get this screen if the respondent gave inconsistent information about the number of visits to a medical professional in the past three months. If you select '1' = BOTH ARE CORRECT, you will be prompted to explain why you allowed the inconsistency.

Caseid: 10014120
Item: SU5_OR@a
BELA FLECK (919) 598 0001

INTERVIEWER: WHY DID YOU ALLOW THE INCONSISTENCY BETWEEN __ MEDICAL VISITS AND 'HAS NOT SEEN PROVIDER (NOT APPLICABLE)'?

Specification: You should be prompted with this screen to explain the apparent inconsistency only if you selected '1' on SU5_CK.

Caseid: 10014120
Item: F_SU6@a
BELA FLECK (919) 598 0001

Has he/she used any of the following community services since July, 1999?

1 = YES
2 = NO

A) Adult Day Care/Senior Center
B) Special Transportation (*van*)
C) Home delivery meals such as Meals-on-Wheels
D) Group meal program

Definition: "Adult day care" is a service whereby the older adult visits a social service agency or provider during the hours of 8-5 and socializes with other older adults as well as may receive a meal, and medical care (in some cases, and as needed). A "senior center" is a very similar setting to an "adult day care" setting but it may provide a more limited set of social and nutritional services to older adults and over a shorter period of time/day. "Special transportation" may include a special van that comes to the home of the older adult and will take him/her to medical appointments or other scheduled appointments as needed. "Home delivered meals" such as Meals-on-Wheels are programs that provide scheduled hot meals to older adults and are delivered by a volunteer with a minimal (or no) charge to the individual in his/her home. "Group meal programs" are nutritional programs that provide hot meals to older adults in a group setting such as a social service agency or adult day care center. If a person indicates that the client both attends an adult day care center/senior center and eats group meals, both Question F_SU6a and F_SUd should receive the "Yes" response option.

Coding: One response option should be selected for each part of question F_SU6. In other words, a response should be selected for Question F_SU6a, Question F_SU6b, Question F_SU6c, and Question F_SU6d.

Caseid: 10014120
Item: F_SU7@a
BELA FLECK (919) 598 0001

How satisfied are you with the overall quality of special transportation that he/she has received?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Overall quality" is defined by the respondent.

Coding: This question is asked only if F_SU6B=1.

Caseid: 10014120
Item: F_SU8@a
BELA FLECK (919) 598 0001

How satisfied are you with the overall quality of nutrition services, such as in-home meals and food assistance, that he/she has received?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Intent: This specific question asks about family/caregiver satisfaction with the overall quality of nutrition services (such as in-home meals and food assistance) received by the client.

Definition: "Overall quality" is defined by the respondent.

Coding: This question is asked only if F_SU6C=1.

Caseid: 10014120
Item: F_SU9@a
BELA FLECK (919) 598 0001

Has he/she had any of the following professionals come to his/her home to provide services for him/her during the past three months, since July, 1999?

1 = YES
2 = NO

A) Visiting Nurse or Public Health Nurse
B) Home Health Aide or Homemaker Service
C) Specialized Therapy (Physical Therapy, Occupational Therapy, Speech Therapy, etc.)
D) Social Worker

Definition: A "Visiting Nurse" or "Public Health Nurse" is a medical care provider who is licensed and trained to provide in-home nursing services to older adults. Nursing duties include but are not limited to the following: assistance in helping the client take medications; changing of dressings; assistance with special medical equipment/devices; and assistance in turning or rotating the client in his/her bed. A "Home health aide" or a "Homemaker service" is a person who is less trained than a visiting or public health nurse, and will provide a more limited range of personal care services to clients. Home health aides may help with personal care tasks, such as bathing or dressing the client, transferring him/her in or out of bed, assistance with grooming, etc, rather than providing actual medical care to the client. Homemakers often provide assistance with chores, such as housecleaning and laundry, and they may provide meals and help with food preparation. Homemakers do not provide medical assistance to clients. Specialized therapy may include any of the following four therapies: physical therapy in the home, speech therapy in the home, occupational therapy in the home, or respiratory therapy in the home. Physical therapy is designed to help the person regain physical movement and functioning. Exercises are often taught to the client at home. Speech therapy is designed to help the client regain his/her ability to speak. Occupational therapy is designed to help the person to learn to move his/her hands, feet, legs, etc. in order to regain movement and provide rehabilitation to the client. Finally, respiratory therapy is designed to help the client breathe. Assistance with breathing devices, and exercises to improve breathing may be done during these at-home sessions. Social workers are individuals who are trained to provide counseling and support to individuals who are experiencing emotional difficulties (e.g., depression, adjustment to a major loss such as death of a relative, general sadness, etc).

Coding: One response option should be selected for each part of question F_SU9. In other words, a response should be selected for Question F_SU9a, Question F_SU9b, Question F_SU9c, and Question F_SU9d.

Caseid: 10014120
Item: F_SU10@a
BELA FLECK (919) 598 0001

How satisfied are you with the overall quality of home health care that he/she has received?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = HAS NOT USED THIS SERVICE
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Home health care" here includes visiting nurse, public health nurse, home health aide, or homemaker services. "Overall quality" is defined by the respondent.

Coding: Only one response option should be selected. This question is asked only if F_SU9A=1 or F_SU9B=1. Otherwise, skip directly to Question F_SECT10.

Caseid: 10014120
Item: F_SECT10
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

Sometimes people have trouble getting the care they need. These next few questions ask about whether or not ZENIA BEAUTIFUL has had trouble getting the care he/she needed during the past three months.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all family member/caregivers.

Caseid: 10014120
Item: F_UN1@a
BELA FLECK (919) 598 0001

During the past three months, was there any time when ZENIA BEAUTIFUL needed more help with personal care in his/her home (i.e., with any of the following: eating, bathing, grooming, or getting in and out of bed, etc.) but was unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Personal care" includes assistance with any of the following: eating, bathing, grooming, getting in and out of bed, toileting, etc.

Coding: If the respondent answers No to this question, skip to Question F_UN2. Otherwise, proceed to Question F_UN1a.

Caseid: 10014120
Item: F_UN1a@a
BELA FLECK (919) 598 0001

During the past three months, about how often was he/she unable to get help with personal care in his/her home when he/she needed it?

Would you say that he/she was unable to get help ...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Personal care" includes assistance with any of the following: eating, bathing, grooming, getting in and out of bed, toileting, etc.

Coding: This question is only asked when Question F_UN1=yes.

Caseid: 10014120
Item: F_UN1b@a
BELA FLECK (919) 598 0001

Why didn't he/she get the help he/she needed with personal care?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME INTO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No provider was available" means that the named client could not find a person or provider who was able to help him/her with personal care activities during the past three months. "Service not covered by insurance/Cost too much" means that the client could not afford to pay for the personal care services he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" means that the client did not want a strange person coming into his/her home to help him/her with personal care services during the past three months.

Coding: Please specify what the reason was when the respondent gives a reason that is not listed above. This question is only asked when Question F_UN1=yes.

Caseid: 10014120
Item: F_UN2@a
BELA FLECK (919) 598 0001

During the past three months, was there any time when ZENIA BEAUTIFUL needed more help with meal preparation in his/her home but was unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Meal preparation" includes assistance with grocery shopping, planning a meal, and/or preparing/cooking the meal.

Coding: If the respondent answers No to this question, skip to Question F_UN3. Otherwise, proceed to Question F_UN2a.

Caseid: 10014120
Item: F_UN2a@a
BELA FLECK (919) 598 0001

During the past three months, about how often was he/she unable to get help with meal preparation when he/she needed it?

Would you say that he/she was unable to get help...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Meal preparation" includes assistance with grocery shopping, planning a meal, and/or preparing/cooking the meal.

Coding: Only one response option should be selected. This question is only asked when Question F_UN2=yes.

Caseid: 10014120
Item: F_UN2b@a
BELA FLECK (919) 598 0001

Why didn't he/she get the help he/she needed with meal preparation?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME INTO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No provider was available" means that the client could not find a person or provider who was able to help him/her with meal preparation activities during the past three months. "Service not covered by insurance/Cost too much" means that the client could not afford to pay for the meal services he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" means that the client did not want a strange person coming into his/her home to help him/her with meal services during the past three months.

Coding: Please specify what the reason was when the respondent gives a reason that is not listed above. This question is only asked when Question F_UN2=yes.

Caseid: 10014120
Item: F_UN3@a
BELA FLECK (919) 598 0001

During the past three months, was there any time when ZENIA BEAUTIFUL needed more special transportation from his/her home but was unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Special transportation" may include a special van or other type of vehicle that comes to the home of the older adult and will take him/her to medical appointments or other scheduled appointments as needed.

Coding: If the respondent answers No to this question, skip to Question F_UN4. Otherwise, proceed to Question F_UN3a.

Caseid: 10014120
Item: F_UN3a@a
BELA FLECK (919) 598 0001

During the past three months, about how often was he/she unable to get special transportation when he/she needed it?

Would you say that he/she was unable to get help...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Special transportation" may include a special van or other type of vehicle that comes to the home of the older adult and will take the client to medical appointments or other scheduled appointments as needed.

Coding: Only one response option should be selected. This question is only asked when Question F_UN3=yes.

Caseid: 10014120
Item: F_UN3b@a
BELA FLECK (919) 598 0001

Why didn't he/she get the help he/she needed with special transportation?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME INTO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No provider was available" means that the client could not find a person or provider who was able to help him/her with special transportation during the past three months. "Service not covered by insurance/Cost too much" means that the client could not afford to pay for the special transportation he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" means that the client did not want a strange person coming into his/her home to help him/her get the special transportation services he/she needed during the past three months.

Coding: Please specify what the reason was when the family member/caregiver gives a reason that is not listed above. This question is only asked when Question F_UN3=yes.

Caseid: 10014120
Item: F_UN4@a
BELA FLECK (919) 598 0001

During the past three months, was there any time when ZENIA BEAUTIFUL needed more help taking medications in the home but was unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Help taking medications" may include reminders to take the medicine, assistance in getting a medicine bottle open, assistance in getting a glass of water to drink with the medicine, or assistance in determining (and counting) the number of pills, or the actual amount of liquid to actually take.

Coding: If the respondent answers No to this question, skip to Question F_SECT11. Otherwise, proceed to Question F_UN4a.

Caseid: 10014120
Item: F_UN4a@a
BELA FLECK (919) 598 0001

During the past three months, about how often was he/she unable to get help taking medications when he/she needed it?

Would you say that he/she was unable to get help...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Help taking medications" may include reminders to take the medicine, assistance in getting a medicine bottle open, assistance in getting a glass of water to drink with the medicine, or assistance in determining (and counting) the number of pills, or the actual amount of liquid to actually take.

Coding: Only one response option should be selected. This question is only asked when Question F_UN4=yes.

Caseid: 10014120
Item: F_UN4b@a
BELA FLECK (919) 598 0001

Why didn't he/she get the help he/she needed with medications?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME INTO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No provider was available" means that the client could not find a person or provider who was able to help him/her taking medications during the past three months. "Service not covered by insurance/Cost too much" means that the client could not afford to pay for the help needed to take his/her medications either

because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" means that the client did not want a strange person coming into his/her home to help him/her take his/her medications during the past three months.

Coding: Please specify what the reason was when the family member/caregiver gives a reason that is not listed above. This question is only asked when Question F_UN4=yes.

Caseid: 10014120
Item: F_SECT11
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

Now, I'd like to ask you some questions about your relationship with ZENIA BEAUTIFUL.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all family member/caregivers. This section is unlike any section in the client interview.

Caseid: 10014120
Item: F_AT1@a
BELA FLECK (919) 598 0001

Currently, how much do you worry about ZENIA BEAUTIFUL's ability to live at home?

Would you say that you worry:
1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
5 = None of the time
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 10014120
Item: F_AT2@a
BELA FLECK (919) 598 0001

Currently, how well do you cope with the responsibility of caring for ZENIA BEAUTIFUL?

Would you say that you are....

1 = Able to cope very well
2 = Somewhat able to cope
3 = Not able to cope very well
4 = Not at all able to cope
F5 = NOT APPLICABLE (DO NOT PROVIDE CARE)
F3 = DON'T KNOW
F4 = REFUSED

Definition: Coping ability is defined by the respondent.

Caseid: 10014120
Item: F_AT3@a
BELA FLECK (919) 598 0001

Currently, how would you rate the quality of your relationship with ZENIA BEAUTIFUL?

Would you say that it is....

1 = Excellent
2 = Very good
3 = Good
4 = Fair
5 = Poor
F3 = DON'T KNOW
F4 = REFUSED

Definition: The quality of this relationship is defined by the respondent.

Caseid: 10014120
Item: F_AT4@a
BELA FLECK (919) 598 0001

Currently, how would you rate your overall patience with ZENIA BEAUTIFUL?

Would you say that it is....

1 = Excellent
2 = Very good
3 = Good
4 = Fair
5 = Poor
F3 = DON'T KNOW
F4 = REFUSED

Definition: The patience level is defined by the respondent.

Caseid: 10014120
Item: F_AT5@a1
BELA FLECK (919) 598 0001

What are the most challenging or difficult aspects of being a family member of/caregiver to ZENIA BEAUTIFUL?

Definition: The terms "challenging" and "difficult" are defined by the respondent.

Coding: Please write the response verbatim. 90 character spaces are allowed.

Caseid: 10014120
Item: F_SECT12
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

Next, I would like to ask you some general questions about your attitudes toward life. This information will help us to better understand the characteristics of individuals like yourself as we develop programs to assist family members/caregivers in the future.

PRESS ENTER TO CONTINUE

Specifications: This section is asked of all family member/caregivers.

Caseid: 10014120
Item: F_LS1@a
BELA FLECK (919) 598 0001

As you get older, do you think that things keep getting better, worse, or stay about the same?

1 = BETTER
2 = WORSE
3 = STAY ABOUT THE SAME
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Things" refers to things in general.

Caseid: 10014120
Item: F_LS2@a
BELA FLECK (919) 598 0001

How lonely do you feel?

Would you say you feel....

1 = Very lonely
2 = Somewhat lonely
3 = Not at all lonely
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Very lonely" indicates that the respondent feels very isolated and alone. "Somewhat lonely" indicates that the respondent feels somewhat isolated and alone. "Not at all lonely" indicates that the individual does not feel at all isolated and alone.

Caseid: 10014120
Item: F_LS3@a
BELA FLECK (919) 598 0001

Do you have more, less, or the same amount of pep as you did last year?

1 = MORE
2 = LESS
3 = THE SAME
F3 = DON'T KNOW
F4 = REFUSED

Definition: More pep means that the respondent feels that he/she is more energetic than he/she was last year. Less pep means that the respondent feels that he/she is less energetic than he/she was last year. The same pep means that the respondent feels that there was no change in his/her energy level between last year and this year.

Caseid: 10014120
Item: F_LS4@a
BELA FLECK (919) 598 0001

How much do little things bother you?

Would you say....

1 = A lot
2 = Some
3 = Not very much
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Little things" are defined by the respondent. What is little to you may not be little to him/her so it is important to let the respondent decide for him/herself what he/she thinks is "little."

Caseid: 10014120
Item: F_LS5@a
BELA FLECK (919) 598 0001

Overall, do you see enough of your friends?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Who would qualify as a friend is defined solely by the respondent. For this question, friends do not include relatives (the next question of the interview asks about relatives).

Caseid: 10014120
Item: F_LS6@a
BELA FLECK (919) 598 0001

Overall, do you see enough of your relatives?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Who would qualify as a relative is defined solely by the respondent. For this question, relatives do not include friends.

Caseid: 10014120
Item: F_LS7@a
BELA FLECK (919) 598 0001

Do you think that as people get older they are more useful, less useful, or that age makes no difference?

1 = MORE USEFUL
2 = LESS USEFUL
3 = AGE MAKES NO DIFFERENCE
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "useful" is defined by the respondent. Useful (valuable) could be in reference to one's family, one's friends, one's neighbors, one's employer, etc. It is up to the respondent to determine what "useful" means to him/her.

Caseid: 10014120
Item: F_LS8@a
BELA FLECK (919) 598 0001

Do you sometimes worry so much that you can't sleep?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "worry" is defined by the respondent.

Caseid: 10014120
Item: F_LS9@a
BELA FLECK (919) 598 0001

Are you as happy now as you were when you were younger?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "younger" is defined by the respondent.

Caseid: 10014120
Item: F_LS10@a
BELA FLECK (919) 598 0001

Do you think that life is hard for you most of the time?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "hard" is defined by the respondent.

Caseid: 10014120
Item: F_LS11@a
BELA FLECK (919) 598 0001

How satisfied are you with your life today?

Would you say that you are....

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "satisfied" is defined by the respondent.

INTRODUCTION FOR FAMILIES THAT HAVE CLIENTS ABOUT TO RECEIVE (OR CURRENTLY RECEIVING) SENIOR COMPANION PROGRAM SERVICES:

Caseid: 10014120
Item: F_SECT13
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

I know that ZENIA BEAUTIFUL has just been assigned a Senior Companion to help him/her with his/her special needs at home. Now I am going to ask you a few questions about how you learned about the Senior Companion Program. I also am going to ask you about the kind of care you want him/her to receive from the Senior Companion.

PRESS ENTER TO CONTINUE

Specification: This introduction to the section is read only to family member/caregivers of clients who were just matched with a Senior Companion.

INTRODUCTION FOR FAMILIES THAT HAVE CLIENTS ON THE WAITING LIST FOR SENIOR COMPANION PROGRAM SERVICES

Caseid: 10014120
Item: F_SECT13
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

I know that ZENIA BEAUTIFUL is currently waiting to receive services from the Senior Companion Program. Now I am going to ask you a few questions about how you learned about the Senior Companion Program, and the kind of care you want him/her to receive from the Senior Companion.

PRESS ENTER TO CONTINUE

Specification: This introduction is read only to the family member/caregivers who were recently placed on the waiting list for Senior Companion services.

Caseid: 10014120
Item: F_EF1@a
BELA FLECK (919) 598 0001

How did you initially learn about the Senior Companion Program?

Did you hear about it from a....

1 = Health/social service agency
2 = Family member (not the client)
3 = ZENIA BEAUTIFUL
4 = Other (specify)
F3 = DON'T KNOW
F4 = REFUSED

Definition: "How did you hear about..." is a question designed to find out who or what agency was source of information about the Senior Companion Program. "Health/social agency" is any agency or organization that provides services to individuals that initially told the respondent about the Senior Companion Program. "Family member" is any relative who initially told the respondent about the Senior Companion Program. "Other" is any other person or provider that told the respondent about the Senior Companion Program.

Coding: This question is only asked of family members/caregivers of clients who are either about to receive or are currently receiving SCP services, and those who are on the waiting list to receive Senior Companion Services.

Caseid: 10014120
Item: F_EF2@a
BELA FLECK (919) 598 0001

Will this be ZENIA BEAUTIFUL's first experience with a Senior Companion?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This specific question asks whether this experience with the Senior Companion Program will be the first contact the respondent has had with the program.

Coding: This question is only asked of family members/caregivers whose relative or client is receiving, or is on the waiting list to receive Senior Companion Services. If the respondent answers YES to this question and his/her relative or client is receiving a Senior Companion, skip to Question F_EF3. If the respondent answers YES to this question and his/her relative or client is on the waiting list to receive a Senior Companion, skip to Question F_EF4. If the respondent answers NO to this question, skip to Question F_EF2a.

Caseid: 10014120
Item: F_EF2a@a
BELA FLECK (919) 598 0001

Not including the new/current Senior Companion, how many other Senior Companions have come to visit until now?

___previous Senior Companions

Definition: The number of previous Senior Companions that the client has had (not counting his/her current Senior Companion) should be listed here.

Coding: This question is only asked of individuals who answered NO to Question F_EF2.

Caseid: 10014120
Item: EF2a_CK@a
BELA FLECK (919) 598 0001

The computer recorded that this is not your first experience with a senior companion but that a senior companion has never come to visit.

Which is correct?

1 = BOTH ARE CORRECT
2 = THIS IS MY FIRST EXPERIENCE WITH A SENIOR COMPANION
3 = PREVIOUS SENIOR COMPANIONS HAVE COME TO VISIT

Specification: If the respondent gives you conflicting information about the number of prior Senior Companions, you will be prompted to clarify the point with the respondent using this screen. If the respondent answers '1' = BOTH ARE CORRECT to this question, you will go to an override screen that will ask you to explain the inconsistency.

Caseid: 10014120
Item: EF2a_OR@a
BELA FLECK (919) 598 0001

INTERVIEWER: WHY DID YOU ALLOW THE INCONSISTENCY BETWEEN HAVING NO PREVIOUS SENIOR COMPANIONS AND HAVING PREVIOUS SENIOR COMPANIONS?

Specification: You will only see this screen if you entered '1' on question EF2a_CK. This screen allows you to explain the apparent inconsistency in the respondents answers to F_EF2 and F_EF2a.

Caseid: 10014120
Item: F_EF3_1@a
BELA FLECK (919) 598 0001

How important is it to you that the Senior Companion does the following activities?

Would you say that it would be important, or not important that the Senior Companion

1= IMPORTANT (I)
2= NOT IMPORTANT (NI)
A) Provide personal care assistance (help dressing, eating, grooming, etc.)
B) Do light chores
C) Take him/her to medical appointments
D) Run errands
E) Prepare meals
F) Do grocery shopping
G) Make phone calls for him/her
H) Help him/her take medicine
I) Keep him/her company
J) Help him/her with paperwork
K) Be there in case of an emergency

Intent: This question is designed to determine how important it is for the respondent to have his/her relative or client receive each of the listed services from his/her Senior Companion.

Definition: "Personal assistance" includes help in eating, dressing, toileting, getting in and out of bed, and bathing. "Light chores" includes things such as laundry and doing the dishes. "Take him/her to medical appointments" includes driving to medical appointments, and/or accompanying the client to medical appointments. "Help him/her take medicine" includes things such as reminding the client to take his/her medicine, helping him/her to open the bottle, getting him/her a glass of water to take with the medicine, and/or telling him/her the proper dosage to take. "Help keep him/her company" is defined by the respondent. "Help him/her with paperwork" includes but is not limited to opening the mail, paying bills, filling out forms, and reading and understanding different documents. "Be there in case of an emergency" means that the Senior Companion is there to offer support in the event of an urgent need.

Coding: Each part of this question should be answered. Either "Important" or "Not important" should be selected for each and every sub-question. This question is only asked of family members/caregivers whose relative or client is currently receiving Senior Companions.

Caseid: 10014120
Item: F_EF3_2@
BELA FLECK (919) 598 0001

How important is it to you that the Senior Companion does the following activities?

(Would you say that it would be important, or not important that the Senior Companion:

1= IMPORTANT (I)
2= NOT IMPORTANT (NI))

L) Assist you by giving you time off
M) Be on time
N) Visit on a regular basis
O) Stay for a specific period of time each visit
P) Other (specify):

Intent: This question is designed to determine how important it is for the respondent to have his/her relative or client receive each of the listed services from his/her Senior Companion.

Definition: "Assist you by giving you some time off" means that the Senior Companion provides respite services to the family member/caregiver by allowing him/her to go out for a few hours while the Senior Companion is visiting. "Be on time" is interpreted by the respondent. "Visit on a regular basis" is defined by the respondent. "Stay for a specific period of time each visit" is defined by the respondent.

Coding: Each part of this question should be answered. Either "Important" or "Not important" should be selected for each and every sub-question. This question is only asked of family members/caregivers whose relative or client is currently receiving Senior Companions.

Caseid: 10015120
Item: F_EF4_1@a
BELA FLECK (919) 598 0001

If ZENIA BEAUTIFUL were willing and able to receive additional social services in his/her home, how important would each of the following activities be?

Would you say that it would be important, or not important that the Senior Companion

1= IMPORTANT (I)
2= NOT IMPORTANT (NI)
A) Provide personal care assistance (help dressing, eating, grooming, etc.)
B) Do light chores
C) Take him/her to medical appointments
D) Run errands
E) Prepare meals
F) Do grocery shopping
G) Make phone calls for him/her
H) Help him/her take medicine
I) Keep him/her company
J) Help him/her with paperwork
K) Be there in case of an emergency

Intent: This question is designed to determine how important it is for the respondent to have his/her relative or client receive each of the listed services if the relative or client were willing and able to have someone come into the home for help.

Definition: "Personal assistance" includes help in eating, dressing, toileting, getting in and out of bed, and bathing. "Light chores" includes things such as laundry and doing the dishes. "Take him/her to medical appointments" includes driving to medical appointments, and/or accompanying the client to medical appointments. "Help him/her take medicine" includes things such as reminding the client to take his/her medicine, helping him/her to open the bottle, getting him/her a glass of water to take with the medicine, and/or telling him/her the proper dosage to take. "Help keep him/her company" is defined by the respondent. "Help him/her with paperwork" includes but is not limited to opening the mail, paying bills, filling out forms, and reading and understanding different documents. "Be there in case of an emergency" means that the Senior Companion is there to offer support in the event of an urgent need.

Coding: Each part of this question should be answered. Either "Important" or "Not important" should be selected for each and every sub-question. This question is only asked of individuals whose family member or client is currently on the waiting list to receive Senior Companion Services.

Caseid: 10015120
Item: F_EF4_2@
BELA FLECK (919) 598 0001

(If ZENIA BEAUTIFUL were willing and able to receive additional social services in his/her home, how important would each of the following activities be?)

(Would you say that it would be important, or not important that the Senior Companion:

1= IMPORTANT (I)
2= NOT IMPORTANT (NI))

L) Assist you by giving you time off
M) Be on time
N) Visit on a regular basis
O) Stay for a specific period of time each visit
P) Other (specify):

Intent: This question is designed to determine how important it is for the respondent to have his/her relative or client receive each of the listed services if the relative or client were willing and able to have someone come into the home for help.

Definition: "Assist you by giving you some time off" means that the Senior Companion provides respite services to the family member/caregiver by allowing him/her to go out for a few hours while the Senior Companion is visiting. "Be on time" is interpreted by the respondent. "Visit on a regular basis" is defined by the respondent. "Stay for a specific period of time each visit" is defined by the respondent.

Coding: Each part of this question should be answered. Either "Important" or "Not important" should be selected for each and every sub-question. This question is only asked of individuals whose family member or client is currently on the waiting list to receive Senior Companion Services.

Caseid: 10014120
Item: F_EFEND2
Press ENTER to move to the next field
BELA FLECK (919) 598 0001

Thank you very much for your help with this important research study.
We will be back in touch in a few months for an update.

PRESS ENTER TO CONTINUE

Specification: This screen indicates the end of the family member/caregiver interview. There are several questions that follow that require information from you about the interview.

Caseid: 10014120
Item: F_IS1@a
BELA FLECK (919) 598 0001

How much of the time did the family member/caregiver appear to be confused during the interview?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Specification: Most of the time means that the respondent seemed confused or disoriented over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to be confused or disoriented some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the respondent seemed to be clear about the meaning of most questions and have little difficulty answering questionnaire items. None of the time means that the respondent had no difficulty with confusion during the entire interview.

Caseid: 10014120
Item: F_IS2@a
BELA FLECK (919) 598 0001

How much of the time did the family member/caregiver appear to understand the questions that were asked of him/her?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Specification: Most of the time means that the respondent seemed confused or disoriented over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to be confused or disoriented some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the respondent seemed to be clear about the meaning of most questions and have little difficulty answering questionnaire items. None of the time means that the respondent had no difficulty with confusion during the entire interview.

Caseid: 10014120
Item: F_IS3@a
BELA FLECK (919) 598 0001

How much of the time did the family member/caregiver communicate understandably and appropriately?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Specification: Most of the time means that the respondent seemed confused or disoriented over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to be confused or disoriented some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the respondent seemed to be clear about the meaning of most questions and have little difficulty answering questionnaire items. None of the time means that the respondent had no difficulty with confusion during the entire interview.

Caseid: 10014120
Item: F_IS4@a
BELA FLECK (919) 598 0001

How much of the time did the family member/caregiver seem upset during the interview?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Specification: Most of the time means that the respondent seemed confused or disoriented over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to be confused or disoriented some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the respondent seemed to be clear about the meaning of most questions and have little difficulty answering questionnaire items. None of the time means that the respondent had no difficulty with confusion during the entire interview.

Caseid: 10014120
Item: F_IS5@a
BELA FLECK (919) 598 0001

How difficult was it to conduct this interview?

1 = Very difficult
2 = Somewhat difficult
3 = A little difficult
4 = Not at all difficult

Specification: Very difficult means that it was very hard for the interviewer to be able to administer the questionnaire. Very difficult could be defined as being hard to administer for over 50% of the interview. This could have been due to any of the following: respondent fatigue, respondent lack of understanding of questionnaire items, respondent difficulty in communicating his/her response, poor quality of the telephone reception, lack of privacy during the interview, etc. Somewhat difficult means that interview was somewhat hard to administer for the same reasons listed above. (Somewhat could be defined as occurring between 25-50% of the time). A little difficult means that between 1-25% of the interview was difficult to administer. Not at all difficult means that the interview was not at all hard to administer.

Caseid: 10014120
Item: F_IS6@a
BELA FLECK (919) 598 0001

Was the interview completed in one sitting?

1 = Yes
2 = No

Caseid: 10014120
Item: F_IS7@a
BELA FLECK (919) 598 0001

How many times did it take to complete the entire interview?

times (1-99)

Definition: The total number of times it took to complete the interview should be listed here.

Coding: Only those answering Question F_IS6 with 'NO' should be asked this question. Response options should be greater than 1 since Question F_IS6 was answered with 'NO', meaning that more than 1 session was required to complete the entire interview.

APPENDIX D5: *Family Follow-up Survey*

APPENDIX D5
Family Follow-up Survey

National Survey of the Senior Companion Program

Follow-Up Family Member/Caregiver Survey QxQs
February 2000

This is text only for the items with any special issue.

General Instructions for Family Member/Caregiver Interview:

Family members and/or caregivers may be interviewed. Read the introduction/consent on the first page before you begin with the questions.

During the interview: If the respondent refuses to answer a question during the interview, do not ask him/her to tell you the reason for refusing. However, if the respondent volunteers this information, record his/her comment(s) in the space provided next to the item.

Intent: The intent is to speak with the person who has been listed on your CATI screen. This person will be one of two types of respondents: (a) he/she is related to, or takes care of a frail older adult who is currently receiving Senior Companion services, or (b) he/she is related to, or takes care of a frail older adult who is on the waiting list to receive Senior Companion services.

Definition: Family members are related to the client, while caregivers may or may not be related to the person that they care for. Caregivers help frail older adults to perform their daily activities. These individuals are either related to, or take care of frail older adults who either have just been matched with a Senior Companion, or are on the waiting list to receive a Senior Companion.

Caseid: 01010103
Item: F_SQ1@a
CARLA DAVIS (999) 999 4382

Three months ago, when we spoke with you last, MARY DAVIS was receiving Senior Companion services.

Is MARY DAVIS still being visited by a Senior Companion?

1 = YES
2 = NO
99 = CONFUSED OR INAPPROPRIATE RESPONSE

Intent: This question is asked only in the follow-up interview. The purpose of this question and the remaining questions in this section is to determine whether or not the client has become ineligible for the study since we last talked with him/her.

Coding: 99 = CONFUSED OR INAPPROPRIATE RESPONSE should be chosen only when the client does not seem to understand the question or is not able to give an appropriate answer to the question.

Caseid: 01010103
Item: FSQ1_CK@a
CARLA DAVIS (999) 999 4382

Three months ago MARY DAVIS was being visited by a Senior Companion, but now he/she is no longer matched with a Senior Companion.

Is this correct?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is asked only in the follow-up interview. The purpose of this question is to verify with the client that he/she was once visited by a Senior Companion, but is no longer receiving those services. If that is the case, this respondent is ineligible for the sample.

Caseid: 01010103
Item: script3
Press ENTER to move to the next field
CARLA DAVIS (999) 999 4382

INELIGIBLE - CLIENT'S SERVICES CHANGED SINCE LAST INTERVIEW

Those are all the questions I have. Thank you for taking the time to answer these questions, but this portion of the study only includes people who have the same status for services as they had during the previous interview.

Thank you again for your time and have a good (day/evening).

PRESS ENTER TO CONTINUE

Specification: This screen will appear if the family member/caregiver has a relative that has changed status with the agency since the last interview.

Caseid: 10014123
Item: F_SECT1
Press ENTER to move to the next field
STELLA FLECK (919) 598 0001

First, I'd like to ask you a few questions about yourself.

PRESS ENTER TO CONTINUE

Specification: This section includes basic demographic information about the family member/caregiver. It also includes a cognitive screen designed to screen out any respondents who are mentally incapable of completing the interview.

Caseid: 10014123
Item: F_DI1@a
STELLA FLECK (919) 598 0001

CODE RESPONDENT'S SEX. IF UNSURE ASK:

Are you male or female?

1 = MALE
2 = FEMALE
F4 = REFUSED

Intent: This question is being asked as a means to confirm that the person with whom you are speaking is the appropriate study respondent.

Coding: Ask this question only if you are not sure of the family member/caregiver's gender.

Caseid: 10014123
Item: F_DI2@a
STELLA FLECK (919) 598 0001

How old were you on your last birthday?

YEARS

Intent: This question, in combination with the question about the respondent's age, is being asked as a means to determine the mental status of the potential study respondent.

Coding: If both questions F_DI2 and F_DI3 do not match correctly (i.e., the person says his/her birth date in question F_DI2 and it is more than one year from the age that he/she reports in question F_DI3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. Continue to ask questions 4-13, but if the respondent answers questions F_DI2 and F_DI3 without the appropriate match, plus appears to answer at least **two** of the remaining questions in Section 1 incorrectly, politely thank the interviewee and exit from the interview.

Caseid: 10014123
Item: F_DI3@m
STELLA FLECK (919) 598 0001

What is the month, day, and year of your birth?

F3 = DON'T KNOW
F4 = REFUSED

MONTH DAY YEAR

Intent: This question is being asked as a means to determine the mental status of the potential study respondent.

Coding: Record the month, day, and year. If both questions F_DI2 and F_DI3 do not match correctly (i.e., the person says his/her birth date in question F_DI2 and it is more than one year from the age that he/she reports in question F_DI3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. Continue to ask questions 4-13, but if the respondent answers questions F_DI2 and F_DI3 without the appropriate match, plus appears to answer at least **two** of the remaining questions in Section 1 incorrectly, politely thank the interviewee and exit from the interview.

Caseid: 10014123
Item: DI3_Ck@a
STELLA FLECK (919) 598 0001

The computer has recorded that you are __ years old but that your birthday is _____. Which is correct, age or date of birth?

1 = BOTH ARE CORRECT
2 = AGE IS CORRECT
3 = DATE OF BIRTH IS CORRECT

Intent: This question is being asked as a means to determine the mental status of the potential study respondent.

Coding: Record the month, day, and year. If both questions F_DI2 and F_DI3 do not match correctly (i.e., the person says his/her birth date in question F_DI2 and it is more than one year from the age that he/she reports in question F_DI3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. Continue to ask questions 4-13, but if the respondent answers questions F_DI2 and F_DI3 without the appropriate match, plus appears to answer at least **two** of the remaining questions in Section 1 incorrectly, politely thank the interviewee and exit from the interview.

Caseid: 10014123
Item: F_DI3_OR@A
STELLA FLECK (919) 598 0001

INTERVIEWER: WHY DID YOU ALLOW THE INCONSISTENCY BETWEEN AGE: __ AND DATE OF BIRTH: __/__/__

1 = REPSONDENT UNCERTAIN ABOUT YEAR OF BIRTH; NO COGNITIVE DIFFICULTY OBSERVED
2 = RESPONDENT CONFUSED OR UNABLE TO CLARIFY DISCREPANCY
3 = OTHER

Intent: This question is being asked as a means to determine the mental status of the potential study respondent.

Coding: Record the month, day, and year. If both questions F_DI2 and F_DI3 do not match correctly (i.e., the person says his/her birth date in question F_DI2 and it is more than one year from the age that he/she reports in question F_DI3), this mismatch between the two sets of information is an indication that he/she is not mentally able to complete the interview. Continue to ask questions 4-13, but if the respondent answers questions F_DI2 and F_DI3 without the appropriate

match, plus appears to answer at least **two** of the remaining questions in Section 1 incorrectly, politely thank the interviewee and exit from the interview.

Definition: Cognitive = of, relating to, or involving the elements of perception, awareness, and judgment.

Caseid: 10014123
Item: F_DI4@a
STELLA FLECK (919) 598 0001

Are you....?

1 = Married
2 = Separated or divorced
3 = Widowed
4 = Never married
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the family member/caregiver's current marital status.

Caseid: 10014123
Item: F_DI5@a
STELLA FLECK (919) 598 0001

In general, would you say that your health is:

1 = Excellent
2 = Very good
3 = Good
4 = Fair
5 = Poor
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 10014123
Item: F_DI6@a
STELLA FLECK (919) 598 0001

Do you live alone?

1 = YES
2 = NO
99 = CONFUSED OR INAPPROPRIATE RESPONSE
F3 = DON'T KNOW
F4 = REFUSED

Coding: Those answering "Yes" skip to question F_SECT2. Those who say "No" go to question F_DI6a.

Caseid: 10014123
Item: DI6a@a
STELLA FLECK (919) 598 0001

Who lives with you? (CODE ALL THAT APPLY.)
1 = HUSBAND OR WIFE.....N
2 = CHILDREN (INCLUDING IN-LAWS).....N
3 = GRANDCHILDREN.....N
4 = PARENTS (INCLUDING IN-LAWS).....N
5 = BROTHERS OR SISTERS (INCLUDING IN-LAWS).....N
6 = OTHER RELATIVES.....N
7 = FRIENDS.....N
8 = NON-RELATED PAID HELPER (INCLUDE FREE ROOM).....N
9 = OTHER (SPECIFY).....N
10 = CONFUSED OR INAPPROPRIATE RESPONSE.....N
F3 = DK.....N
F4 = REFUSED.....N

PRESS F9 TO CONTINUE

Intent: This question asks who lives with the family member/caregiver.

Definition: Children include stepchildren and children who are in-laws. Parents include in-laws. Brothers or sisters include stepbrothers and stepsisters. Other relatives include nieces, nephews, aunts, uncles, cousins, and other relatives. Non-related paid helpers include people who pay room and board, as well as those who receive free room and board in exchange for helping the family member/caregiver. Please specify who is selected in the "Other" category.

Coding: Do not read the list. Select all categories that apply. Probe as necessary.

Caseid: 10014123
Item: script4
Press ENTER to move to the next field
STELLA FLECK (919) 598 0001

INELIGIBLE - COGNITIVE REASONS

Those are all the questions I have. Thank you for taking the time to answer these questions. Have a good (day/evening).

PRESS ENTER TO CONTINUE

Specification: If the respondent's age and date of birth do not match and the respondent gives a confused or inappropriate response to **TWO** or more of the remaining demographic questions, the respondent will become ineligible for the study due to cognitive difficulty. In that event, CATI will direct you to this exiting statement.

Caseid: 10014123
Item: F_IS8@a
STELLA FLECK (919) 598 0001

If interview not completed or not done, note reason(s):
(CODE ALL THAT APPLY)

1 = Respondent's illness .....N
2 = Respondent's fatigue .....N
3 = Respondent's poor mental status .....N
4 = Respondent's uncooperativeness .....N
5 = Respondent insulted by questions .....N
6 = Other people present in the home wanted interview terminated.....N
7 = Unsatisfactory interview conditions .....N
8 = Respondent hard of hearing .....N
9 = Other (specify): .....N
F3 = DK.....N
F4 = REFUSED.....N

PRESS F9 TO CONTINUE

Specification: You will see this screen any time you close out a case that is not a completed interview (e.g., ineligible due to respondent cognitive difficulty, respondent gives second refusal, etc.).

Caseid: 10014123
Item: F_SECT2
Press ENTER to move to the next field
STELLA FLECK (919) 598 0001

Now, I have some general questions about MOLLY SMITH's health.

PRESS ENTER TO CONTINUE

Specification: This section includes questions on the health of the client, from the family member/caregiver's perspective.

Caseid: 10014123
Item: F_HS1@a
STELLA FLECK (919) 598 0001

In general, would you say his/her health is:

1 = Excellent
2 = Very good
3 = Good
4 = Fair
5 = Poor
F3 = DON'T KNOW
F4 = REFUSED

Intent: The question is designed to ask about the named client's current health.

Caseid: 10014123
Item: F_HS2@a
STELLA FLECK (919) 598 0001

Compared to one year ago, how would you rate his/her health in general now?

Would you say it is...

1 = Much better than one year ago
2 = Somewhat better than one year ago
3 = About the same now as one year ago
4 = Somewhat worse now than one year ago
5 = Much worse now than one year ago
F3 = DON'T KNOW
F4 = REFUSED

Intent: General health refers to average or typical health.

Caseid: 10014123
Item: F_HS3@a
STELLA FLECK (919) 598 0001

To what extent have physical health problems interfered with MOLLY SMITH's social activities with family, friends, neighbors, or other groups during the past month?

Would you say they have interfered...

1 = Not at all
2 = Slightly (Interfered 1-2 times)
3 = Moderately (3-4 times)
4 = Quite a bit (5-6 times)
5 = Extremely (more than 6 times)
F3 = DON'T KNOW
F4 = REFUSED

Intent: The family member/caregiver is giving his/her perception of the ability of the named client to engage in social activities due to physical health problems.

Caseid: 10014123
Item: F_HS4@a
STELLA FLECK (919) 598 0001

To what extent have emotional problems interfered with MOLLY SMITH's social activities with family, friends, neighbors, or other groups during the past month?

Would you say they have interfered...

1 = Not at all
2 = Slightly (Interfered 1-2 times)
3 = Moderately (3-4 times)
4 = Quite a bit (5-6 times)
5 = Extremely (more than 6 times)
F3 = DON'T KNOW
F4 = REFUSED

Intent: The family member/caregiver is giving his/her perception of the ability of the named client to engage in social activities due to emotional health problems.

Definition: The extent of emotional problems experienced by the named client is defined by the family member/caregiver respondent. Emotional problems are not limited to the following, but may include things like depression, sadness following the death of a relative, or unhappiness resulting from the loss of independence with advanced age.

Caseid: 10014123
Item: F_HS5@a
STELLA FLECK (919) 598 0001

How many friends has MOLLY SMITH seen or spoken to on the telephone in the past month?

Would you say he/she has seen or spoken with...

1 = 9 or more friends
2 = 5 to 8 friends
3 = 2 to 4 friends
4 = 1 friend
9 = No friends
F5 = NA/CAN'T USE THE PHONE
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to assess the extent to which the named client has had social contact with friends during the past month. All social contacts (whether by telephone or in-person) count. Friends include non-related caregivers, neighbors, and other people who the respondent identifies as being a friend.

Caseid: 10014123
Item: F_HS6@a
STELLA FLECK (919) 598 0001

To what extent has MOLLY SMITH been able to talk about his/her feelings and problems with at least one friend during the past month?

Would you say that MOLLY SMITH has been...

1 = Always able to talk about feelings?
2 = Usually able to talk about feelings?
3 = Able to talk about feelings about half the time?
4 = Usually unable to talk about feelings?
5 = Always unable to talk about feelings?
6 = N/A: HE/SHE HAS NO FRIENDS TO TALK TO
7 = N/A: HE/SHE HAS NO PROBLEMS/WORRISOME FEELINGS TO DISCUSS
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine the extent to which the named client has been able to talk about feelings and problems with at least one friend during the past month.

Caseid: 10014123
Item: F_HS7@a
STELLA FLECK (919) 598 0001

How many times during the past month has MOLLY SMITH gone out socially with other people? For example, how many times has he/she visited friends, gone to church, or invited friends to his/her home?

Would you say...

1 = 9 or more times
2 = 5 to 8 times
3 = 2 to 4 times
4 = Once
9 = None
F3 = DON'T KNOW
F4 = REFUSED

Intent: Activities counted include, but are not limited to the following: visiting with friends either inside or outside the home and going to church.

Caseid: 10014123
Item: F_SECT3
Press ENTER to move to the next field
STELLA FLECK (919) 598 0001

Now I'd like to ask you about some routine activities that MOLLY SMITH does. Please tell me if he/she can do these activities without help, if he/she needs some help to do them, or if he/she can't do them at all.

PRESS ENTER TO CONTINUE

Specification: This section is only asked of family member/caregivers whose client did not complete this section in the client interview. This section is reserved only for family member/caregivers who are considered a proxy.

Caseid: 10014123
Item: F_PF1@a
STELLA FLECK (919) 598 0001

To what extent can MOLLY SMITH use the telephone (including looking up numbers and dialing)?

Can he/she use it....

1 = Without help
2 = With some help (can answer phone or dial operator in an emergency, but needs a special phone or help in getting the number or dialing)
3 = Or is he/she unable to use the telephone?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the named client can use the phone to call someone else. The question does not ask about whether the client actually does use the telephone; instead, it asks about whether he/she **can** (i.e., has the ability to) use the telephone. Using the phone includes looking up numbers in a directory or phone book, and actually dialing the number.

Caseid: 10014123
Item: F_PF2@a
STELLA FLECK (919) 598 0001

To what extent can MOLLY SMITH get to places out of walking distance? Can he/she get there....

1 = Without help (can travel alone on buses, taxis, or drive his/her own car)
2 = With some help (needs someone to help him/her in order to be able to travel)
3 = Or is he/she unable to travel (unless emergency arrangements are made for a specialized vehicle)?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the named client can get to places outside of walking distance. The question does not ask about whether the person actually does get to places outside of walking distance; instead, it asks about whether the client **can** (i.e., has the ability to) get to places outside of walking distance.

Caseid: 10014123
Item: F_PF3@a
STELLA FLECK (919) 598 0001

To what extent can MOLLY SMITH go shopping for groceries or clothes?

1 = Without help (taking care of all shopping needs him/herself, assuming he/she had transportation)
2 = With some help (needs someone to go with him/her on all shopping trips)
3 = Or is he/she unable to do any shopping?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the named client can go shopping for groceries or clothes. The question does not ask about whether the client actually does shopping; instead, it asks about whether he/she **can** (i.e., has the ability to) go shopping. The question assumes that the client has access to transportation to shop.

Caseid: 10014123
Item: F_PF4@a
STELLA FLECK (919) 598 0001

To what extent can MOLLY SMITH prepare his/her own meals?

Can he/she prepare them....

1 = Without help (plans and cooks full meals him/herself)
2 = With some help (can prepare some things but unable to cook full meals him/herself)
3 = Or is he/she unable to prepare any meals?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can prepare his/her own meals. The question does not ask about whether the client actually does prepare the meals; instead, it asks about whether he/she **can** (i.e., has the ability to) prepare meals.

Caseid: 10014123
Item: F_PF5@a
STELLA FLECK (919) 598 0001

To what extent can MOLLY SMITH do his/her housework (e.g., laundry, dusting, washing dishes, etc.)?

Can he/she do it ....

1 = Without help (can he/she scrub floors, etc.)
2 = With some help (can do light housework, but needs help with heavy housework)
3 = Or is he/she unable to do any housework?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can do housework. The question does not ask about whether the client actually does housework; instead, it asks about whether he/she **can** (i.e., has the ability to) do housework.

Definition: Heavy housework includes things such as scrubbing floors and vacuuming. Light housework includes things like dusting, washing dishes, and doing laundry.

Caseid: 10014123
Item: F_PF6@a
STELLA FLECK (919) 598 0001

To what extent can MOLLY SMITH take his/her own medicine?

Can he/she take it....

1 = Without help (in the right doses at the right time)
2 = With some help (able to take medicine if someone prepares it for him/her and/or reminds him/her to take it)
3 = Or is he/she unable to take his/her medicine?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can take his/her own medicine. The question does not ask about whether the client actually does take medicine; instead, it asks about whether he/she **can** (i.e., has the ability to) take medicine without assistance.

Caseid: 10014123
Item: F_PF7@a
STELLA FLECK (919) 598 0001

To what extent can MOLLY SMITH handle his/her own money?

Can he/she handle it....

1 = Without help (writes checks, pay bills, etc.)
2 = With some help (manages day-to-day buying but needs help with managing his/her checkbook and paying his/her bills)
3 = Or is he/she unable to handle money?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can handle his/her own money. The question does not ask about whether the client actually does handle his/her own money; instead, it asks about whether he/she **can** (i.e., has the ability to) handle money.

Caseid: 10014123
Item: F_PF8@a
STELLA FLECK (919) 598 0001

To what extent can MOLLY SMITH eat?

Can he/she do it....

1 = Without help (able to feed him/herself completely)
2 = With some help (needs help with cutting, etc.)
3 = Or is he/she unable to feed him/herself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can eat. The question does not ask about whether the client actually does eat without help; instead, it asks about the extent to which he/she **can** (i.e., has the ability to) eat without assistance.

Caseid: 10014123
Item: F_PF9@a
STELLA FLECK (919) 598 0001

To what extent can MOLLY SMITH dress and undress him/herself?

Can he/she do it....

1 = Without help (able to pick out clothes, dress, and undress him/herself completely)
2 = With some help
3 = Or is he/she unable to dress and undress him/herself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can dress and undress him/herself. The question does not ask about whether the client actually does dress and undress himself; instead, it asks about whether he/she **can** (i.e., has the ability to) dress and undress.

Caseid: 10014123
Item: F_PF10@a
STELLA FLECK (919) 598 0001

To what extent can MOLLY SMITH take care of his/her own appearance, for example, combing his/her hair and (for men) shaving?

Can he/she do it....

1 = Without help
2 = With some help
3 = Or is he/she unable to maintain his/her appearance?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can take care of his/her own grooming. The question does not ask about whether the client actually does his/her own grooming (i.e., combing hair, and for men, shaving, etc); instead, it asks about whether he/she **can** (i.e., has the ability to) take care of his/her own appearance.

Caseid: 10014123
Item: F_PF11@a
STELLA FLECK (919) 598 0001

To what extent can MOLLY SMITH walk?

Can he/she do it....

1 = Without help (except for a cane)
2 = With some help (e.g., from a person, or with the use of a walker, or crutches, etc.)
3 = Or is he/she unable to walk?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the named client can walk. The question does not ask about whether the client actually does walk; instead, it asks about whether he/she **can** (i.e., has the ability to) walk.

Caseid: 10014123
Item: F_PF12@a
STELLA FLECK (919) 598 0001

To what extent can he/she get in and out of bed?

Can he/she do it....

1 = Without help (or aids)
2 = With some help (either from a person, or with the aid of some device)
3 = Or is he/she unable to get in and out of bed him/herself
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can get in and out of bed. The question does not ask about whether the client actually does get in and out of bed; instead, it asks about whether he/she **can** (i.e., has the ability to) get in and out of bed.

Caseid: 10014123
Item: F_PF13@a
STELLA FLECK (919) 598 0001

To what extent can MOLLY SMITH take a bath or shower?

Can he/she do it....

1 = Without help
2 = With some help (needs help getting in and out of the tub, or needs special attachments on the tub)
3 = Or is he/she unable to bathe him/herself?
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question asks about the extent to which the client can take a bath or shower. The question does not ask about whether the client actually does take a bath or shower; instead, it asks about whether he/she **can** (i.e., has the ability to) take a bath or shower.

Caseid: 10014123
Item: F_PF15@a
STELLA FLECK (919) 598 0001

Is there currently someone who helps MOLLY SMITH with such things as shopping, housework, bathing, dressing, and getting around?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine whether the client currently has someone to help him/her with normal daily activities.

Caseid: 10014123
Item: F_PF15a@a
STELLA FLECK (919) 598 0001

Who helps MOLLY SMITH most often? (PROBE: What is his/her relationship to MOLLY SMITH?)

1 = HUSBAND OR WIFE
2 = CHILD (INCLUDING IN-LAW)
3 = GRANDCHILD
4 = PARENT (INCLUDING IN-LAW)
5 = BROTHER OR SISTER (INCLUDING IN-LAW)
6 = OTHER RELATIVE (DOES NOT INCLUDE IN-LAW COVERED IN THE ABOVE CATEGORIES)
7 = FRIEND
8 = NEIGHBOR
9 = NON-RELATED PAID HELPER (LIVE-IN HELPER)
10 = NON-RELATED PAID HELPER (NOT LIVE-IN HELPER)
11 = CHURCH HELPER
12 = VOLUNTEER HELPER
13 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: Children include stepchildren and children who are in-laws. Parents include in-laws. Brothers or sisters include stepbrothers and stepsisters. Other relatives include nieces, nephews, aunts, uncles, cousins, and other relatives. Non-related paid helpers include people who pay room and board, as well as those who receive free room and board in exchange for helping the client. Please specify who is selected in the "Other" category.

Caseid: 10014123
Item: F_SECT4
Press ENTER to move to the next field
STELLA FLECK (919) 598 0001

Now, I'd like to ask some questions about some health problems that MOLLY SMITH may have had.

PRESS ENTER TO CONTINUE

Specification: This section is asked only of family member/caregivers who are serving as proxies. If the client completed the interview, the family member/caregiver does not answer this section of questions.

Caseid: 10014123
Item: F_CC1@a
STELLA FLECK (919) 598 0001

Does MOLLY SMITH now need any special equipment, such as an oxygen tank, in order to breathe?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Special equipment includes oxygen tanks, inhalators, or other devices that the named client currently uses in order to help him/her breathe.

Caseid: 10014123
Item: F_CC2@a
STELLA FLECK (919) 598 0001

Has a doctor ever told MOLLY SMITH that he/she had diabetes, high blood sugar, or sugar in his/her urine?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Diabetes is the same thing as high blood sugar or sugar in the urine. All three sets of words are used here to clarify that we are interested in finding out whether the named client has been told by a physician that he/she has this condition. If the respondent just thinks that the named client has diabetes, that does not count as a "Yes." Only if the respondent states that a doctor has told the client that he/she has had diabetes should you code "Yes" as the correct response option.

Caseid: 10014123
Item: F_CC3@a
STELLA FLECK (919) 598 0001

Has a doctor ever told MOLLY SMITH that he/she had cancer, not including skin cancer?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: All cancers (e.g., uterine, ovarian, prostate, breast, lung, etc) except skin cancer count. If a respondent thinks that a doctor has told the client that he/she has had a type of cancer (other than skin cancer) should you code "Yes" as the correct response option.

Caseid: 10014123
Item: F_CC4@a
STELLA FLECK (919) 598 0001

Has a doctor ever told MOLLY SMITH that he/she had emphysema, asthma, or chronic obstruction pulmonary disease?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine whether the client has ever been told that he/she had lung or other breathing problems caused by diseases such as emphysema, asthma, or chronic obstruction pulmonary disease.

Definition: If the respondent just thinks that the named client has had one of these conditions, that does not count as a "Yes." Only if the respondent states that a doctor has told the client that he/she has had at least one of these three lung or pulmonary conditions should you code "Yes" as the correct response option.

Caseid: 10014123
Item: F_CC5@a
STELLA FLECK (919) 598 0001

Has a doctor ever told MOLLY SMITH that he/she had a stroke?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: If the respondent just thinks that the named client has had a stroke, that does not count as a "Yes." Only if the respondent states that a doctor has told the client

that he/she has had a stroke should you code "Yes" as the correct response option.

Caseid: 10014123
Item: F_CC6@a
STELLA FLECK (919) 598 0001

Has a doctor ever told MOLLY SMITH that he/she had a heart attack, coronary heart disease, congestive heart failure, problems with the valves in his/her heart, or problems with the rhythm of his/her heartbeat?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: If the respondent just thinks that the client has had any of the listed heart conditions, that does not count as a "Yes." Only if the respondent states that a doctor has told the client that he/she has had one of these heart conditions should you code "Yes" as the correct response option.

Caseid: 10014123
Item: F_CC7@a
STELLA FLECK (919) 598 0001

During the past month, has MOLLY SMITH had any problems with daily activities as a result of his/her physical health?

For example...

1= Yes
2= No

A) Has he/she cut down on the amount of time he/she spent on regular activities
B) Has he/she accomplished less than he/she would like
C) Was he/she limited in his/her regular daily activities
D) Did he/she have difficulty performing other activities (For example, it took extra effort)

Intent: This question is designed to determine whether the named client has been limited in his/her daily activities as a result of a physical health problem.

Definition: Physical health problems includes illnesses, injuries, and pain that make it difficult for the person to do his/her normal activities.

Caseid: 10014123
Item: F_SECT5
Press ENTER to move to the next field
STELLA FLECK (919) 598 0001

Now I'd like to ask some questions about MOLLY SMITH's current health behaviors.

PRESS ENTER TO CONTINUE

Specification: This section is asked of family member/caregivers only if the client did not complete this section in the client interview.

Caseid: 10014123
Item: F_HB1@a
STELLA FLECK (919) 598 0001

Does he/she now smoke cigarettes every day, some days, or not at all?

1 = EVERY DAY
2 = SOME DAYS
3 = NOT AT ALL
F3 = DON'T KNOW
F4 = REFUSED

Intent: This question is designed to determine the current smoking habits of the client.

Caseid: 10014123
Item: F_HB2@a
STELLA FLECK (919) 598 0001

How often does MOLLY SMITH eat fewer than two meals a day? Would you say...

1 = Every day
2 = 5-6 days/week
3 = 3-4 days/week
4 = 1-2 days/week
9 = Never
F3 = DON'T KNOW
F4 = REFUSED

Specification: This question is designed to find out how often the client eats one or fewer meals per day.

Caseid: 10014123
Item: F_HB3@a
STELLA FLECK (919) 598 0001

Does he/she eat alone most of the time?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Most of the time is defined by the respondent. If the respondent asks for clarification, tell him/her that you want to know if the named client eats alone more than half of the time.

Caseid: 01010103
Item: sect6
Press ENTER to move to the next field
CARLA DAVIS (999) 999 4382

Now I'd like to ask some questions about the health care and community services that MARY DAVIS may have used. The next questions refer to the past three months, that is, from November, 1999 till now.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all family member/caregivers.

Caseid: 01010103
Item: F_SU1@a
CARLA DAVIS (999) 999 4382

Has he/she had a routine physical checkup during the past three months?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Intent: This specific question asks whether the client has had a non-urgent (routine or regularly scheduled) physical exam during the past three months.

Definition: "Routine" means non-urgent or a scheduled regular check-up with a health care professional such as doctor, nurse, or physician assistant.

Caseid: 01010103
Item: F_SU2@a
CARLA DAVIS (999) 999 4382

Has he/she been admitted to a hospital overnight or longer since November, 1999?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Hospital" is a place where acute medical care is received. "Overnight" means that the client stayed at least over one evening in the hospital.

Coding: If the respondent says 'NO', skip to Question F_SU3. If the respondent says "Yes", go to Question F_SU2a.

Caseid: 01010103
Item: F_SU2a@a
CARLA DAVIS (999) 999 4382

How many different times did MARY DAVIS stay in a hospital overnight or longer during the past three months, since November, 1999?

F3 = DON'T KNOW
F4 = REFUSED

# of stays (0-99)

Intent: This specific question asks the respondent to report the total number of times that the client stayed in a hospital for at least one night during the past three months.

Definition: "Hospital" is a place where acute medical care is received. Every different hospital stay should be counted. "Overnight" means that the client stayed at least over one evening in the hospital.

Coding: Any number greater than zero should be listed. Every different hospital stay should be counted. This question is only asked if F_SU2 = 1.

Caseid: 01010103
Item: F_SU3@a
CARLA DAVIS (999) 999 4382

Has he/she been a resident or patient in a nursing home or similar place since November, 1999?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Resident" means the client lived there. "Nursing home" is a place such as a skilled nursing home, a semi-skilled nursing home, or a rest home where older adults receive room and board and medical assistance from nurses and other medical professionals.

Coding: If the respondent says YES, go to question F_SU3a. If the respondent answers NO, skip to Question F_SU4.

Caseid: 01010103
Item: F_SU3a@a
CARLA DAVIS (999) 999 4382

How many different times has MARY DAVIS been a resident or patient in a nursing home or similar place during the past three months, since November, 1999?

F3 = DON'T KNOW
F4 = REFUSED

stays (0-99)

Intent: This specific question asks the respondent to report the total number of times that the named client has been a resident or patient of a nursing home during the past three months.

Definition: "Resident" means the respondent lived there. "Nursing home" is a place such as a skilled nursing home, a semi-skilled nursing home, or a rest home where older adults receive room and board and medical assistance from nurses and other medical professionals.

Coding: Any number greater than zero should be listed. Every different nursing home stay should be counted. This question is only asked if F_SU3 = 1.

Caseid: 01010103
Item: F_SU4@a
CARLA DAVIS (999) 999 4382

How many visits has MARY DAVIS made to a doctor or other medical person during the past three months?

F3 = DON'T KNOW
F4 = REFUSED

# of visits (0-125)

Intent: This specific question asks the respondent to report the total number of visits that the client made to a doctor or other medical person during the past three months.

Coding: The number stated by the respondent should be listed. The response options may range from 0 up to 125 visits. Every different doctor visit within three months should be counted. If there were no visits during the past three months, enter zero and then skip to Question F_SU6. If there were visits, go to Question F_SU5.

Caseid: 01010103
Item: F_SU5@a
CARLA DAVIS (999) 999 4382

How satisfied are you with the overall quality of medical care that he/she has received?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = HAS NOT SEEN PROVIDER
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Overall quality" is defined by the respondent.

Caseid: 01010103
Item: SU5_CK@a
CARLA DAVIS (999) 999 4382

The computer has recorded that MARY DAVIS made 1 visit to a doctor or other medical person during the past three months and that MARY DAVIS had not seen a medical care provider during that time.

1 = BOTH ARE CORRECT
2 = HAS VISITED A MEDICAL CARE PROVIDER (SU4 CORRECT)
3 = HAS NOT SEEN PROVIDER IN PAST THREE MONTHS

Specification: You should only get this screen if the respondent gave inconsistent information about the number of visits to a medical professional in the past three months. If you select '1' = BOTH ARE CORRECT, you will be prompted to explain why you allowed the inconsistency.

Caseid: 01010103
Item: SU5_OR@a
CARLA DAVIS (999) 999 4382

INTERVIEWER: WHY DID YOU ALLOW THE INCONSISTENCY BETWEEN 1 MEDICAL VISITS AND HAS NOT SEEN PROVIDER (NOT APPLICABLE)?

Specification: You should be prompted with this screen to explain the apparent inconsistency only if you selected '1' on SU5_CK.

Caseid: 01010103
Item: F_SU6@a
CARLA DAVIS (999) 999 4382

Has he/she used any of the following community services since November, 1999?

1 = YES
2 = NO

A) Adult Day Care/Senior Center
B) Special Transportation (van)
C) Home delivery meals such as Meals-on-Wheels
D) Group meal program

Definition: "Adult day care" is a service whereby the older adult visits a social service agency or provider during the hours of 8-5 and socializes with other older adults as well as may receive a meal, and medical care (in some cases, and as needed). A

"senior center is a very similar setting to an "adult day care" setting but it may provide a more limited set of social and nutritional services to older adults and over a shorter period of time/day. "Special transportation" may include a special van that comes to the home of the older adult and will take him/her to medical appointments or other scheduled appointments as needed. "Home delivered meals" such as Meals-on-Wheels are programs that provide scheduled hot meals to older adults and are delivered by a volunteer with a minimal (or no) charge to the individual in his/her home. "Group meal programs" are nutritional programs that provide hot meals to older adults in a group setting such as a social service agency or adult day care center. If a person indicates that the client both attends an adult day care center/senior center and eats group meals, both Question F_SU6a and F_SUd should receive the "Yes" response option.

Coding: One response option should be selected for each part of question F_SU6. In other words, a response should be selected for Question F_SU6a, Question F_SU6b, Question F_SU6c, and Question F_SU6d.

Caseid: 01010103
Item: F_SU7@a
CARLA DAVIS (999) 999 4382

How satisfied are you with the overall quality of special transportation that he/she has received?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Overall quality" is defined by the respondent.

Coding: This question is asked only if F_SU6B=1.

Caseid: 10014123
Item: F_SU8@a
STELLA FLECK (919) 598 0001

How satisfied are you with the overall quality of nutrition services, such as in-home meals and food assistance, that he/she has received?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Intent: This specific question asks about family/caregiver satisfaction with the overall quality of nutrition services (such as in-home meals and food assistance) received by the client.

Definition: "Overall quality" is defined by the respondent.

Coding: This question is asked only if F_SU6C=1.

Caseid: 01010103
Item: F_SU9@a
CARLA DAVIS (999) 999 4382

Has he/she had any of the following professionals come to his/her home to provide services for him/her during the past three months, since November, 1999?

F10 for QxQ
1 = YES
2 = NO

A) Visiting Nurse or Public Health Nurse
B) Home Health Aide or Homemaker Service
C) Specialized Therapy (Physical Therapy, Occupational Therapy, Speech Therapy, etc.)
D) Social Worker

Definition: A "Visiting Nurse" or "Public Health Nurse" is a medical care provider who is licensed and trained to provide in-home nursing services to older adults. Nursing duties include but are not limited to the following: assistance in helping the client take medications; changing of dressings; assistance with special medical equipment/devices; and assistance in turning or rotating the client in his/her bed. A "Home health aide" or a "Homemaker service" is a person who is less trained than a visiting or public health nurse, and will provide a more limited range of personal care services to clients. Home health aides may help with personal care tasks, such as bathing or dressing the client, transferring him/her in or out of bed, assistance with grooming, etc, rather than providing actual medical care to the client. Homemakers often provide assistance with chores, such as housecleaning and laundry, and they may provide meals and help with food preparation.

Homemakers do not provide medical assistance to clients. Specialized therapy may include any of the following four therapies: physical therapy in the home, speech therapy in the home, occupational therapy in the home, or respiratory therapy in the home. Physical therapy is designed to help the person regain physical movement and functioning. Exercises are often taught to the client at home. Speech therapy is designed to help the client regain his/her ability to speak. Occupational therapy is designed to help the person to learn to move his/her hands, feet, legs, etc. in order to regain movement and provide rehabilitation to the client. Finally, respiratory therapy is designed to help the client breathe. Assistance with breathing devices, and exercises to improve breathing may be done during these at-home sessions. Social workers are individuals who are trained to provide counseling and support to individuals who are experiencing emotional difficulties (e.g., depression, adjustment to a major loss such as death of a relative, general sadness, etc).

Coding: One response option should be selected for each part of question F_SU9. In other words, a response should be selected for Question F_SU9a, Question F_SU9b, Question F_SU9c, and Question F_SU9d.

Caseid: 10014123
Item: F_SU10@a
STELLA FLECK (919) 598 0001

How satisfied are you with the overall quality of home health care that he/she has received?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = HAS NOT USED THIS SERVICE
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Home health care" here includes visiting nurse, public health nurse, home health aide, or homemaker services. "Overall quality" is defined by the respondent.

Coding: Only one response option should be selected. This question is asked only if F_SU9A=1 or F_SU9B=1. Otherwise, skip directly to Question F_SECT7 (if SCP client) or F_SECT7a (if not SCP client, but receiving in-home respite services) or F_SECT10 (not SCP client and not receiving in-home respite services).

Caseid: 01010103
Item: F_SECT7
Press ENTER to move to the next field
CARLA DAVIS (999) 999 4382

Now I'd like to ask you some questions about the Senior Companion Services that MARY DAVIS currently receives.

First of all
PRESS ENTER TO CONTINUE

Intent: This section of questions should be asked of Senior Companion Program clients for the follow-up interviews only.

Caseid: 01010103
Item: F_US1@a
CARLA DAVIS (999) 999 4382

How many times per week does the Senior Companion usually come to visit MARY DAVIS?

F3 = DON'T KNOW
F4 = REFUSED

TIMES PER WEEK (0-99)

Intent: This question refers to a normal, or typical week.

Coding: If the client says “every day”, code this as five times per week.

Caseid: 01010103
Item: F_US2@a
CARLA DAVIS (999) 999 4382

How many hours per week does the Senior Companion usually spend with MARY DAVIS?

F3 = DON'T KNOW
F4 = REFUSED

HOURS PER WEEK (0-99)

Intent: This question refers to a typical week.

Coding: You may need to help the client to calculate total hours per week. For example, if the client says that the Senior Companion visits with him/her three times a week, for about three hours per visit, then you would code this response as nine hours per week (three visits per week X three hours per visit). Probe, as necessary, to get a total number of hours per week.

Caseid: 01010103
Item: F_US3@a
CARLA DAVIS (999) 999 4382

How many times per week does the Senior Companion provide assistance with MARY DAVIS's personal care needs (e.g., help dress him/her, get him/her in and out of bed, help with grooming, etc.)?

F3 = DON'T KNOW
F4 = REFUSED

TIMES PER WEEK (0-99)

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

Caseid: 01010103
Item: F_US3a@a
CARLA DAVIS (999) 999 4382

How satisfied are you with the companion's ability to provide personal care assistance to MARY DAVIS (e.g., help dress him/her, get him/her in and out of bed, help with grooming, etc.)?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Specification: If the computer records that the Senior Companion helps the client with personal care needs in the previous question, but the client answers "Not Applicable" for this question, you will be prompted to answer question US3a_CK.

Caseid: 01010103
Item: US3a_CK@a
CARLA DAVIS (999) 999 4382

The computer has recorded that MARY DAVIS's Senior Companion helps him/her with personal care needs 1 time per week but that the question of how satisfied you are with those services does not apply.

Which is correct?

1 = BOTH ARE CORRECT; THE SENIOR COMPANION HELPS MARY DAVIS WITH PERSONAL CARE NEEDS AND THE SATISFACTION QUESTION DOES NOT APPLY.
2 = THE SENIOR COMPANION HELPS MARY DAVIS WITH PERSONAL CARE NEEDS.
3 = THE QUESTION OF HOW SATISFIED THE FAMILY MEMBER/CAREGIVER IS WITH THE SENIOR COMPANION'S HELP WITH PERSONAL CARE NEEDS DOES NOT APPLY BECAUSE MARY DAVIS DOES NOT RECEIVE THIS TYPE OF CARE FROM THE SENIOR COMPANION.

Caseid: 01010103
Item: US3a_OR@a
CARLA DAVIS (999) 999 4382

INTERVIEWER: WHY DID YOU ALLOW THE INCONSISTENCY BETWEEN THE NUMBER OF TIMES PER WEEK MARY DAVIS RECEIVES HELP FROM THE SENIOR COMPANION WITH PERSONAL CARE NEEDS AND THE FAMILY MEMBER/CAREGIVER'S SATISFACTION WITH HELP FROM THE SENIOR COMPANION WITH PERSONAL CARE NEEDS?

Caseid: 01010103
Item: F_US4@a
CARLA DAVIS (999) 999 4382

How many times per week does the Senior Companion provide transportation for MARY DAVIS?

F3 = DON'T KNOW
F4 = REFUSED

TIMES PER WEEK (0-99)

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

Caseid: 01010103
Item: F_US4a@a
CARLA DAVIS (999) 999 4382

How satisfied are you with the companion's ability to provide transportation for MARY DAVIS?

Would you say you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_US5@a
CARLA DAVIS (999) 999 4382

How many times per week does the Senior Companion provide meals for MARY DAVIS?

F3 = DON'T KNOW
F4 = REFUSED

TIMES PER WEEK (0-99)

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

Caseid: 01010103
Item: F_US5a@a
CARLA DAVIS (999) 999 4382

How satisfied are you with the companion's ability to prepare meals for MARY DAVIS?

Would you say you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_US6@a
CARLA DAVIS (999) 999 4382

How many times per week does the Senior Companion help you by giving you some time for yourself (i.e., to run errands, have lunch with a friend, etc.)?

F3 = DON'T KNOW
F4 = REFUSED

TIMES PER WEEK (0-99)

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

Caseid: 01010103
Item: F_US6a@a
CARLA DAVIS (999) 999 4382

How satisfied are you with the companion's ability to help you by giving you some time for yourself?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Intent: "Time for themselves" refers to time the family member/caregiver is not responsible for the care of the client. The family member/caregiver may be at the client's home or away from the client's home.

Caseid: 01010103
Item: F_US7@a
CARLA DAVIS (999) 999 4382

How many times per week does the Senior Companion provide other respite services to you and your family (i.e., take MARY DAVIS to the doctor for you, run errands for you, etc.)?

F3 = DON'T KNOW
F4 = REFUSED

TIMES PER WEEK

Caseid: 01010103
Item: F_US7a@a
CARLA DAVIS (999) 999 4382

How satisfied are you with the companion's ability to provide other respite services to you and your family?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_US8@a
CARLA DAVIS (999) 999 4382

How satisfied are you with the companion's ability to listen to MARY DAVIS, visit with him/her, and be a companion to him/her?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_US9@a
CARLA DAVIS (999) 999 4382

Currently, how satisfied are you with the reliability of the Senior Companion (i.e., does he/she come on time, come on the right day(s), stay for the correct amount of time, etc.)?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_US10@a
CARLA DAVIS (999) 999 4382

How satisfied are you with the amount of time that MARY DAVIS spends with the Senior Companion?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_US11@a
CARLA DAVIS (999) 999 4382

Currently, how satisfied are you with the ability of the companion to be courteous and polite?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_US12@a
CARLA DAVIS (999) 999 4382

How satisfied are you with the number and types of services that your companion provides to meet MARY DAVIS's special needs?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_US13@a
CARLA DAVIS (999) 999 4382

Currently, how satisfied are you with the overall quality of the Senior Companion Services that MARY DAVIS receives?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_US14@a
CARLA DAVIS (999) 999 4382

How valuable is the Senior Companion Program to you?

Do you think it is...

1 = Extremely valuable
2 = Somewhat valuable
3 = A little valuable
4 = Not at all valuable (i.e., IT MAKES NO DIFFERENCE TO YOU)
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Intent: The definition of "valuable" is up to the client.

Caseid: 01010103
Item: F_SECT7A
Press ENTER to move to the next field
RICHARD JONES (999) 884 2032

Now I'd like to ask you some more specific questions about JESSICA BROWN's current use of, and satisfaction with these services.

First of all

PRESS ENTER TO CONTINUE

Specification: This section of the survey is administered to waiting list clients and other services clients who are receiving in-home respite services.

Caseid: 01010103
Item: F_OS1@a
RICHARD JONES (999) 884 2032

How many times per week does a visiting nurse/home health aide usually come to visit him/her?

F3 = DON'T KNOW
F4 = REFUSED

TIMES PER WEEK (0-99)

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

Caseid: 01010103
Item: F_OS2@a
RICHARD JONES (999) 884 2032

How many hours per week does a visiting nurse/home health aide usually spend with JESSICA BROWN?

F3 = DON'T KNOW
F4 = REFUSED

HOURS PER WEEK (0-168)

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

Caseid: 01010103
Item: F_OS3@a
RICHARD JONES (999) 884 2032

How many times per week does JESSICA BROWN's visiting nurse/home health aide provide assistance with his/her personal care needs (e.g., help dress him/her, get him/her in and out of bed, help with grooming, etc.)?

F3 = DON'T KNOW
F4 = REFUSED

TIMES PER WEEK (0-99)

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

Caseid: 01010103
Item: F_OS3a@a
RICHARD JONES (999) 884 2032

How satisfied are you with the visiting nurse/home health aide's ability to provide assistance with JESSICA BROWN's personal care needs (e.g., help dress him/her, get him/her in and out of bed, help with grooming, etc.)?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_OS4@a
RICHARD JONES (999) 884 2032

How many times per week does JESSICA BROWN's visiting nurse/home health aide help you by giving you some time for yourself (i.e., to run errands, have lunch with a friend, etc.)?

F3 = DON'T KNOW
F4 = REFUSED

TIMES PER WEEK (0-99)

Intent: This question refers to a typical week.

Coding: If the client says "every day", code this as five times per week.

Caseid: 01010103
Item: F_OS4a@a
RICHARD JONES (999) 884 2032

How satisfied are you with JESSICA BROWN's visiting nurse/home health aide's ability to help you by giving you some time for yourself?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_OS5@a
RICHARD JONES (999) 884 2032

How satisfied are you with the visiting nurse/home health aide's ability to listen to JESSICA BROWN, visit with him/her, and be a companion to him/her?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_OS6@a
RICHARD JONES (999) 884 2032

Currently, how satisfied are you with the reliability of JESSICA BROWN's visiting nurse/home health aide (i.e., does he/she come on time, come on the right day(s), stay for the correct amount of time, etc.)?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_OS7@a
RICHARD JONES (999) 884 2032

How satisfied are you with the amount of time JESSICA BROWN spends with the visiting nurse/home health aide?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_OS8@a
RICHARD JONES (999) 884 2032

Currently, how satisfied are you with the ability of JESSICA BROWN's visiting nurse/home health aide to be courteous and polite?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_OS9@a
RICHARD JONES (999) 884 2032

How satisfied are you with the number and types of services that JESSICA BROWN's visiting nurse/home health aide provides to meet his/her needs?

Would you say that you are...

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_OS10@a
RICHARD JONES (999) 884 2032

How valuable are the visiting nurse/home health aide services that are provided to JESSICA BROWN?

Do you think they are...

1 = Extremely valuable
2 = Somewhat valuable
3 = A little valuable
4 = Not at all valuable (I.E., IT MAKES NO DIFFERENCE TO YOU)
F5 = NOT APPLICABLE
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_OS11@a1
RICHARD JONES (999) 884 2032

In general, what do you feel are some of the best things about the visiting nurse/home health aide services that JESSICA BROWN has been receiving?

Specification: You are allowed 75 characters for the respondent's answer. Please record the answer verbatim, as much as possible.

Caseid: 01010103
Item: F_OS12@a1
RICHARD JONES (999) 884 2032

What do you feel are some of the worst things about the visiting nurse/home health aide services that JESSICA BROWN has been receiving?

Specification: You are allowed 75 characters for the respondent's answer. Please record the answer verbatim, as much as possible.

Caseid: 01010103
Item: F_OS13@a1
RICHARD JONES (999) 884 2032

What are some of the ways in which the visiting nurse/home health aide services that JESSICA BROWN has been receiving could be changed to be made more responsive to his/her particular needs?

Specification: You are allowed 75 characters for the respondent's answer. Please record the answer verbatim, as much as possible.

Caseid: 01010103
Item: F_SECT8
Press ENTER to move to the next field
CARLA DAVIS (999) 999 4382

Now I would like to ask you a few questions about the costs of care and any changes in your costs since MARY DAVIS has had a Senior Companion come to his/her home.

PRESS ENTER TO CONTINUE

Specification: This section is asked only of Senior Companion Program clients.

Caseid: 01010103
Item: F_CS1@a
CARLA DAVIS (999) 999 4382

During the past three months, how has having a Senior Companion affected the amount of money you spend to help MARY DAVIS with personal care (such as help dressing, grooming, getting in and out of bed, etc.)?

Would you say that you have been spending...

1 = More than you did before you had a companion
2 = Less than you did before you had a companion
3 = The same as you did before you had a companion
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_CS2@a
CARLA DAVIS (999) 999 4382

During the past three months, how has having a Senior Companion affected the amount of money you spend on special transportation (e.g., vans) to help MARY DAVIS get around?

Would you say that you have been spending...

1 = More than you did before you had a companion
2 = Less than you did before you had a companion
3 = The same as you did before you had a companion
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_CS3@a
CARLA DAVIS (999) 999 4382

During the past three months, how has having a Senior Companion affected the amount of money you spend to help MARY DAVIS with food preparation (e.g., making meals, etc.)?

Would you say that you have been spending...

1 = More than you did before you had a companion
2 = Less than you did before you had a companion
3 = The same as you did before you had a companion
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 01010103
Item: F_CS4@a
CARLA DAVIS (999) 999 4382

During the past three months, how has having a senior companion affected your ability to remain employed (i.e., work outside the home)?

Would you say that you have been...

1 = Better able to work outside the home
2 = Less able to work outside the home
3 = No difference in your ability to work outside the home
F5 = Not applicable (i.e., not employed)
F3 = DON'T KNOW
F4 = REFUSED

Specification: This can refer to part-time or full-time employment.

Caseid: 01010103
Item: F_SECT9
Press ENTER to move to the next field
CARLA DAVIS (999) 999 4382

Now, I would like to ask about your general opinions of the Senior Companion Program.

PRESS ENTER TO CONTINUE

Specification: This section is asked only of Senior Companion Program clients.

Caseid: 01010103
Item: F_GO1@a
CARLA DAVIS (999) 999 4382

What do you feel are some of the best things about the Senior Companion Program?

Specification: You are allowed 75 characters for the respondent's answer. Please record the answer verbatim, as much as possible.

Caseid: 01010103
Item: F_GO2@a1
CARLA DAVIS (999) 999 4382

What do you feel are some of the worst things about the Senior Companion Program?

Specification: You are allowed 75 characters for the respondent's answer. Please record the answer verbatim, as much as possible.

Caseid: 01010103
Item: F_GO3@a1
CARLA DAVIS (999) 999 4382

What are some of the ways in which the Senior Companion Program could be changed to be made more responsive to MARY DAVIS's particular needs?
Specification: You are allowed 75 characters for the respondent's answer. Please record the answer verbatim, as much as possible.

Caseid: 10014123
Item: F_SECT10
Press ENTER to move to the next field
STELLA FLECK (919) 598 0001

Sometimes people have trouble getting the care they need. These next few questions ask about whether or not MOLLY SMITH has had trouble getting the care he/she needed during the past three months.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all family member/caregivers.

Caseid: 10014123
Item: F_UN1@a
STELLA FLECK (919) 598 0001

During the past three months, was there any time when MOLLY SMITH needed more help with personal care in his/her home (i.e., with any of the following: eating, bathing, grooming, or getting in and out of bed,
etc.) but was unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Personal care" includes assistance with any of the following: eating, bathing, grooming, getting in and out of bed, toileting, etc.

Coding: If the respondent answers No to this question, skip to Question F_UN2. Otherwise, proceed to Question F_UN1a.

Caseid: 10014123
Item: F_UN1a@a
STELLA FLECK (919) 598 0001

During the past three months, about how often was he/she unable to get help with personal care in his/her home when he/she needed it?

Would you say that he/she was unable to get help...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Personal care" includes assistance with any of the following: eating, bathing, grooming, getting in and out of bed, toileting, etc.

Coding: This question is only asked when Question F_UN1=yes.

Caseid: 10014123
Item: F_UN1b@a
STELLA FLECK (919) 598 0001

Why didn't he/she get the help he/she needed with personal care?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME INTO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No provider was available" means that the named client could not find a person or provider who was able to help him/her with personal care activities during the past three months. "Service not covered by insurance/Cost too much" means that the client could not afford to pay for the personal care services he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" means that the client did not want a strange person coming into his/her home to help him/her with personal care services during the past three months.

Coding: Please specify what the reason was when the respondent gives a reason that is not listed above. This question is only asked when Question F_UN1=yes.

Caseid: 10014123
Item: F_UN2@a
STELLA FLECK (919) 598 0001

During the past three months, was there any time when MOLLY SMITH needed more help with meal preparation in his/her home but was unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Meal preparation" includes assistance with grocery shopping, planning a meal, and/or preparing/cooking the meal.

Coding: If the respondent answers No to this question, skip to Question F_UN3. Otherwise, proceed to Question F_UN2a.

Caseid: 10014123
Item: F_UN2a@a
STELLA FLECK (919) 598 0001

During the past three months, about how often was he/she unable to get help with meal preparation when he/she needed it?

Would you say that he/she was unable to get help...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Meal preparation" includes assistance with grocery shopping, planning a meal, and/or preparing/cooking the meal.

Coding: Only one response option should be selected. This question is only asked when Question F_UN2=yes.

Caseid: 10014123
Item: F_UN2b@a
STELLA FLECK (919) 598 0001

Why didn't he/she get the help he/she needed with meal preparation?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME INTO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No provider was available" means that the client could not find a person or provider who was able to help him/her with meal preparation activities during the past three months. Service not covered by insurance/Cost too much" means that the client could not afford to pay for the meal services he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home"

means that the client did not want a strange person coming into his/her home to help him/her with meal services during the past three months.

Coding: Please specify what the reason was when the respondent gives a reason that is not listed above. This question is only asked when Question F_UN2=yes.

Caseid: 10014123
Item: F_UN3@a
STELLA FLECK (919) 598 0001

During the past three months, was there any time when MOLLY SMITH needed more special transportation from his/her home but was unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Special transportation" may include a special van or other type of vehicle that comes to the home of the older adult and will take him/her to medical appointments or other scheduled appointments as needed.

Coding: If the respondent answers No to this question, skip to Question F_UN4. Otherwise, proceed to Question F_UN3a.

Caseid: 10014123
Item: F_UN3a@a
STELLA FLECK (919) 598 0001

During the past three months, about how often was he/she unable to get special transportation when he/she needed it?

Would you say that he/she was unable to get help...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Special transportation" may include a special van or other type of vehicle that comes to the home of the older adult and will take the client to medical appointments or other scheduled appointments as needed.

Coding: Only one response option should be selected. This question is only asked when Question F_UN3=yes.

Caseid: 10014123
Item: F_UN3b@a
STELLA FLECK (919) 598 0001

Why didn't he/she get the help he/she needed with special transportation?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME INTO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No provider was available" means that the client could not find a person or provider who was able to help him/her with special transportation during the past three months. "Service not covered by insurance/Cost too much" means that the client could not afford to pay for the special transportation he/she needed either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" means that the client did not want a strange person coming into his/her home to help him/her get the special transportation services he/she needed during the past three months.

Coding: Please specify what the reason was when the family member/caregiver gives a reason that is not listed above. This question is only asked when Question F_UN3=yes.

Caseid: 10014123
Item: F_UN4@a
STELLA FLECK (919) 598 0001

During the past three months, was there any time when MOLLY SMITH needed more help taking medications in the home but was unable to get it?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Help taking medications" may include reminders to take the medicine, assistance in getting a medicine bottle open, assistance in getting a glass of water to drink with the medicine, or assistance in determining (and counting) the number of pills, or the actual amount of liquid to actually take.

Coding: If the respondent answers No to this question, skip to Question F_SECT11. Otherwise, proceed to Question F_UN4a.

Caseid: 10014123
Item: F_UN4a@a
STELLA FLECK (919) 598 0001

During the past three months, about how often was he/she unable to get help taking medications when he/she needed it?

Would you say that he/she was unable to get help...

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Help taking medications" may include reminders to take the medicine, assistance In getting a medicine bottle open, assistance in getting a glass of water to drink with the medicine, or assistance in determining (and counting) the number of pills, or the actual amount of liquid to actually take.

Coding: Only one response option should be selected. This question is only asked when Question F_UN4=yes.

Caseid: 10014123
Item: F_UN4b@a
STELLA FLECK (919) 598 0001

Why didn't he/she get the help he/she needed with medications?

1 = NO PROVIDER WAS AVAILABLE
2 = SERVICE NOT COVERED BY INSURANCE/COST TOO MUCH
3 = UNWILLING TO HAVE PROVIDER COME INTO THE HOME
4 = OTHER (SPECIFY):
F3 = DON'T KNOW
F4 = REFUSED

Definition: "No provider was available" means that the client could not find a person or provider who was able to help him/her taking medications during the past three months. "Service not covered by insurance/Cost too much" means that the client could not afford to pay for the help needed to take his/her medications either because the service was not covered by insurance, or it was too expensive even with insurance coverage. "Unwilling to have provider come into the home" means that the client did not want a strange person coming into his/her home to help him/her take his/her medications during the past three months.

Coding: Please specify what the reason was when the family member/caregiver gives a reason that is not listed above. This question is only asked when Question F_UN4=yes.

Caseid: 10014123
Item: F_SECT11
Press ENTER to move to the next field
STELLA FLECK (919) 598 0001

Now, I'd like to ask you some questions about your relationship with MOLLY SMITH.

PRESS ENTER TO CONTINUE

Specification: This section is asked of all family member/caregivers. This section is unlike any section in the client interview.

Caseid: 10014123
Item: F_AT1@a
STELLA FLECK (919) 598 0001

Currently, how much do you worry about MOLLY SMITH's ability to live at home?

Would you say that you worry:

1 = All of the time
2 = Most of the time
3 = Some of the time
4 = Very little of the time
5 = None of the time
F3 = DON'T KNOW
F4 = REFUSED

Caseid: 10014123
Item: F_AT2@a
STELLA FLECK (919) 598 0001

Currently, how well do you cope with the responsibility of caring for MOLLY SMITH?

Would you say that you are....
1 = Able to cope very well
2 = Somewhat able to cope
3 = Not able to cope very well
4 = Not at all able to cope
F5 = NOT APPLICABLE (DO NOT PROVIDE CARE)
F3 = DON'T KNOW
F4 = REFUSED

Definition: Coping ability is defined by the respondent.

Caseid: 10014123
Item: F_AT3@a
STELLA FLECK (919) 598 0001

Currently, how would you rate the quality of your relationship with MOLLY SMITH?

Would you say that it is....

1 = Excellent
2 = Very good
3 = Good
4 = Fair
5 = Poor
F3 = DON'T KNOW
F4 = REFUSED

Definition: The quality of this relationship is defined by the respondent.

Caseid: 10014123
Item: F_AT4@a
STELLA FLECK (919) 598 0001

Currently, how would you rate your overall patience with MOLLY SMITH?

Would you say that it is....

1 = Excellent
2 = Very good
3 = Good
4 = Fair
5 = Poor
F3 = DON'T KNOW
F4 = REFUSED

Definition: The patience level is defined by the respondent.

Caseid: 10014123
Item: F_AT5@a1
STELLA FLECK (919) 598 0001

What are the most challenging or difficult aspects of being a family member of/caregiver to MOLLY SMITH?

Definition: The terms "challenging" and "difficult" are defined by the respondent.

Coding: Please write the response verbatim. 90 character spaces are allowed.

Caseid: 10014123
Item: F_SECT12
Press ENTER to move to the next field
STELLA FLECK (919) 598 0001

Finally, I would like to ask you some general questions about your attitudes toward life. This information will help us to better understand the characteristics of individuals like yourself as we develop programs to assist family members/caregivers in the future.

PRESS ENTER TO CONTINUE

Specifications: This section is asked of all family member/caregivers.

Caseid: 10014123
Item: F_LS1@a
STELLA FLECK (919) 598 0001

As you get older, do you think that things keep getting better, worse, or stay about the same?

1 = BETTER
2 = WORSE
3 = STAY ABOUT THE SAME
F3 = DON'T KNOW
F4 = REFUSED

Specification: "Things" refers to things in general.

Caseid: 10014123
Item: F_LS2@a
STELLA FLECK (919) 598 0001

How lonely do you feel?

Would you say you feel....

1 = Very lonely
2 = Somewhat lonely
3 = Not at all lonely
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Very lonely" indicates that the respondent feels very isolated and alone. "Somewhat lonely" indicates that the respondent feels somewhat isolated and alone. "Not at all lonely" indicates that the individual does not feel at all isolated and alone.

Caseid: 10014123
Item: F_LS3@a
STELLA FLECK (919) 598 0001

Do you have more, less, or the same amount of pep as you did last year?

1 = MORE
2 = LESS
3 = THE SAME
F3 = DON'T KNOW
F4 = REFUSED

Definition: More pep means that the respondent feels that he/she is more energetic than he/she was last year. Less pep means that the respondent feels that he/she is less energetic than he/she was last year. The same pep means that the respondent feels that there was no change in his/her energy level between last year and this year.

Caseid: 10014123
Item: F_LS4@a
STELLA FLECK (919) 598 0001

How much do little things bother you?

Would you say....

1 = A lot
2 = Some
3 = Not very much
F3 = DON'T KNOW
F4 = REFUSED

Definition: "Little things" are defined by the respondent. What is little to you may not be little to him/her so it is important to let the respondent decide for him/herself what he/she thinks is "little."

Caseid: 10014123
Item: F_LS5@a
STELLA FLECK (919) 598 0001

Overall, do you see enough of your friends?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Who would qualify as a friend is defined solely by the respondent. For this question, friends do not include relatives (the next question of the interview asks about relatives).

Caseid: 10014123
Item: F_LS6@a
STELLA FLECK (919) 598 0001

Overall, do you see enough of your relatives?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: Who would qualify as a relative is defined solely by the respondent. For this question, relatives do not include friends.

Caseid: 10014123
Item: F_LS7@a
STELLA FLECK (919) 598 0001

Do you think that as people get older they are more useful, less useful, or that age makes no difference?

1 = MORE USEFUL
2 = LESS USEFUL
3 = AGE MAKES NO DIFFERENCE
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "useful" is defined by the respondent. Useful (valuable) could be in reference to one's family, one's friends, one's neighbors, one's employer, etc. It is up to the respondent to determine what "useful" means to him/her.

Caseid: 10014123
Item: F_LS8@a
STELLA FLECK (919) 598 0001

Do you sometimes worry so much that you can't sleep?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "worry" is defined by the respondent.

Caseid: 10014123
Item: F_LS9@a
STELLA FLECK (919) 598 0001

Are you as happy now as you were when you were younger?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "younger" is defined by the respondent.

Caseid: 10014123
Item: F_LS10@a
STELLA FLECK (919) 598 0001

Do you think that life is hard for you most of the time?

1 = YES
2 = NO
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "hard" is defined by the respondent.

Caseid: 10014123
Item: F_LS11@a
STELLA FLECK (919) 598 0001

How satisfied are you with your life today?

Would you say that you are....

1 = Very satisfied
2 = Somewhat satisfied
3 = Not at all satisfied
F3 = DON'T KNOW
F4 = REFUSED

Definition: The term "satisfied" is defined by the respondent.

Caseid: 10014123
Item: F_EFEND2
Press ENTER to move to the next field
STELLA FLECK (919) 598 0001

Thank you very much for your help with this important research study. We will be back in touch in a few months for an update.

PRESS ENTER TO CONTINUE

Specification: This screen indicates the end of the family member/caregiver interview. There are several questions that follow that require information from you about the interview.

Caseid: 10014123
Item: F_IS1@a
STELLA FLECK (919) 598 0001

How much of the time did the family member/caregiver appear to be confused during the interview?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Specification: Most of the time means that the respondent seemed confused or disoriented over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to be confused or disoriented some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the respondent seemed to be clear about the meaning of most questions and have little difficulty answering questionnaire items. None of the time means that the respondent had no difficulty with confusion during the entire interview.

Caseid: 10014123
Item: F_IS2@a
STELLA FLECK (919) 598 0001

How much of the time did the family member/caregiver appear to understand the questions that were asked of him/her?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Specification: Most of the time means that the respondent seemed confused or disoriented over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to be confused or disoriented some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the respondent seemed to be clear about the meaning of most questions and have little difficulty answering questionnaire items. None of the time means that the respondent had no difficulty with confusion during the entire interview.

Caseid: 10014123
Item: F_IS3@a
STELLA FLECK (919) 598 0001

How much of the time did the family member/caregiver communicate understandably and appropriately?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Specification: Most of the time means that the respondent seemed confused or disoriented over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to be confused or disoriented some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the respondent seemed to be clear about the meaning of most questions and have little difficulty answering questionnaire items. None of the time means that the respondent had no difficulty with confusion during the entire interview.

Caseid: 10014123
Item: F_IS4@a
STELLA FLECK (919) 598 0001

How much of the time did the family member/caregiver seem upset during the interview?

1 = Most of the time
2 = Some of the time
3 = Very little of the time
4 = None of the time

Specification: Most of the time means that the respondent seemed confused or disoriented over 50% of the time it took to complete the interview. Some of the time means that the respondent appeared to be confused or disoriented some (e.g., about 25-50%) of the time it took to complete the interview. Very little of the time means that the respondent seemed to be clear about the meaning of most questions and have little difficulty answering questionnaire items. None of the time means that the respondent had no difficulty with confusion during the entire interview.

Caseid: 10014123
Item: F_IS5@a
STELLA FLECK (919) 598 0001

How difficult was it to conduct this interview?

1 = Very difficult
2 = Somewhat difficult
3 = A little difficult
4 = Not at all difficult

Specification: Very difficult means that it was very hard for the interviewer to be able to administer the questionnaire. Very difficult could be defined as being hard to administer for over 50% of the interview. This could have been due to any of the following: respondent fatigue, respondent lack of understanding of questionnaire items, respondent difficulty in communicating his/her response, poor quality of the telephone reception, lack of privacy during the interview, etc. Somewhat difficult means that interview was somewhat hard to administer for the same reasons listed above. (Somewhat could be defined as occurring between 25-50% of the time). A little difficult means that between 1-25% of the interview was difficult to administer. Not at all difficult means that the interview was not at all hard to administer.

Caseid: 10014123
Item: F_IS6@a
STELLA FLECK (919) 598 0001

Was the interview completed in one sitting?

1 = Yes
2 = No

Caseid: 10014123
Item: F_IS7@a
STELLA FLECK (919) 598 0001

How many times did it take to complete the entire interview?

times (1-99)

Definition: The total number of times it took to complete the interview should be listed here.

Coding: Only those answering Question F_IS6 with 'NO' should be asked this question. Response options should be greater than 1 since Question F_IS6 was answered with 'NO', meaning that more than 1 session was required to complete the entire interview.

APPENDIX E: *Full Set of Results for Three- and Nine-Month Results*

APPENDIX E
Full Set of Results for Three- and Nine-Month Results

E.1. Complete Set of Three-Month Client Findings

Multivariate analyses were performed on the client data at three- and nine-month follow-ups. A standard model was used for all client outcomes. Client follow-up models included the same baseline background variables (listed above), plus the baseline measure for the given outcome in question, to control for initial variation in baseline characteristics at the time of the initial client interview. WLS regression procedures were used on continuous outcome variables, and weighted logistic procedures were used on all dichotomous (yes/no) outcome variables. The effects of the complex survey design were taken into account, and standard errors were adjusted using the SUDAAN version 8.0 software program. Beta coefficients, odds ratios, and t-values are reported below. T-values with an absolute value of 1.96 or greater indicate that the beta coefficient for a given client group is significant at $p <= .05$. Except when noted otherwise, Senior Companion Program (SCP) clients were the main group being compared to in the multivariate models. Stated differently, the SCP group was the "omitted or benchmark group" being compared both with waiting list (WL) clients and with Other agency clients in the tables shown below. As a result, reported findings for these two comparison groups (WL and Other clients) are relative and should be compared with the SCP group when interpreting the magnitude and significance of the client effects.

Results from three-month client models

The results of the three-month client models are described by domain below.

Client health status

The following four questions were asked of clients at three-month follow-up:

- What is your current health status?
  Response options: 1=poor health; 5=excellent health
- How does your health now compare with that of one year ago?
  Response options: 1=much worse now; 5=much better now
- To what extent have physical problems limited social activities in the past month?
  Response options: 1=not at all; 5=extremely
- To what extent have emotional problems limited social activities in the past month?
  Response options: 1=not at all; 5=extremely

Only one of the four health status questions showed significant differences by type of client (SCP, WL, or Other). Results are shown in **Table 1**.

Table 1. Client Self-Reported Health Status at Three Months Relative to SCP Clients

Client Outcome	Beta WL	T-Value WL	Beta Other	T-Value Other
Current health status	-0.31*	-2.40	0.10	0.78
Health status versus one year ago	-0.07	-0.58	0.06	0.49
Limited by physical problems	0.31	1.55	-0.19	-0.84
Limited by emotional problems	0.12	0.78	0.14	0.54

* Significant at $p < .05$.

These results suggest that WL clients reported that their health status was somewhat lower than that of SCP clients (the reference category) at three-month follow-up. This significant effect may be seen more clearly when comparing the adjusted mean values for current health status by type of client, as shown in **Table 2**.

Table 2. Adjusted Mean Self-Reported Current Health Status Level by Type of Client

Client Type	Mean Current Health Status[+]
SCP clients	2.46
WL clients	2.15
Other agency clients	2.56

[+] Mean values were adjusted for all baseline client characteristics.

As noted above, self-reported health status scores ranged from a low of 1 to a high of 5. A self-reported health status value of 2 indicated fair self-reported health, whereas a self-reported health status value of 3 indicated good self-reported health. Results from **Table 2** demonstrate that SCP clients reported having one-third of a point higher value on this self-reported health status measure relative to WL clients at three-month follow-up. However, the mean current health status score for SCP clients was very similar to the mean score reported for Other agency clients.

Despite this finding, WL clients were not significantly different from SCP clients on the other three health status measures reported in **Table 1**. More specifically, there were no differences between WL and SCP clients on self-assessment of their health now compared with that of a year ago, the extent to which their social activities were limited by physical problems, and the extent to which their social activities were limited by emotional problems. Other agency clients were not significantly different from SCP clients at three-month follow-up on all four self-reported health status measures.

Client functional status

Client functional status was measured using the Duke OARS instrument, which asked questions about Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) functioning. The overall functional status index (combining ADL + IADL items) was

used to assess overall client functional status. One of the seven original Duke OARS ADL questions was not asked to clients due to an Office of Management and Budget (OMB) requirement that we eliminate the one question on toileting. As a result, we asked about the following six ADL activities from the Duke OARS instrument: ability to eat, bathe, dress, get in and out of bed, walk, and groom oneself. We asked about all seven of the IADL activities, namely: ability to use the telephone, get to places outside of walking distance, go shopping for groceries or clothes, prepare meals, do housework, manage money, and take medications. The overall functional status measure assessed the ability to perform all 13 of the different tasks of daily living. Results for ADL, IADL, and overall functional status are reported in **Table 3**.

Table 3. Client Functional Status at Three Months Relative to SCP Clients

Client Outcome	Beta WL	T-Value WL	Beta Other	T-Value Other
ADL Scale	-0.20	-0.97	0.14	0.74
IADL Scale	-0.36	-1.31	0.55	1.78
Functional status scale	-1.46*	-2.75	0.51	0.89

* Significant at $p < .05$.

Although there were no significant differences on the ADL and IADL subscales either between SCP clients and WL clients, or SCP clients and Other agency clients, results from **Table 3** indicate that WL clients scored approximately 1.5 points lower than SCP clients on the overall functional status scale. This significant effect may be seen more clearly when comparing the adjusted mean values of the functional status scale by type of client, as shown in **Table 4**.

Table 4. Adjusted Mean Functional Status Level by Type of Client

Client Type	Mean Functional Status[+]
SCP clients	21.10
WL clients	19.64
Other agency clients	21.61

[+] Mean values were adjusted for all baseline client characteristics.

Functional status scores ranged from a low of 0 to a high of 26. Higher scores signified greater functional independence. Results from **Table 4** demonstrate that SCP clients reported having a 1.5-point higher value on this functional status scale relative to WL clients at three-month follow-up. However, the mean functional status score for SCP clients was very similar to the mean score reported for Other agency clients.

Client mental status

A series of 11 life satisfaction questions and 9 depressive symptom questions were asked of clients at three- and nine-month follow-up. The sum of these questions formed a life satisfaction scale and depressive symptoms scale for each individual interviewed. The individual questions used in each scale may be found in Appendix B. Higher values on the life satisfaction scale indicated greater satisfaction with life, whereas higher values on the depression symptoms scale indicated more depressive symptoms. Results are shown in **Table 5**.

Table 5. Client Self-Reported Mental Health at Three Months Relative to SCP Clients

Client Outcome	Beta WL	T-Value WL	Beta Other	T-Value Other
Life satisfaction	-0.91*	-3.68	0.22	0.84
Depressive symptoms	0.51*	2.12	0.27	0.89

* Significant at $p < .05$.

WL clients scored approximately 1 point lower on the life satisfaction scale relative to SCP clients, meaning that they were less satisfied with life at three months when compared with SCP clients. Similarly, WL clients scored half of a point higher on the depressive symptoms scale at three months, meaning that that they had slightly more depressive symptoms relative to SCP clients. These significant results can be seen more clearly when comparing the adjusted mean values of the two scales by type of client, as shown in **Table 6**.

Table 6. Adjusted Mean Mental Status Level by Type of Client

Client Type	Mean Life Satisfaction Scale+	Mean Depressive Symptoms Scale+
SCP clients	5.97	2.74
WL clients	5.06	3.25
Other agency clients	6.20	3.00

+ Mean values were adjusted for all baseline client characteristics

The life satisfaction scale scores ranged from 0 to 11, whereas the depressive symptom scale scores ranged from 0 to 9. As noted previously, higher values on the life satisfaction scale indicated greater satisfaction with life, whereas higher values on the depression symptoms scale indicated more depressive symptoms. Results from **Table 6** indicate that SCP clients had about a 1-point higher mean value on the life satisfaction scale at three months relative to their WL counterparts. It is also clear from **Table 6** that SCP clients had a half of a point lower mean value on the depressive symptoms scale relative to WL clients.

Even so, there were no significant differences in life satisfaction or depressive symptoms when comparing SCP clients to Other agency clients, as shown both in **Tables 5** and **6**.

Unmet need for care

The following three questions were asked of clients regarding their unmet need for care at three-month follow-up:

- During the past three months, was there any time when you needed more help with personal care in your home but were unable to get it (yes/no)?
- During the past three months, was there any time when you needed more help with meal preparations in your home but were unable to get it (yes/no)?

- During the past three months, was there any time when you needed more help with special transportation from your home but were unable to get it (yes/no)?

Weighted logistic regression procedures were performed on the data to determine whether SCP clients (relative to WL and Other agency clients) were more or less likely to have unmet needs with these tasks. Beta coefficients, odds-ratios, and t-values are reported in **Table 7**, below.

Table 7. Client Unmet Needs at Three Months Relative to SCP Clients

Client Outcome	Beta WL	Odds Ratio WL	T-Value WL	Beta Other	Odds Ratio Other	T-Value Other
Need for personal care	1.62*	5.05*	4.09	1.36*	3.89*	2.16
Need for help with meal preparations	0.72	2.05	1.27	-0.59	0.56	-0.96
Need for special transportation	0.82*	2.27*	2.18	0.45	1.57	0.85

* Significant at $p < .05$.

Results from **Table 7** indicate that WL clients were more likely than SCP clients to report having an unmet need for personal care. As shown above, the odds of having an unmet need for personal care increased by over five times (OR=5.05) for WL clients relative to SCP clients. Similarly, the odds of having an unmet need for personal care increased by almost four times (OR=3.89) for Other agency clients relative to SCP clients. There were no significant differences between SCP, WL, and Other agency clients in the need for help with meal preparations. Even so, the odds of having an unmet need for special transportation increased by over two times (OR=2.27) for WL clients relative to SCP clients. These significant results can be seen more clearly when comparing the predicted probabilities of having unmet needs by type of client, as shown in **Table 8**.

Table 8. Predicted Probability of Having Unmet Need by Type of Client

Client Type	Probability of Having Unmet Need for Personal Care+	Probability of Having Unmet Need for Special Transportation+
SCP clients	0.04	0.11
WL clients	0.15	0.18
Other agency clients	0.13	0.14

+ Probabilities were adjusted for all baseline client characteristics.

Although the probability of having an unmet need for personal care or special transportation at three months is small for all types of clients, it was particularly small for SCP clients. The predicted probability of having an unmet need for personal care was only 4% for SCP clients, relative to 15% for WL clients and 13% for Other agency clients. Similarly, the

probability of having an unmet need for special transportation was 11% for SCP clients, and it was 18% for WL clients.

Client social functioning

Two questions were asked about the social functioning of clients. These questions were as follows:

- How many friends have you seen or spoken to on the phone in the past month? Would you say that you have seen or spoken with:
  - Nine or more friends (coded as 5)
  - Five to eight friends (coded as 4)
  - Two to four friends (coded as 3)
  - One friend (coded as 2)
  - No friend (coded as 1)
- How times during the past month have you gone out socially with other people? For example, how many times have you visited friends, gone to church, or invited friends to your home? Would you say:
  - Nine or more times (coded as 5)
  - Five to eight times (coded as 4)
  - Two to four times (coded as 3)
  - One time (coded as 2)
  - No time (coded as 1)

Weighted regression analyses were performed on these data. As shown above, higher values indicate greater social interaction. Results from these analyses are shown in **Table 9**, below.

Table 9. Client Social Functioning at Three-Month Follow-up Relative to SCP Clients

Family-Reported Client Outcome	Beta WL	T-Value WL	Beta Other	T-Value Other
Number of friends	-0.13	-1.04	-0.26[&]	-1.68
Number of times gone out	-0.36	-1.62	-0.21	-0.97

[&] Significant at $p < .10$.

There were no statistically significant differences between SCP, WL, and Other agency clients at three-month follow-up. However, there was a slight tendency for Other agency clients to have reported seeing fewer friends at three-month follow-up. The Other agency client effect was marginally significant at $p < .09$.

Satisfaction with care

Both overall satisfaction with care and satisfaction with individual components of care were assessed for all SCP clients and for those WL and Other agency clients who were receiving some other form of care at three-month follow-up. We only asked WL and Other agency clients about their satisfaction with care when they were receiving some type of home health care in their homes. The composite satisfaction scale ranged from 0 to 14, with higher values indicating greater satisfaction with care. Individual satisfaction items initially were scored as follows: 2=very satisfied; 1=somewhat satisfied; 0=not at all satisfied. For this analysis, we recoded individual satisfaction items so that clients were either very satisfied with care or not very satisfied with care (i.e., they were either only somewhat satisfied or not at all satisfied with care). Results are shown in **Tables 10** and **12**, below.

Table 10. Overall Satisfaction with Care at Three Months Relative to SCP Clients

Client Outcome	Beta WL	T-Value WL	Beta Other	T-Value Other
Satisfaction with care	-0.85*	-2.38	-0.44	-0.95

* Significant $p < .05$.

WL clients scored almost 1 point lower on the satisfaction with care scale relative to SCP clients, meaning that they were less satisfied with care at three months when compared with SCP clients. This significant finding can be seen more clearly when comparing the adjusted mean values on satisfaction with care by type of client, as shown in **Table 11**.

Table 11. Adjusted Mean Satisfaction with Care Level by Type of Client

Client Type	Mean Satisfaction with Care Scale[+]
SCP clients	13.11
WL clients	12.25
Other agency clients	12.67

[+] Mean values were adjusted for all baseline client characteristics.

As noted above, the composite satisfaction scale ranged from 0 to 14, with higher values indicating greater satisfaction with care. SCP clients had a mean satisfaction score of 13.11, relative to a mean satisfaction score of 12.25 for WL clients. In other words, SCP clients were more likely to have been very satisfied with at least one additional component of care received. Even so, there were no significant differences in satisfaction with care between SCP clients and Other agency clients at three-month follow-up (as shown in **Tables 10** and **11**).

The following seven individual components of care were evaluated:

- If the client was very satisfied with companion/aide's ability to provide assistance with personal care needs (yes/no)
- If the client was very satisfied with companion/aide's ability to help family member/caregiver by giving him/her some time off (yes/no)

- If the client was very satisfied with the companion/aide's ability to listen to him/her, visit with him/her, and be a companion to him/her (yes/no)
- If the client was very satisfied with the reliability of his/her companion/aide (yes/no)
- If the client was very satisfied with amount of time spent with companion/aide (yes/no)
- If the client was very satisfied with ability of companion/aide to be courteous and polite (yes/no)
- If the client was very satisfied with the number and types of services that his/her companion/aide provided to meet his/her special needs (yes/no).

Weighted logistic regression procedures were performed on the data to determine whether SCP clients (relative to WL and Other agency clients) were more or less likely to be very satisfied with these components of care. Beta coefficients, odds ratios, and t-values are reported in **Table 12**, below.

Table 12. Satisfaction with Components of Care Relative to SCP Clients

Client Outcome	Beta WL	Odds Ratio WL	T-Value WL	Beta Other	Odds Ratio Other	T-Value Other
Very satisfied with personal care assistance	-0.64	0.52	-1.08	-0.77	0.46	-1.05
Very satisfied with time off for family members	-1.70*	0.18*	-2.31	0.06	1.07	0.08
Very satisfied with companion's/ aide's ability to listen and be companion	-1.06&	0.35&	-1.87	0.22	1.25	0.27
Very satisfied with reliability of companion/aide	-0.79	0.45	-1.36	0.76	2.15	1.06
Very satisfied with time spent with companion/aide	-1.42*	0.24*	-2.41	-1.77*	0.17*	-2.49
Very satisfied with courtesy/ politeness of companion/aide	0.11	1.12	0.16	-1.19&	0.31&	-1.75
Very satisfied with number and types of services provided	-0.19	0.83	-0.33	-0.25	0.78	-0.43

* Significant at $p < .05$.

& Significant at $p < .10$.

As shown above, only two components of care significantly varied for SCP clients versus WL or Other agency clients. WL clients were less likely to be very satisfied with the time off given to family members, and both WL clients and Other agency clients were less likely to be very satisfied with the time they spent with their aide. More specifically, WL clients only had 18% the odds of being very satisfied with the time off given family members (OR=0.18) relative

to SCP clients. Similarly, WL clients and Other agency clients only had 24% and 17% the odds (respectively) of being very satisfied with the time that they spent with their companion/aide relative to SCP clients. These significant results can be seen more clearly when comparing the predicted probabilities of being very satisfied with these two components of care by type of client, as shown in **Table 13**.

Table 13. Predicted Probability of Being Very Satisfied with Components of Care by Type of Client

Client Type	Probability of Being Very Satisfied with Time Off for Family Members+	Probability of Being Very Satisfied with Time Spent With Companion/Aide+
SCP clients	0.42	0.92
WL clients	0.16	0.79
Other agency clients	0.43	0.74

+ Probabilities were adjusted for all baseline client characteristics.

The predicted probability of being very satisfied with the time that the companion/aide gave family members to themselves was 42% for SCP clients, relative to only 16% for WL clients. Similarly, the probability of being very satisfied with the time that the companion/aide spent with the client was 92% for SCP clients, whereas it was only 79% for WL clients and only 74% for Other agency clients.

Although two additional satisfaction components did not reach statistical significance at the $p < .05$ level by type of client, they were marginally significant ($p < .10$). These results are reported with an "&" sign in **Table 12**, above. Specifically, WL clients were marginally less likely than SCP clients to be very satisfied with their aide's ability to listen and be a companion to them ($p < .06$). Similarly, Other agency clients were marginally less likely than SCP clients to be very satisfied with the politeness and courtesy of their aide relative to SCP clients ($p < .08$).

E.2. Complete Set of Three-Month Family Findings

Multivariate analyses were performed on the family data at three- and nine-month follow-ups. A standard model was used for all family outcomes at three months. Family follow-up models included the same baseline family and client background variables (listed above), plus the baseline measure for the given outcome in question, to control for initial variation in baseline characteristics at the time of the initial family/caregiver interview. WLS regression procedures were used on continuous outcome variables, and weighted logistic procedures were used on all dichotomous (yes/no) outcome variables. The effects of the complex survey design were taken into account, and standard errors were adjusted using the SUDAAN version 8.0 software program. Beta coefficients, odds ratios, and t-values are reported below. T-values with an absolute value of 1.96 or greater indicate that the beta coefficient for a given family member group is significant at $p <= .05$. Except when noted otherwise, SCP family members were the main group being compared to in the multivariate models. Stated differently, the SCP family

group was the "omitted or benchmark group" being compared with WL family members in the tables shown below. As a result, reported findings for the comparison group (WL family members) are relative and should be compared with the findings for the SCP family group when interpreting the magnitude and significance of the family/caregiver effects.

Results from three-month family models

The results of the three-month family models are described by domain below.

Family members' mental status

A series of 11 life satisfaction questions and four caregiver burden questions were asked of family members at three- and nine-month follow-up. The 11-item life satisfaction scale formed an overall scale, but the four burden questions were analyzed individually. Higher values on the life satisfaction scale indicated greater satisfaction with life. Higher values on the burden items indicated a greater burden caring for a relative. Results are shown in **Table 14**.

Table 14. Self-Reported Mental Health at Three Months Relative to SCP Family Members

Family Member Outcome	Beta WL Family	T-Value WL Family
Life satisfaction	0.00	0.00
Extent of worry	0.04	0.13
Ability to cope with responsibility	0.37*	4.16
Quality of relationship	0.00	0.02
Overall patience with client	0.02	0.17

* Significant at $p < .05$.

As shown in **Table 14**, family members of SCP clients were somewhat better able to cope with the responsibility of caregiving relative to their WL family counterparts. This finding can be seen more clearly when comparing the adjusted mean values of the scale by type of family member, as shown in **Table 15**.

Table 15. Adjusted Mean Level of Coping with the Responsibility of Caregiving

Family Member Type	Mean Coping Level+
SCP family	1.37
SCP WL family	1.74

+ Mean values were adjusted for all baseline client and family characteristics.

SCP family members scored about half a point lower on the four-point scale (with higher values representing greater levels of burden). The mean level of coping ability was 1.37 for SCP family members, indicating that they tended to be "able to cope very well" with the responsibility with caring for a relative. WL family members, on the other hand, had a mean value of 1.74 on this question, indicating that they tended to be "somewhat able to cope" with the responsibilities of caring for a relative.

An additional way to compare the ability of family members to cope with the responsibility of caregiving is to use weighted logistic regression analysis to model the likelihood that family members were very able to cope with the responsibilities of caring for a relative. If family members reported that they were very well able to handle the responsibilities of caring for a relative, they obtained a value of 1 on this recoded questionnaire item (1=yes; 0=no). The benefit of modeling this question in this way is that it generates statistics on the odds of being able to cope very well with caring for a relative. Results from this additional analysis are shown in **Table 16**.

Table 16. Odds of Being Able to Cope Very Well with Responsibilities of Caregiving

Family Member Outcome	Beta WL	Odds Ratio WL	T-Value WL
Able to cope very well	-1.45*	0.23*	-3.34

* Significant at $p < .05$.

Weighted logistic regression analysis of the likelihood of being able to cope very well with caregiving revealed that WL family members only had 23% the odds of being able to cope very well with caregiving at three-month follow-up relative to their SCP family member counterparts. Stated differently, WL family members at three-month follow-up were 77% less likely to be able to cope very well (1-0.23) relative to SCP family members.

There were no other significant differences in caregiving ability or self-reported life satisfaction between SCP family members and WL family members, as shown in **Table 14**.

Family members' satisfaction with care

Both overall satisfaction with care and satisfaction with individual components of care were assessed for all SCP family members and for those WL family members who were receiving some other form of care at three-month follow-up. We only asked WL family members about their satisfaction with care when their relatives were receiving some type of health care in their homes. The composite satisfaction scale ranged from 0 to 14 with higher values indicating greater satisfaction with care. Individual satisfaction items initially were scored as follows: 2=very satisfied; 1=somewhat satisfied; 0=not at all satisfied. For this analysis, we recoded individual satisfaction items so that family members were either very satisfied with care or not very satisfied with care (i.e., they were either only somewhat satisfied or not at all satisfied with care). Results are shown in **Tables 17** and **18**.

Table 17. Overall Satisfaction with Care at Three Months Relative to SCP Family Members

Family Member Outcome	Beta WL	T-Value WL
Satisfaction with care	-0.51	-0.81

As shown in **Table 17**, there was no significant difference between WL family members and SCP family members in their overall satisfaction with care. The seven individual

components of care were evaluated as well (as shown in **Table 18**). The following individual components of care were examined:

- If the family member was very satisfied with companion/aide's ability to provide assistance with personal care needs (yes/no).
- If the family member was very satisfied with companion/aide's ability to help family member/caregiver by giving him/her some time off (yes/no).
- If the family member was very satisfied with the companion/aide's ability to listen to the client, visit with him/her, and be a companion to him/her (yes/no).
- If the family member was very satisfied with the reliability of his/her companion/aide (yes/no).
- If the family member was very satisfied with amount of time the client spent with companion/aide (yes/no).
- If the family member was very satisfied with ability of companion/aide to be courteous and polite (yes/no).
- If the family member was very satisfied with the number and types of services that the companion/aide provided to meet the client's special needs (yes/no).

Weighted logistic regression procedures were performed on the data to determine whether SCP family members (relative to WL family members) were more or less likely to be very satisfied with these components of care. Beta coefficients, odds ratios, and t-values are reported in **Table 18**.

There were no significant differences between SCP family members and WL family members in satisfaction with components of care. Although for six of the seven comparisons made WL family members appeared to be less likely to be very satisfied with care (given the negative coefficient on the beta coefficients), none of these effects was statistically significant. Therefore, results suggest that SCP family members and WL family members were equally satisfied, overall and with the individual components of care identified in this study.

Table 18. Satisfaction with Components of Care Relative to SCP Family Members

Family Member Outcome	Beta WL	Odds Ratio WL	T-Value WL
Very satisfied with personal care assistance	0.12	1.13	0.23
Very satisfied with time off for family members	-0.14	0.87	-0.25
Very satisfied with companion's/aide's ability to listen and be companion	-0.54	0.58	-1.01
Very satisfied with reliability of companion/aide	-0.58	0.56	-1.03
Very satisfied with time spent with companion/aide	-0.66	0.52	-1.36
Very satisfied with courtesy/politeness of companion/aide	-0.82	0.44	-1.16
Very satisfied with number and types of services provided	-0.30	0.74	-0.60

Family-reported client health status

The following four questions were asked of family members at three-month follow-up:

- What is the client's current health status?
  Response options: 1=poor health; 5=excellent health
- How does the client's health now compare with that of one year ago?
  Response options: 1=much worse now; 5=much better now
- To what extent have physical problems limited the client's social activities in the past month?
  Response options: 1=not at all; 5=extremely
- To what extent have emotional problems limited the client's social activities in the past month?
  Response options: 1=not at all; 5=extremely

As noted previously, self-reported health scores ranged from a low of 1 for poor health to a high of 5 for excellent health. The two questions about the extent to which social activities were limited by physical or emotional problems also ranged from 1 to 5, but higher values on these measures indicated increased health limitations (for example, a value of 1=no limitations, and a value of 5=extremely limited). Results are shown in **Table 19**.

Table 19. Family-Reported Client Health Status at Three Months

Client Outcome	Beta WL	T-Value WL
Current health status	-0.23[&]	-1.75
Health status versus one year ago	-0.10	-0.65
Limited by physical problems	0.41[&]	1.80
Limited by emotional problems	0.19	0.77

[&] Significant at $p < .10$.

Results from **Table 19** indicate that there were no statistically significant differences between SCP family members and WL family members at the level of $p < .05$. However, two of the four outcomes were suggestive of an effect (i.e., the effects were significant at $p < .10$). In particular, WL family members had a tendency to report that the current health of clients was worse than that reported by SCP family members ($p < 0.08$). Similarly, WL family members had a tendency to report that their clients were somewhat more limited in social activities due to physical health problems ($p < 0.07$). Even so, the findings reported in **Table 19** are only suggestive of a small SCP family member advantage. As a result, we conclude from the results of **Table 19** that there were no statistically significant differences between SCP and WL family members in reported client health status at three-month follow-up.

Family-reported client functional status

Family-reported client functioning was only assessed for proxy respondents (i.e., family members who responded on behalf of clients who were too frail to report on their own behalf; unweighted n=177 at three-month follow-up). Functional status was measured using the Duke OARS instrument, which asked questions about clients' ADL and IADL functioning. The overall functional status index (combining ADL + IADL items) was used to assess overall client functional status. One of the seven original Duke OARS ADL questions was not asked of clients due to an OMB requirement that we eliminate the one question on toileting. As a result, we asked about the following six ADL activities from the Duke OARS instrument: ability to eat, bathe, dress, get in and out of bed, walk, and groom oneself. We asked about all seven of the IADL activities, namely: ability to use the telephone, get to places outside of walking distance, go shopping for groceries or clothes, prepare meals, do housework, manage money, and take medications. The overall functional status measure assessed the ability of clients to perform all 13 of the different tasks of daily living. Results for ADL, IADL, and overall Functional Status are reported in **Table 20**.

Table 20. Family-Reported Functional Status at Three Months (Proxy Respondents Only)

Family-Reported Client Outcome	Beta WL	T-Value WL
ADL scale	-0.63	-1.58
IADL scale	0.10	0.31
Functional status scale	-0.54	-0.87

There were no significant differences between SCP family and WL family members in their perception of the functional status of the care recipient at the time of the three-month

follow-up interview. None of the three measures, the ADL, IADL, or the overall functional status scale measure, varied significantly by type of family member (SCP versus WL) at three-month follow-up.

Family-reported client unmet needs

The following three questions were asked of family members regarding clients' unmet need for care at three-month follow-up:

- During the past three months, was there any time when __ (Client's name) needed more help with personal care in his/her home but was unable to get it (yes/no)?
- During the past three months, was there any time when __ (Client's name) needed more help with meal preparations in his/her home but was unable to get it (yes/no)?
- During the past three months, was there any time when __ (Client's name) needed more help with special transportation from his/her home but was unable to get it (yes/no)?

Weighted logistic regression procedures were performed on the data to determine whether SCP family members (relative to WL family members) were more or less likely to have unmet needs with these tasks. Beta coefficients, odds ratios, and t-values are reported in **Table 21**.

Table 21. Family-Reported Client Unmet Needs at Three-Month Follow-up

Family-Reported Client Outcome	Beta WL	Odds Ratio WL	T-Value WL
Need for personal care	-0.12	0.89	-0.24
Need for help with meal preparations	0.85	2.35	1.21
Need for special transportation	1.46*	4.32	2.82

* Significant at $p < .05$.

Results from **Table 21** indicate that WL family members were more likely than SCP family members to report having an unmet need for special transportation. As shown above, the odds of having an unmet need for special transportation increased by over four times (OR=4.32) for WL family members relative to SCP family members. This significant effect can be seen more clearly when comparing the predicted probability of having an unmet need for special transportation by type of family member, as shown in **Table 22**.

Table 22. Predicted Probability of Having Unmet Need by Type of Family Member

Type of Family Member	Probability of Having Unmet Need for Special Transportation+
SCP family member	0.05
WL family member	0.14

+ Probabilities were adjusted for all baseline client and family characteristics.

Although the probability of having an unmet need for special transportation was small for both types of family members, it was particularly small for SCP family members. The predicted probability of having an unmet need for special transportation was 5% for SCP family members, relative to 14% for WL family members.

There were no other significant differences between SCP family members and WL family members in unmet need for personal care or help with meal preparations, as shown in **Table 21**, above.

Family-reported social functioning of client

Two questions were asked of family members regarding the social functioning of clients. These questions were the following:

- How many friends has __ (Client's name) seen or spoken to on the phone in the past month? Would you say that he/she has seen or spoken with:
  - Nine or more friends (coded as 5)
  - Five to eight friends (coded as 4)
  - Two to four friends (coded as 3)
  - One friend (coded as 2)
  - No friend (coded as 1)
- How times during the past month has __ (Client's name) gone out socially with other people? For example, how many times has he/she visited friends, gone to church, or invited friends to his/her home? Would you say:
  - Nine or more times (coded as 5)
  - Five to eight times (coded as 4)
  - Two to four times (coded as 3)
  - One time (coded as 2)
  - No time (coded as 1)

Weighted regression analyses were performed on these data. As noted previously, higher values indicated greater levels of social interaction. Results from these analyses are shown in **Table 23**, below.

Table 23. Family-Reported Social Functioning of Clients at Three-Month Follow-up

Family-Reported Client Outcome	Beta WL Family	T-Value WL Family
Number of friends	-0.34	-1.65
Number of times gone out	-0.35[&]	-1.79

[&] Significant at $p < .10$.

There were no statistically significant differences between SCP family members and WL family members on client social functioning at three-month follow-up. However, there was a

slight tendency for WL family members to report reduced levels of social functioning. Although neither family-reported client outcome was significant at $p < .05$, the negative coefficient on both outcomes suggested that WL family members tended to report fewer social contacts relative to SCP family members. This effect was not significant at $p < .10$ for the question regarding the number of friends seen or spoken with, but it was marginally significant for the question regarding the number of times that clients had gone out socially during the past month ($p < .07$).

E.3. Complete Set of Nine-Month Client Findings

Multivariate analyses were performed on the client data at nine-month follow-up. The same standard model was used for all client outcomes. Client follow-up models included the same baseline background variables (listed above), plus the baseline measure for the given outcome in question, to control for initial variation in baseline characteristics at the time of the initial client interview. WLS regression procedures were used on continuous outcome variables, and weighted logistic procedures were used on all dichotomous (yes/no) outcome variables. The effects of the complex survey design were taken into account, and standard errors were adjusted using the SUDAAN version 8.0 software program. Beta coefficients, odds ratios, and t-values are reported below. T-values with an absolute value of 1.96 or greater indicate that the beta coefficient for a given client group is significant at $p <= .05$. Except when noted otherwise, SCP clients were the main group being compared to in the multivariate models. Stated differently, the SCP group was the "omitted or benchmark group" being compared both with WL clients and with Other agency clients in the tables shown below. As a result, reported findings for these two comparison groups (WL and Other clients) are relative and should be compared with the SCP group when interpreting the magnitude and significance of the client effects.

Results from nine-month client models

The results of the nine-month client models are described by domain below.

Client health status

The following four questions were asked of clients at nine-month follow-up:

- What is your current health status?
  Response options: 1=poor health; 5=excellent health
- How does your health now compare with that of one year ago?
  Response options: 1=much worse now; 5=much better now
- To what extent have physical problems limited social activities in the past month?
  Response options: 1=not at all; 5=extremely
- To what extent have emotional problems limited social activities in the past month?
  Response options: 1=not at all; 5=extremely

Three of the four health status questions were found to differ significantly by type of client (SCP, WL, or Other). Results are shown in **Table 24**, below.

Table 24. Client Self-Reported Health Status at Nine Months Relative to SCP Client

Client Outcome	Beta WL	T-Value WL	Beta Other	T-Value Other
Current health status	-0.02	-0.13	0.12	0.77
Health status versus one year ago	-0.29*	-2.29	-0.38*	-2.51
Extent limited by physical problems	-0.51[&]	-1.71	-0.99*	-3.38
Extent limited by emotional problems	0.20	1.08	-0.39*	-2.32

* Significant at $p < .05$.

[&] Significant at $p < .10$.

As noted above, both the first and second self-reported health status questions listed in **Table 24** had response options that ranged from a low of 1 to a high of 5. Higher scores represented better health status.[1] As shown in **Table 24**, although the current self-reported health status of SCP, WL, and Other agency clients did not significantly vary at nine months, WL clients and Other agency clients were more likely than SCP clients to report being in somewhat worse health now relative to last year. This result may be seen more clearly in **Table 25**. As shown below, SCP clients, on average, received a score of 3.11, meaning that they were in about the same health or in slightly better health now relative to a year ago. In contrast, both WL and Other agency clients received scores of 2.73 and 2.64, respectively, indicating that they were somewhat more likely to be in worse health now compared with a year ago.

Table 25. Adjusted Mean Self-Reported Current Health Status Level by Type of Client

Client Type	Mean Health Status versus One Year Ago	Mean Value for Extent to Which Physical Health Problems Limited Social Activities	Mean Value for Extent to Which Emotional Problems Limited Social Activities
SCP client	3.02	3.11	1.84
WL client	2.73	2.60	2.04
Other agency client	2.64	2.12	1.45

[+] Mean values were adjusted for all baseline client characteristics.

The third and fourth health status measures assessed the extent to which physical or emotional problems interfered with the client's social activities during the past month. For these final two outcomes, higher values indicated poorer health (i.e., more limitations in social activities due to physical or emotional health problems). As shown in **Table 24**, for both of these outcomes, Other agency clients reported having slightly less interference with their social activities due to physical or emotional problems when compared with SCP clients. These results

[1] More specifically, a score of 1.0 indicated that their health now was much worse than it had been a year ago, a score of 2.0 indicated that their health was somewhat worse now than it was a year ago, a score of 3.0 indicated that their health was unchanged over the past year, a value of 4.0 indicated that they were in somewhat better health now compared with that of a year ago, and a value of 5.0 indicated that they were in much better health now compared with that of a year ago.

may be seen more clearly in **Table 25**. The adjusted mean value for the response to the question "to what extent have physical problems interfered with social activities during the past month" ranged from a high of 3.11 for SCP clients to a low of 2.12 for Other agency clients. A value of 3.0 on this scale indicated that physical health problems moderately interfered with social activities, whereas a value of 2 indicated that physical health problems slightly interfered with social activities. Using this coding scheme as a guide, it was found that SCP clients were moderately limited in their social activities as a result of physical health problems during the past month, whereas Other agency clients were only slightly limited in their social activities as a result of physical health problems during the past month.

Similarly, the adjusted mean value for the extent to which emotional problems limited social activities ranged from a high of 2.04 for WL clients, to 1.8 for SCP clients, and to a low of 1.45 for Other agency clients. As noted previously, a value of 2.0 on this scale meant that emotional problems slightly interfered with social activities. Similarly, a value of 1.0 indicated that emotional problems did not at all interfere with social activities. These results suggest that for SCP clients, emotional problems slightly limited their participation in social activities, whereas for Other agency clients, emotional problems did not generally interfere with their participation in social activities during the past month.

Although the direction of the final two health status outcomes, which favored Other agency clients, seems at first to contradict the other significant health status finding (which showed that WL and Other agency clients were more likely to report that their current health was somewhat worse than that of a year ago), it should be acknowledged that the time frames being considered for these individual questions differed considerably. The question about health status now compared with that of a year ago used a full year as the point of reference, whereas the final two health status questions used the prior month as the reference period. Therefore, whereas SCP clients were more likely than both WL and Other agency clients to report that their health status was about the same/or slightly better over the one-year time frame (whereas WL and Other agency clients had a greater tendency to report some decline in their health now compared with last year), SCP clients also were found to be more likely than WL or Other agency clients to have reduced the extent of their involvement in social activities during the past month due to physical health or emotional problems.

Client functional status

Client functional status was measured using the Duke OARS instrument, which asked questions about ADL and IADL functioning. The overall functional status index (combining ADL + IADL items) was used to assess overall client functional status. Results for ADL, IADL, and overall functional status are reported in **Table 26**.

Table 26. Client Functional Status at Nine Months Relative to SCP Clients

Client Outcome	Beta WL	T-Value WL	Beta Other	T-Value Other
ADL scale	-0.08	-0.44	-0.01	-0.05
IADL scale	-0.40	-1.13	0.22	0.67
Functional status scale	-0.78	-1.06	0.27	0.41

* Significant at $p < .05$.

There were no significant differences on the ADL and IADL subscales or the functional status scale between SCP clients, WL clients, and Other agency clients at the time of the nine-month follow-up survey.

Client mental status

A series of 11 life satisfaction questions and nine depressive symptom questions were asked of clients at nine-month follow-up. The sum of these questions formed a life satisfaction scale and depressive symptoms scale for each individual interviewed. The individual questions used in each scale may be found in Appendix B. Higher values on the life satisfaction scale indicated greater satisfaction with life, whereas higher values on the depression symptoms scale indicated more depressive symptoms. Results are shown in **Table 27**.

Table 27. Client Self-Reported Mental Health at Nine Months Relative to SCP Clients

Client Outcome	Beta WL	T-Value WL	Beta Other	T-Value Other
Life satisfaction	-0.43	-1.34	0.51	1.48
Depressive symptoms	0.63*	2.05	-0.26	-1.17

* Significant at $p < .05$.

There were no significant differences between SCP clients, WL clients, and Other agency clients on the life satisfaction scale at nine months. However, WL clients scored approximately two-thirds of a point higher on the depressive symptoms scale at nine months, meaning that that they had slightly more depressive symptoms relative to SCP clients at nine-month follow-up. This significant result can be seen more clearly when comparing the adjusted mean values of the depression scale by type of client, as shown in **Table 28**.

Table 28. Adjusted Mean Mental Status Level by Type of Client

Client Type	Mean Depressive Symptoms Scale[+]
SCP clients	2.84
WL clients	3.46
Other agency clients	2.58

[+] Mean values were adjusted for all baseline client characteristics.

The depressive symptom scores ranged from 0 to 9. As noted previously, higher values on the depression symptoms scale indicated more depressive symptoms. Although the scores on this scale remained at the lower end of the spectrum for all three client groups (i.e., they were

between 2 and 4, and the scale went up to 9 points), results from **Table 28** indicate that SCP clients had close to a one-point lower mean value on the depressive symptoms scale relative to WL clients. This meant that, on average, WL clients had almost one more depressive symptom at nine-month follow-up relative to SCP clients. Even so, there were no significant differences between SCP clients and Other agency clients on the depressive symptom scale at nine-month follow-up.

Unmet need for care

The following three questions were asked of clients regarding their unmet need for care at nine-month follow-up:

- During the past three months, was there any time when you needed more help with personal care in your home but were unable to get it (yes/no)?
- During the past three months, was there any time when you needed more help with meal preparations in your home but were unable to get it (yes/no)?
- During the past three months, was there any time when you needed more help with special transportation from your home but were unable to get it (yes/no)?

Weighted logistic regression procedures were performed on the data to determine whether SCP clients (relative to WL and Other agency clients) were more or less likely to have unmet needs with these tasks. Beta coefficients, odds-ratios, and t-values are reported in **Table 29**, below.

Table 29. Client Unmet Needs at Nine Months Relative to SCP Clients

Client Outcome	Beta WL	Odds Ratio WL	T-Value WL	Beta Other	Odds Ratio Other	T-Value Other
Need for personal care	0.10	1.10	0.14	0.12	1.12	0.15
Need for help with meal preparations	1.77*	5.89*	2.70	-0.86	0.42	-0.97
Need for special transportation	0.62	1.86	1.14	0.38	1.47	0.69

* Significant at $p < .05$.

Results from **Table 29** indicate that WL clients were more likely than SCP clients to report having an unmet need for meal preparations. As shown above, the odds of having an unmet need for meal preparations increased by over five times (OR=5.89) for WL clients relative to SCP clients. This significant result can be seen more clearly when comparing the predicted probability of having unmet needs for meal preparations, as shown in **Table 30**.

Table 30. Predicted Probability of Having Unmet Need by Type of Client

Client Type	Probability of Having Unmet Need for Meal Preparations[+]
SCP clients	0.05
WL clients	0.16
Other agency clients	0.02

[+] Probabilities were adjusted for all baseline client characteristics.

Although the probability of having an unmet need for meal preparations was small for all clients at nine months, it was particularly small for SCP clients and Other agency clients. The predicted probability of having an unmet need for personal care was only 5% for SCP clients and only 2% for Other agency clients, relative to 16% for WL clients.

There were no other significant differences in unmet needs (for personal care and special transportation services) between the SCP, WL, and Other agency clients at nine-month follow-up.

Client social functioning

Two questions were asked about the social functioning of clients. These questions were:

- How many friends have you seen or spoken to on the phone in the past month? Would you say that you have seen or spoken with:
  - Nine or more friends (coded as 5)
  - Five to eight friends (coded as 4)
  - Two to four friends (coded as 3)
  - One friend (coded as 2)
  - No friend (coded as 1)
- How many times during the past month have you gone out socially with other people? For example, how many times have you visited friends, gone to church, or invited friends to your home? Would you say:
  - Nine or more times (coded as 5)
  - Five to eight times (coded as 4)
  - Two to four times (coded as 3)
  - One time (coded as 2)
  - No time (coded as 1)

Weighted regression analyses were performed on these data. As shown above, higher values indicate greater social interaction. Results from these analyses are shown in **Table 31**.

Table 31. Client Social Functioning at Nine-Month Follow-up Relative to SCP Clients

Family-Reported Client Outcome	Beta WL	T-Value WL	Beta Other	T-Value Other
Number of friends	-0.23	-1.44	-0.24	-1.56
Number of times gone out	-0.04	-0.19	0.14	0.73

There were no statistically significant differences in the number of friends seen or the number of times the three groups of clients had gone out socially at nine-month follow-up.

Satisfaction with care

Both overall satisfaction with care and satisfaction with individual components of care were assessed for all SCP clients and for those WL and Other agency clients who were receiving some other form of care at nine-month follow-up. We only asked WL and Other agency clients about their satisfaction with care when they were receiving some type of health care in their homes. The composite satisfaction scale ranged from 0 to 14, with higher values indicating greater satisfaction with care. Individual satisfaction items initially were scored as follows: 2=very satisfied; 1=somewhat satisfied; 0=not at all satisfied. For this analysis, we recoded individual satisfaction items so that clients were either very satisfied with care or not very satisfied with care (i.e., they were either only somewhat satisfied or not at all satisfied with care). Results are shown in **Tables 32** and **33**.

Table 32. Overall Satisfaction with Care at Nine Months Relative to SCP Clients

Client Outcome	Beta WL	T-Value WL	Beta Other	T-Value Other
Satisfaction with care	0.30	0.54	0.11	0.13

As shown in **Table 32**, there were no significant differences between SCP clients, WL clients, and Other agency clients in their overall satisfaction with care provided by their Senior Companion/in-home provider. However, there was a significant difference between client groups for satisfaction with one component of care, as shown in **Table 33**. The following seven components of care were evaluated:

- If the client was very satisfied with companion/aide's ability to provide assistance with personal care needs (yes/no).
- If the client was very satisfied with companion/aide's ability to help family member/caregiver by giving him/her some time off (yes/no).
- If the client was very satisfied with the companion/aide's ability to listen to him/her, visit with him/her, and be a companion to him/her (yes/no).
- If the client was very satisfied with the reliability of his/her companion/aide (yes/no).
- If the client was very satisfied with amount of time spent with companion/aide (yes/no).

- If the client was very satisfied with ability of companion/aide to be courteous and polite (yes/no).
- If the client was very satisfied with the number and types of services that his/her companion/aide provided to meet his/her special needs (yes/no).

Weighted logistic regression procedures were performed on the data to determine whether SCP clients (relative to WL and other agency clients) were more or less likely to be very satisfied with these components of care. Beta coefficients, odds ratios, and t-values are reported in **Table 33,** below.

Table 33. Satisfaction with Components of Care Relative to SCP Clients

Client Outcome	Beta WL	Odds Ratio WL	T-Value WL	Beta Other	Odds Ratio Other	T-Value Other
Very satisfied with personal care assistance	0.12	1.13	0.20	0.55	1.74	0.63
Very satisfied with time off for family members	-0.78	0.46	-1.34	-1.69*	0.18*	-2.32
Very satisfied with companion's/ aide's ability to listen and be companion	-0.31	0.73	-0.52	-0.03	0.97	-0.03
Very satisfied with reliability of companion/aide	-0.20	0.82	-0.30	-1.61[&]	0.20[&]	-1.76
Very satisfied with time spent with companion/aide	0.33	1.39	0.50	-1.52	0.22	-1.57
Very satisfied with courtesy/ politeness of companion/aide	-1.11	0.33	-1.65	0.30	1.34	0.34
Very satisfied with number and types of services provided	0.11	1.11	0.17	-1.10	0.33	-1.30

* Significant at $p < .05$.

[&] significant at $p < .10$.

As shown above, Other agency clients were less likely to be very satisfied with the time off given to family members. More specifically, Other agency clients only had 18% the odds of being very satisfied with the time off given family members (OR=0.18) relative to SCP clients. This significant result can be seen more clearly when comparing the predicted probabilities of being very satisfied with this component of care by type of client, as shown in **Table 34**.

Table 34. Predicted Probability of Being Very Satisfied with Care by Type of Client

Client Type	Probability of Being Very Satisfied with Time Off for Family Members[+]
SCP clients	0.38
WL clients	0.25
Other agency clients	0.14

[+] Probabilities were adjusted for all baseline client characteristics.

The predicted probability of being very satisfied with the time that the companion/aide gave family members to themselves was 38% for SCP clients, relative to only 14% for Other agency clients.

Although one additional satisfaction component did not reach statistical significance at the $p < .05$ level by type of client, it was marginally significant. This result is reported with an "&" sign in **Table 33**, above. Specifically, Other agency clients were marginally less likely than SCP clients to be very satisfied with the reliability of their in-home provider ($p < .08$).

E.4. Complete Set of Nine-Month Family Findings

Multivariate analyses were performed on the family data at nine-month follow-up. Given the limited sample size at nine-month follow-up (unweighted n=186), it was necessary to use a more limited number of control variables in each analytic model. Family follow-up nine-month models included the following baseline variables: family member age, family member gender, family member race, and client baseline health status, plus the baseline measure for the given family outcome in question, to control for initial variation in baseline characteristics at the time of the initial family/caregiver interview. As noted previously, WLS regression procedures were used on continuous outcome variables, and weighted logistic procedures were used on all dichotomous (yes/no) outcome variables. The effects of the complex survey design were taken into account, and standard errors were adjusted using the SUDAAN version 8.0 software program. Beta coefficients, odds ratios, and t-values are reported below. T-values with an absolute value of 1.96 or greater indicate that the beta coefficient for a given family member group is significant at $p <= .05$. Except when noted otherwise, SCP family members were the main group being compared to in the multivariate models. Stated differently, the SCP family group was the "omitted or benchmark group" being compared with WL family members in the tables shown below. As a result, reported findings for the comparison group (WL family members) are relative and should be compared with the SCP family group when interpreting the magnitude and significance of the family/caregiver effects.

Results from nine-month family models

The results of the nine-month family models are described by domain below.

Family members' mental status

A series of 11 life satisfaction questions and four caregiver burden questions were asked of family members at nine-month follow-up. The 11-item life satisfaction scale formed an overall scale, but the four burden questions were analyzed individually. Higher values on the life satisfaction scale indicated greater satisfaction with life. Higher values on the burden items indicated a greater burden caring for a relative. Results are shown in **Table 35**.

Table 35. Self-Reported Mental Health at Nine Months Relative to SCP Family Members

Family Member Outcome	Beta WL Family	T-Value WL Family
Life satisfaction	-0.60	-1.34
Extent of worry	0.07	0.33
Ability to cope with responsibility	0.02	0.12
Quality of relationship	0.32	1.78
Overall patience with client	-0.16	-0.86

* Significant at $p < .05$.

As shown in **Table 35**, there were no significant differences (with $p < .05$) in self-reported mental health status between family members of SCP clients and family members of WL clients at the time of the nine-month follow-up survey.

Family members' satisfaction with care

Both overall satisfaction with care and satisfaction with individual components of care were assessed for all SCP family members and for those WL family members who were receiving some other form of care at nine-month follow-up. As noted previously, we only asked WL family members about their satisfaction with care when their relatives were receiving some type of home health care in their homes. The composite satisfaction scale ranged from 0 to 14, with higher values indicating greater satisfaction with care. Individual satisfaction items initially were scored as follows: 2=very satisfied; 1=somewhat satisfied; 0=not at all satisfied. For this analysis, we recoded individual satisfaction items so that family members were either very satisfied with care or not very satisfied with care (i.e., they were either only somewhat satisfied or not at all satisfied with care.). Results are shown in **Tables 36** and **37**.

Table 36. Overall Satisfaction with Care at Nine Months Relative to SCP Family Members

Family Member Outcome	Beta WL	T-Value WL
Satisfaction with care	-0.35	-0.53

As shown in **Table 36**, there was no significant difference between SCP family members and WL family members in their overall satisfaction with care. The seven individual components of care were evaluated as well (as shown in **Table 37**). The following individual components of care were examined:

- If the family member was very satisfied with companion/aide's ability to provide assistance with personal care needs (yes/no).
- If the family member was very satisfied with companion/aide's ability to help family member/caregiver by giving him/her some time off (yes/no).
- If the family member was very satisfied with the companion/aide's ability to listen to the client, visit with him/her, and be a companion to him/her (yes/no).
- If the family member was very satisfied with the reliability of his/her companion/aide (yes/no).
- If the family member was very satisfied with amount of time the client spent with companion/aide (yes/no).
- If the family member was very satisfied with ability of companion/aide to be courteous and polite (yes/no).
- If the family member was very satisfied with the number and types of services that the companion/aide provided to meet the client's special needs (yes/no).

Weighted logistic regression procedures were performed on the data to determine whether SCP family members (relative to WL family members) were more or less likely to be very satisfied with these components of care. Beta coefficients, odds ratios, and t-values are reported in **Table 37**.

Table 37. Satisfaction with Components of Care Relative to SCP Family Members at Nine Months

Family Member Outcome	Beta WL	Odds Ratio WL	T-Value WL
Very satisfied with personal care assistance	1.77*	5.89*	2.44
Very satisfied with time off for family members	0.82	2.27	1.11
Very satisfied with companion's/aide's ability to listen and be companion	-0.71	0.49	-1.16
Very satisfied with reliability of companion/aide	-1.45*	0.23*	-2.47
Very satisfied with time spent with companion/ aide	0.06	1.07	0.08
Very satisfied with courtesy/politeness of companion/aide	-0.55	0.58	-0.74
Very satisfied with number and types of services provided	0.19	1.21	0.35

* Significant $p < .05$.

As shown in **Table 37**, above, family members of WL clients who were receiving in-home help at the time of the nine-month survey reported being significantly more satisfied with the personal care provided to meet the client's special needs. Although this finding was not

anticipated, it may be explained in part by the fact that WL clients were more likely than SCP clients to be seen by a visiting nurse or public health nurse.[2] These individuals are licensed and registered health care professionals whose specific job is to provide personal care assistance.

When asked this specific question about satisfaction with your Senior Companion/home care provider, SCP family members reported on their satisfaction with the Senior Companion, whereas WL family members reported on their satisfaction with their in-home provider, who in this case was likely to be a registered nurse (RN). As a result, it is not surprising that WL family members would report being somewhat more satisfied with the level of personal care provided.

In contrast, family members of WL clients were less likely to be very satisfied with the reliability of their in-home care provider. The odds ratio for these individuals was 0.23, indicating that, on average, these individuals were only 23% as likely as SCP family members to be very satisfied with the reliability of their health care provider.

These two significant findings can be seen more clearly when comparing the predicted probabilities of being very satisfied with these two components of care by type of family member, as shown in **Table 38**.

Table 38. Predicted Probability of Being Very Satisfied with Components of Care by Type of Family Member

Type of Family Member	Probability of Being Very Satisfied with Personal Care Provided to Meet Clients Needs+	Probability of Being Very Satisfied with Reliability of Companion/Aide+
SCP family members	0.35	0.85
WL family members	0.71	0.60

+ Probabilities were adjusted for all baseline client characteristics.

The predicted probability of being very satisfied with the personal care provided to meet the client's needs was only 35% for family members of SCP clients, relative to 71% for family members of WL clients. In contrast, the probability of being very satisfied with the reliability of the care provider was 85% for family members of SCP clients and only 60% for family members of WL clients.

No other significant differences in the components of care were reported between SCP family members and WL family members at the time of the nine-month follow-up survey.

[2] More specifically, data from the nine month follow-up family survey indicate that 48.6% of family members of WL clients said that their family member had been seen by a visiting RN or public health nurse during the past three months. In contrast, only 29.1% of family members of SCP clients stated that their family member had been seen by a visiting RN or public health nurse during the past three months.

Family-reported client health status

The following four questions were asked of family members at nine-month follow-up:

- What is the client's current health status?
  Response options: 1=poor health; 5=excellent health
- How does the client's health now compare with that of one year ago?
  Response options: 1=much worse now; 5=much better now
- To what extent have physical problems limited the client's social activities in the past month?
  Response options: 1=not at all; 5=extremely
- To what extent have emotional problems limited the client's social activities in the past month?
  Response options: 1=not at all; 5=extremely

As noted above, self-reported health scores ranged from a low of 1 for poor health to a high of 5 for excellent health. The two questions about the extent to which social activities were limited by physical or emotional problems also ranged from 1 to 5, but higher values on these measures indicated increased health limitations (for example, a value of 1=no limitations, and a value of 5=extremely limited). Results are shown in **Table 39**.

Table 39. Family-Reported Client Health Status at Nine Months

Client Outcome	Beta WL	T-Value WL
Current health status	-0.07	-0.73
Health status versus one year ago	-0.19	-1.01
Limited by physical problems	0.02	0.07
Limited by emotional problems	0.32	1.20

Results from **Table 39** indicate that there were no statistically significant differences between SCP family members and WL family members in family self-reported client health status at the time of the nine-month follow-up survey.

Family-reported client functional status

Family-reported client functioning was only assessed for proxy respondents (i.e., family members who responded on behalf of clients who were too frail to report on their own behalf; unweighted n=88 at nine-month follow-up). As noted above, functional status was measured using the Duke OARS instrument, which asked questions about clients' ADL and IADL functioning. The overall functional status index (combining ADL + IADL items) was used to assess overall client functional status. One of the seven original Duke OARS ADL questions was not asked to clients due to an OMB requirement that we eliminate the one question on toileting. As a result, we asked about the following six ADL activities from the Duke OARS

instrument: ability to eat, bathe, dress, get in and out of bed, walk, and groom oneself. We asked about all seven of the IADL activities, namely: ability to use the telephone, get to places outside of walking distance, go shopping for groceries or clothes, prepare meals, do housework, manage money, and take medications. The overall functional status measure assessed the ability of clients to perform all 13 of the different tasks of daily living. Results for ADL, IADL, and overall functional status are reported in **Table 40**, below.

Table 40. Family-Reported Functional Status at Nine Months (Proxy Respondents Only)

Family-Reported Client Outcome	Beta WL	T-Value WL
ADL scale	-1.18*	-2.17
IADL scale	-0.92	-1.12
Functional status scale	-2.09	-1.63

* Significant at $p < .05$.

Although the beta coefficients for all three functional status outcomes were negative, suggesting that WL clients were reported by family members to have lower levels of functioning when compared with SCP clients, only one of the three measures was significant at the $p < .05$ significance level. Family members of WL clients reported that their family members were unable to perform one additional ADL task independently relative to SCP clients. This effect may be seen more clearly when comparing the adjusted mean value on this scale once other variables were controlled in the analysis.

Table 41. Adjusted Mean ADL Level by Type of Family Member at Nine Months

Client Type	Mean ADL Scale+
SCP clients (as reported by family members)	7.80
WL clients (as reported by family members)	6.62

+ Mean values were adjusted for all baseline client characteristics.

As shown in **Table 41**, on average, family members of SCP clients reported an over one point higher mean value on the ADL functional independence scale once other variables were controlled for in the analysis. In other words, family members of SCP clients reported that SCP clients were better able to perform an additional task of daily living independently when compared with WL clients at the time of the nine-month follow-up survey.

Family-reported client unmet needs

The following three questions were asked of family members regarding clients' unmet need for care at nine-month follow-up:

- During the past three months, was there any time when __ (Client's name) needed more help with personal care in his/her home but was unable to get it (yes/no)?
- During the past three months, was there any time when __ (Client's name) needed more help with meal preparations in his/her home but was unable to get it (yes/no)?

- During the past three months, was there any time when __ (Client's name) needed more help with special transportation from his/her home but was unable to get it (yes/no)?

Weighted logistic regression procedures were performed on the data to determine whether SCP family members (relative to WL family members) were more or less likely to have unmet needs with these tasks. Beta coefficients, odds ratios, and t-values are reported in **Table 42**, below.

Table 42. Family-Reported Client Unmet Needs at Nine Months

Family-Reported Client Outcome	Beta WL	Odds Ratio WL	T-Value WL
Need for personal care	0.49	1.63	0.82
Need for help with meal preparations	-0.60	0.55	-0.82
Need for special transportation	1.84*	6.31*	2.89

* Significant at $p < .05$.

Results from **Table 42** indicate that WL family members were more likely than SCP family members to report having an unmet need for special transportation. As shown above, the odds of having an unmet need for special transportation increased by over six times (OR=6.31) for WL family members relative to SCP family members. This significant effect can be seen more clearly when comparing the predicted probability of having an unmet need for special transportation by type of family member, as shown in **Table 43**.

Table 43. Predicted Probability of Having Unmet Need by Type of Family Member

Type of Family Member	Probability of Having Unmet Need for Special Transportation+
SCP family member	0.05
WL family member	0.22

+ Probabilities were adjusted for all baseline client and family characteristics.

Although the probability of having an unmet need for special transportation was small for both types of family members, it was particularly small for SCP family members. The predicted probability of having an unmet need for special transportation was 5% for SCP family members, relative to 22% for WL family members.

There were no other significant differences between SCP family members and WL family members in unmet need for personal care or help with meal preparations, as shown in **Table 42**, above.

Family-reported social functioning of client

Two questions were asked of family members regarding the social functioning of clients. These questions were as follows:

- How many friends has __ (Client's name) seen or spoken to on the phone in the past month? Would you say that he/she has seen or spoken with:

  - Nine or more friends (coded as 5)
  - Five to eight friends (coded as 4)
  - Two to four friends (coded as 3)
  - One friend (coded as 2)
  - No friend (coded as 1)

- How times during the past month has __ (Client's name) gone out socially with other people? For example, how many times has he/she visited friends, gone to church, or invited friends to his/her home? Would you say:

  - Nine or more times (coded as 5)
  - Five to eight times (coded as 4)
  - Two to four times (coded as 3)
  - One time (coded as 2)
  - No time (coded as 1)

Weighted regression analyses were performed on these data. As noted previously, higher values indicated greater levels of social interaction. Results from these analyses are shown in **Table 44**, below.

Table 44. Family-Reported Social Functioning of Clients at Nine-Month Follow-up

Family-Reported Client Outcome	Beta WL Family	T-Value WL Family
Number of friends	-0.29	-0.99
Number of times gone out	-0.01	-0.05

* Significant at $p < .05$.

There were no statistically significant differences between SCP family members and WL family members on client social functioning at nine-month follow-up.

APPENDIX F1: *Highlights of Results from Open-Ended Survey Questions to Clients*

APPENDIX F1
Highlights of Results from Open-Ended Survey Questions to Clients

Clients enrolled in the Senior Companion Program (SCP) were asked what they felt were the best and worst things about the SCP at three- and nine-month follow-up intervals. SCP clients were also asked to recommend what needed to be changed to improve the SCP as part of the three- and nine-month follow-up interviews. This appendix describes the results of the analysis of these three open-ended questions.

F1.1. Methodology Used to Code Responses to the Question about the Best Thing about the SCP

As described in **Chapter 6**, codes were developed and a codebook was created using the first 100 responses from the client follow-up surveys as the initial study samples for each of the three open-ended questions about the SCP. These questions were asked only of SCP clients. New codes were created and added to the codebook as additional data were analyzed to ensure that each response was accurately represented and described. Any time a new code was added, previously coded items were revisited. This iterative process continued until no new codes were added. No response was given more than one code, and if a response contained multiple descriptions, it was assigned to the most logical code. See **Table 1** below for a list of the codes and a description of each. The same codes were used for the two client follow-up analyses.

The total number of responses for each code was calculated. The percentage for each code was calculated in two different ways. First, a percentage was calculated for each code from an all-inclusive total number of responses. Second, a percentage was calculated for each code using a total that excluded the nondescriptive codes (None, DK, N/A). Then, when applicable, codes that represented smaller percentages (generally less than 5%) were grouped together and summed into an "Other" code. Data were analyzed in the same way for each open-ended item.

Table 1 provides a listing and description of the codes used to categorize SCP Client responses to the open-ended question, "What is the best thing about the SCP?"

F1.2. Results from the Analysis of the Best Thing about the SCP at Three Months

As shown in **Table 2**, of the 443 responses from the SCP clients who answered open-ended questions at three-month follow-up, companionship was mentioned most often (29.1%) as the best thing about the program. Sixteen percent of SCP clients said that the overall program was the best thing (i.e., no specific aspect of the program was highlighted; instead the overall SCP was commended). The third most prevalent response was that the Companion was the best thing about the program (11.5%). When nondescriptive codes were removed, response prevalence rates were virtually identical.

Table 1. Codes and Descriptions for the Best Thing about the SCP

Code	Description
Companionship	Client likes that the Senior Companion spends time to talk to him/her and/or does other companion activities.
Avoid loneliness	Client likes the way that the Senior Companion's presence helps him/her to avoid feeling lonely. Client *specifically* mentions that the Senior Companion helps him/her avoid feeling lonely.
Advice	Client likes that he/she is able to get advice and/or discuss personal problems with the Senior Companion.
Information source	Client likes that the Senior Companion provides information and helps to raise his/her awareness of community events, news, etc.
Reliability/necessity	Client likes that the Senior Companion is readily available to help him/her. The client appreciates that the Senior Companion is available to help with ADL/IADL necessities that he/she cannot accomplish on his/her own.
Domestic help	Client likes that the Senior Companion helps with cleaning, meals, groceries, shopping, and/or errands.
Travel	Client likes that the Senior Companion can provide transportation/assistance so that he/she is able to have outings/run errands.
Caregiver relief	The client appreciates that the Senior Companion is available to spend time with him/her, allowing the client's family caregiver to enjoy some downtime away from his/her responsibilities.
Companion	General statements indicating that the Senior Companion is good or nice.
Program	General statements indicating that the SCP is good or nice.
None	Client does not feel that anything is good about the SCP.
Former companion	Client was a former employee of the SCP.
DK	Client cannot think of anything.
N/A	Not applicable. Client gave an inappropriate or incomprehensible response.

Sample responses at three months

Advice

- You have someone to talk to and you can discuss any of your problems.
- Having someone to talk to and give me advice, very religious lady, cheers me up.

Avoids loneliness

- Company if you're lonesome; does things you want her to do.
- When people are lonely it helps you in your loneliness, to share ideas.
- Keeps me from being so lonesome, someone to talk to; help with cooking sometimes.

Table 2. What is the Best Thing about the SCP at Three Months?

Response	Count	Percentage	Code w/Exclusions	Percentage w/Exclusions
Companionship	129	29.1	129	31.5
Program	71	16	71	17.3
Companion	51	11.5	50	12.4
Reliability/necessity	50	11.3	51	12.2
Travel	45	10.1	45	11
Domestic help	32	7.2	32	7.8
DK	15	3.4		
Avoid loneliness	14	3.2		
N/A	12	2.7		
Information source	6	1.4		
None	6	1.4		
Advice	5	1.1		
Caregiver relief	5	1.1		
Former companion	2	0.5		
Other			32	7.8
Total	**443**		**410**	

Caregiver relief

- Relieving my husband, allowing him to get time to himself.
- Sit with you and giving family time off.

Companion

- Very good, he's very helpful and I like him to read the Bible to me.
- The companion is thoughtful, kind, and takes excellent care of me.
- I don't know what I would do without her.

Companionship

- The most important thing is having somebody with me twice a week.
- Companionship, somebody coming.
- Well, it's some companion—I enjoy having somebody to talk to—feel comfortable.

Domestic help

- Helps awful lot with grocery shopping and other errands and takes you to see husband.
- Come in and help with work.
- Shops for you.
- Companionship, house cleaning, cooking.

Information source

- How they have answers.
- She keeps me up to date on what's going on in the neighborhood.

Program

- Wonderful program, little things cannot do, she helps do things.
- All-around good program.
- It's wonderful for seniors who can't get out of their homes.

Reliability/necessity

- Needed thing, a lot of help, things I can't do.
- Helps me read the Bible. I'm blind.
- They help me do the things I'm not able to do, taking me to appointments is very valuable.

Travel

- Transportation, friendship.
- For me, it's a little transportation to get around.
- The Senior Companion takes me places.

F1.3. Results from the Analysis of What is the Best Thing about the SCP at Nine Months

As shown in **Table 3**, of the 269 SCP clients who responded to open-ended questions at nine-month follow-up, the category with the largest number of responses was "Companionship." Over 33% (n=91) of the responses were coded into this category. The next most common response was "Travel/Transportation," with 14% (n=37) of the responses being coded to this category. The third most common response was the overall program, receiving 13% (n=35) of all responses. When nondescriptive codes were removed from the analysis, results remained virtually unchanged.

Table 3. What is the Best Thing about the SCP?

Response	Count	Percentage	Count w/Exclusions	Percentage w/Exclusions
Companionship	91	33.8	91	35.1
Travel	37	13.8	37	14.3
Program	35	13.0	35	13.5
Reliability/necessity	33	12.3	33	12.7
Companion	32	11.9	32	12.4
Domestic help	19	7.1	19	7.3
Avoid loneliness	8	3.0		
DK	6	2.2		
N/A	3	1.1		
Information source	2	0.7		
Caregiver relief	2	0.7		
None	1	0.4		
Other			12	4.6
Total	**269**		**259**	

F1.4. Methodology to Code Responses to the Question about the Worst Thing about the SCP

The same methodology that was used to code the response to the question "What is the best thing about the SCP?" was used to code the responses to this question. See "Methodology for the Coding of response to the Question about the Best Thing about the SCP" in this appendix. The percentage for each code was calculated in two different ways. First, a percentage was calculated for each code from the total SCP client sample. Second, a percentage was calculated for each code using a total that excluded the nondescriptive codes (None, DK, N/A). Finally, when applicable, codes that represented smaller percentages (generally less than 5%) were grouped together and summed into an "Other" code.

Table 4 provides a listing and description of the codes used to categorize SCP Family Member responses to the open-ended question, "What is the worst thing about the SCP?"

Table 4. Codes and Descriptions for the Worst Thing about the SCP

Code	Definition
Companion behavior	The client was irritated by the Senior Companion's behavior.
Companion limitations	The client felt that the Senior Companion was not healthy enough. Due to his/her limited stamina, the companion was unable to fulfill all of the client's needs.
DK	The client reported that he/she didn't know of any problems with the SCP.
Excessive time	The client felt that the Senior Companion spent too much time with him/her.
Limited companions	The client felt that there were not enough Senior Companions available through SCP.
Limited help	The client felt that the SCP/Senior Companion did not offer enough help to meet his/her needs.
Limited time	The client felt that the Senior Companion did not spend enough time with him/her.
N/A	Not applicable. The response was not appropriate or the client did not coherently answer the question.
None	The client felt that there were no problems with SCP.
SCP rules/program inconsistencies	The client did not like the limitations set by the SCP. The client felt that the SCP had too many inconsistencies in its organization, rules, or administrative practices.

F1.5. Results from the Analysis of the Worst Thing about the SCP at Three Months

As shown in **Table 5**, of the 443 SCP clients who responded to the open-ended question, "What is the worst thing about the SCP?" 75.4% of SCP clients had nothing negative to say about the program and were coded into the "None" category. The response code "Don't know" received the next highest response (7%) when nondescriptive codes were included. When nondescriptive codes were excluded, we found that 22.7% of the 66 SCP clients who had comments were dissatisfied with the limited time that they spent with Senior Companions. Similarly, when nondescriptive codes were excluded from the analysis, a concern with the limited number of Senior Companions was the second most prevalent response concerning the worst thing about the program (19.7% were coded into this category). The response code with the lowest frequency was "Excessive time." Please note that the sample size was reduced to 66 when nondescriptive codes were excluded. As a result, the percentages reported in the final column of **Exhibit 5** should be interpreted with caution.

Table 5. What is the Worst Thing about the SCP at Three Months?

Response	Count	Percentage	Count w/Exclusions	Percentage w/Exclusions
None	334	75.4		
Don't know (DK)	31	7		
Limited time	15	3.4	15	22.7
Limited companions	13	2.9	13	19.7
Companion behavior	12	2.7	12	18.2
N/A	12	2.7		
Limited help	11	2.5	11	16.7
SCP rules/inconsistency	10	2.3	10	15.2
Companion limitations	4	0.9	4	6.1
Excessive time	1	0.2	1	1.5
Total	**443**		**66**	

Sample responses at three months

Companion behavior

- I don't know if it is the program—my Senior Companion is bossy.
- Do not need person to answer telephone. Has bad attitude—don't do some things.
- Sometimes she gets to yakking and I wish she'd shut up—but glad to have her.

Companion limitations

- There are certain things that the companions can't do for me.
- Running her around when she's tired.

Excessive time

- The length of time is too long.

Limited companions

- They don't have enough to go around.
- There are not enough volunteers.
- Not enough people.

- There are so few they have to limit the services and the time they can give.

Limited help

- I wish she could take me out; I like to get out of the house.
- To look forward to, help with transportation.
- Wish would include vacuuming housework.

Limited time

- That Senior Companion can't come over as often.
- The time situation is not the best for me. I like to have my bath early.
- The missed time due to holidays and meetings.
- Have somebody on Saturday and Sundays come to visit.

SCP rules/program inconsistencies

- Most inconvenient is that I can't leave her in my house alone; rules they go by.
- The consistency is not good.
- They can only go in certain areas.

F1.6. Results from the Analysis of the Worst Thing about the SCP at Nine Months

As shown in **Table 6**, of the 269 SCP clients who responded to the open-ended question, "What is the worst thing about the SCP?" 74.7% (n=201) had responses that were coded into the "None" category. This meant that SCP clients did not have anything negative to report about the SCP. The response code "Don't know" had the second highest frequency of responses, with 6.7% (n=18) of SCP clients indicating that they did not know a bad thing about the program. When nondescriptive codes were excluded from the analysis, we found that 33.3% (n=16) of 48 SCP clients with concerns stated that they were dissatisfied with the behavior of the Senior Companion. The "SCP rules/Program inconsistencies" response category had the second highest frequency when nondescriptive codes were excluded. Almost 23% (n=11) of the 48 responses were coded into this category. The response code with the lowest frequency was "Other." Please note that the sample size was reduced to 48 when nondescriptive codes were excluded. As a result, the percentages reported in the final column of **Table 6** should be interpreted with caution.

Table 6. What is the Worst Thing about the SCP at Nine Months?

Response	Count	Percentage	Count w/Exclusion	Percentage w/Exclusion
None	201	74.7		
DK	18	6.7		
Companion behavior	16	5.9	16	33.3
SCP rules/program inconsistencies	11	4.1	11	22.9
Limited time	9	3.3	9	18.8
Limited help	5	1.9	5	10.4
Companion limitations	5	1.9	5	10.4
N/A	2	0.7		
Limited Companions	2	0.7	2	4.2
Total	**269**		**48**	

F1.7. Methodology to Code Responses to the Question about What Could Be Done to Improve the SCP

The same methodology that was used to code responses to the question "What is the best thing about the SCP?" was used to analyze this question. See "Methodology for the Coding of Response to the Question about the Best Thing about the SCP" in this appendix. The percentage for each code was calculated in two different ways. First, a percentage was calculated for each code from the total SCP client sample. Second, a percentage was calculated for each code using a total that excluded nondescriptive codes (None, DK, and N/A). Finally, the codes which represented smaller percentages (generally less than 5%) were grouped together and summed into an "Other" code.

Table 7 provides a listing and description of the codes used to categorize SCP client response to the open-ended question "What could be done to improve the SCP?"

F1.8. Results from the Analysis of What Can Be Done to Improve the SCP at Three Months

As shown in **Table 8**, of the 443 SCP clients who responded to the open-ended question, "What could be done to improve the SCP?" the largest proportion (58%) said they had no suggestions for things to improve the program. "Don't know (DK)" received the second largest proportion of responses (10.6%). "Caregiver relief" was the response code with the lowest proportion of responses. When nondescriptive codes were excluded, the suggestion to change/increase hours for Senior Companions had the largest proportion of responses (31.1%), followed by "Travel," with 20.5% of responses.

Table 7. Codes and Descriptions for Things to be Done to Improve the SCP

Code	Definitions
Caregiver relief	The client felt that the program would improve if it were structured so that his/her family caregiver had more free time.
Change/increase hours	The client would like a change/increase in the amount/allocation of time that the Senior Companion spends with him/her.
Change/increase money	The client would like a change/increase in the stipend that the Senior Companion receives for his/her time and mileage.
DK	Don't know (if changes are needed).
Domestic help	The client would like the Senior Companion to complete various household chores.
N/A	Not applicable. The response was not appropriate or the client did not coherently answer the question.
None	No changes needed.
Reliability	The client felt that the program or the Senior Companion assigned to him/her was not reliable. The Senior Companion may not show up on time or complete scheduled tasks.
Service quality	An increase in the quality of services the Senior Companion/SCP provides is needed.
Service quantity	An increase in the quantity of services the Senior Companion/SCP provides is needed.
Travel	The client would like the Senior Companion to take him/her places (e.g., doctor, grocery store, etc.).

Table 8. What Could Be Done to Improve the SCP at Three Months?

Response	Code	Percentage	Code w/Exclusions	Percentage w/Exclusions
None	257	58		
Don't know (DK)	47	10.6		
Change/increase hours	38	8.6	38	31.1
Travel	25	5.6	25	20.5
Domestic help	18	4.1	18	14.8
Service quality	17	3.8	17	13.9
N/A	17	3.8		
Service quantity	12	2.7	12	9.8
Reliability	6	1.4		
Change/increase money	4	0.9		
Caregiver relief	2	0.5		
Other			12	9.8
Total	**443**		**122**	

Sample responses

Caregiver relief

- Get somebody to stay with me so my wife can go to church.

Change/increase hours

- You could get a little more time with the Senior Companion.
- More time with her.
- Would like it from 10am to 2pm, and then I take a nap.

Change/increase money

- Give her more money to do more things with me.
- Have more mileage ($).
- Could have more Senior Companions if they are paid more. A lot want them but can't get them.

Domestic help

- Come in for four hours—mop kitchen, clean bathtub and bathroom.
- Get somebody to run sweeper and help keep kitchen straight.
- Get washing done. Somebody to run errands and go to grocery store.

Reliability

- When someone calls and says they are coming, then that person should come.
- Tighten up on people to see what they are doing.
- On time.

Service quality

- Having someone that can speak better English.
- Changes in the way that the worker helps.
- They should ask to do things; all they do is sit and talk.

Service quantity

- I want more therapy in my home if I can get it.
- Allowed to do more things—meetings for companions too far apart.
- Do more than they do.

Travel

- Somebody that could take me places.
- If I could have a person that could drive my car for me.
- The caregivers should have cars to take us out with them.

F1.9. Results from the Analysis of What Can Be Done to Improve the SCP at Nine Months

As shown in **Table 9**, of the 269 SCP clients who responded to the open-ended question, "What could be done to improve the SCP?" the majority (56.9%) had nothing negative to say about the program. The second most common response to this question was "Don't know (DK)," receiving 13% (n=35) of study responses. When nondescriptive codes were excluded from the analysis, of the 77 SCP clients with comments, the largest proportion of individuals (31.2%, n=24) wanted to "Change/Increase" the number of hours that Senior Companions would visit with clients. The second most common response was "Service quality," receiving 20.8% (n=16) of study responses. The third most common response was "Domestic help." "Reliability" of the Senior Companion received the smallest proportion of responses (with or without exclusions) to the question "What can be done to improve the SCP?" Please note that the sample size was reduced to 77 when nondescriptive codes are excluded. As a result, the percentages reported in the final column of **Table 9** should be interpreted with caution.

Table 9. What Could Be Done to Improve the SCP at Nine Months?

Response	Count	Percentage	Count w/Exclusions	Percentage w/Exclusion
None	153	56.9		
DK	35	13.0		
Change/increase hours	24	8.9	24	31.2
Service quality	16	5.9	16	20.8
Domestic help	13	4.8	13	16.9
Travel	11	4.1	11	14.3
Service quantity	9	3.3	9	11.7
N/A	4	1.5		
Change/increase money	3	1.1		
Reliability	1	0.4		
Other			4	5.2
Total	**269**		**77**	

APPENDIX F2: *Highlights of Results from Open-Ended Survey Questions to Family Members*

APPENDIX F2
Highlights of Results from Open-Ended Survey Questions to Family Members

Two sets of open-ended questions were asked of family members/caregivers as part of the Senior Companion Program (SCP) Quality of Care Survey. All family members/caregivers (SCP family members and waiting list [WL] family members) were asked to describe the most difficult aspect of caring for a family member/relative at baseline and at three- and nine-month follow-up. In addition, SCP family members were asked what they felt were the best and worst things about the SCP at three- and nine-month follow-up intervals. Finally, SCP family members were asked to recommend what needed to be changed to improve the SCP as part of the three- and nine-month follow-up interviews.

This appendix describes the results of the caregiver burden question asked of all family members/caregivers at baseline and three- and nine-month follow-up. Then, results are presented for response to questions about the best aspect of the SCP, the worst aspect of the SCP, and the most needed change for the program. As noted above, the final three questions about the SCP were asked only of SCP family members at three- and nine-month follow-up.

F2.1. Methodology to Code Caregiver Burden Question

Codes were developed and a codebook was created using the first 100 responses from the baseline family member survey as the initial study sample for the caregiver burden question. New codes were created and added to the codebook as additional data were analyzed to ensure that each response was accurately represented and described. When a new code was added, previously coded items were revisited. This iterative process continued until no new codes were added. No response was given more than one code, and if a response contained multiple descriptions, it was assigned to the most logical code. See **Table 1** for a list of the codes and a description of each. The same codes were used for all three waves of the analysis (baseline, three-month follow-up, and nine-month follow-up).

Data were analyzed separately for SCP family members and WL family members. The percentage for each code was calculated in two different ways. First, a percentage was calculated for each code from an all-inclusive total number of responses for each family group. Second, a percentage was calculated for each code using a total that excluded the nondescriptive codes (None, DK, and N/A). Finally, when applicable, codes that represented smaller percentages (generally less than 5%) were grouped together and summed into an “Other” code. Data were analyzed in the same way for all open-ended questions.

Table 1. Codes and Descriptions for the Most Difficult Aspect of Caring for a Relative

Code	Description
Client disposition	The client has characteristics that make it difficult for the family member to relate to/and or provide care (e.g., demanding, prejudiced).
Handling finances	The family member has taken over the finances of the client.
Giving up independence	The client or family member has difficulty dealing with the client becoming more dependent on others for care.
Concern for client	The family member is most worried about whether the needs of the client are being adequately met. Family member worries about overall well-being of the client.
Client limitations	The client is very ill/incapacitated, which leads to difficulty providing care for him or her.
Family member limitations	Other commitments/difficulties of the family member interfere with his/her ability to provide care to the client (e.g., illness, disability, children).
Distance/time travel	The distance/time it takes to get from the location of the family member to the location of the client is burdensome.
Health/hygiene	The family member spends a great deal of time assisting the client with basic hygiene/health needs (e.g., toileting, medication). The client will not/cannot practice basic hygiene without help or motivation.
Mobility	The client needs a great deal of assistance or motivation to ambulate. The client is highly physically impaired.
Time commitment/dependence	The client is highly dependent on the family member for assistance in almost every aspect of daily living. The amount of time the family member spends helping the client takes away from the family member's own personal time.
Tolerance/patience	Family member felt that his/her patience was often strained due to certain behaviors that the client exhibited (e.g., repetition of questions).
Transportation	Family member felt that providing and/or arranging for transportation of the client to doctors' offices, shopping, etc., was challenging.
Everything/anything	Family member feels that everything or anything is hard when it involves caring for the client.
None	The family member felt that there was nothing especially difficult or unpleasant about acting as a caregiver.
DK	Don't know.
N/A	Not applicable. The response given was not coherent or was not appropriate for the question.
Refused	The family member refused to answer the question.

F2.2. Results for Most Challenging or Difficult Aspect of Being a Caregiver at Baseline

As shown in **Table 2**, a total of 803 responses were analyzed by group—including 485 from SCP family members and 318 from WL family members. Both groups reported that the time commitment/dependence of the client was the most difficult aspect of caring for a relative (21.6% for SCP family members and 26.7% for WL family members, respectively). The second most difficult aspect of caring for a relative for both groups was attending to the health and hygiene of the client (13% and 14.8%, respectively). The third most difficult aspect of caring for a relative for both groups was the disposition of the client (12.6% and 11.6%, respectively). Once nondescriptive codes were removed from the analyses, responses remained primarily unchanged.

Table 2. The Most Difficult Aspect of Caring for a Relative at Baseline

Response	Count	Percentage	Count (w/code exclusion)	Percentage (w/code exclusion)
SCP Family Members				
Time commitment/dependence	105	21.6	105	25.9
Health/hygiene	63	13.0	63	15.6
Client disposition	61	12.6	61	15.1
None	59	12.2		
Concern for client	56	11.5	56	13.8
Tolerance/patience	37	7.6	37	9.1
Family member limitations	34	7.0	34	8.4
Other	70	14.4	49	12.1
Total	**485**		**405**	
WL Family Members				
Time commitment/dependence	85	26.7	85	30.7
Health/Hygiene	47	14.8	47	17.0
Client disposition	37	11.6	37	13.4
None	29	9.1		
Concern for client	27	8.5	27	9.7
Tolerance/patience	21	6.6	21	7.6
Giving up independence	17	5.3	17	6.1
Other	55	17.3	43	15.5
Total	**318**		**277**	
Grand Total	**803**		**682**	

Sample responses at baseline

Time Commitment/Dependence

- Being up 24 hours fatigue, along with caring for children and going to work.
- To be there when he really needs help, he can't get out of bed, can't go to the bathroom, or walk by himself. We can't go anywhere because there is no one there to take care of him.
- Not always being available when she needs me. Not able to spend quality time with her.
- Sometimes she's impatient when she wants something. I try to respond quickly, but it can be frustrating because I take care of my parents, too. The time factor.

Health/hygiene

- Daily tasks. Because of her dementia she needs help with everything.
- The fact that she can't speak well—can't make her wishes known by speech—feel that she is not giving it her all to walk.
- To see her health deteriorate.
- Getting in and out of bed. She worries about falls.
- She is diabetic and wants to eat what she wants to eat.
- The personal care, such as giving her baths.

Client disposition

- Respondent says different things to different people about the same thing and plays one against the other.
- Rude, ignorant, talking to her is difficult.
- Her client disposition is negative. She thinks that I never do enough as far as helping her. She's negative towards other people.
- Still looks at respondent as a child. Still tells her how things should be done.

None

- I have no problems. I can handle anything that comes along.
- It's hard but it's not difficult because she is a good patient and a good mother.

- There is no challenge. I am her friend, not a caregiver, and we do things for each other.
- There is none, that's my mom, what can I say.

Concern for client

- My constant concern for her safety as well as her being able to have activities and socialization with others.
- A combination of trying to understand what he is expressing and knowing how serious it is, like a pain, by him being at home alone.
- Having the responsibility of caring for her. Seeing her grow older and more helpless.
- When she gets up in the middle of the night and I'm not sure where she is.
- Keeping track of him, making sure he doesn't wander off. Making sure he doesn't hurt himself. Getting him to bed and his not understanding a whole lot of what you say to him.
- Wondering if you're doing everything that you can. Making sure that he is breathing. Wondering if everything is being done for him that can be done.

Tolerance/patience

- The repetitiveness, same conversations over and over, no comprehension.
- Being able to cope with the things being said over and over. She is very ill and after a time you don't know how to handle it.
- The stress of doing it all.
- The patience required. I just do what a wife should do. No hardship yet.
- She has her own agenda, is kind of manipulative, and as I get older I have less patience. We have two viewpoints of how things should go.

Family member limitations

- She wants me to come around there, and I can't come around. I can't do the things that she wants me to do because of my own disabilities.
- Due to me being disabled—two back surgeries—it is hard to get to her. I'm in about as worse shape as she is.
- The emotional part, because he's ill and there's not much you can do to help.

- Wanting to spend time with her but unable to because of job.
- Having to deal with the rest of the family that are not around—they try to change things that she has set up for her mom.

Giving up independence

- It is very difficult because she wants to be in control; she has to be given the control.
- Trying to get her to do what I ask her to do because she's been an independent woman all of her life. She still wants to do things her way, even when her way is the wrong way.
- Being able to do something that is most convenient for R, as opposed to how R wants to do it.

Client limitations

- The loneliness and despair that respondent feels, grieving the loss of his abilities. The feeling of being trapped, limits on family member's social life.
- The fact of knowing that there is no cure for the things that are wrong with her. Her loss of ability in doing things that she likes to do.
- Dealing with her inability to do the things that she used to do and to offer alternatives for her.

Distance/travel time

- Living in different cities and communicating over the phone. I visit when I can.
- The fact that she is so far away; so if she needs her, she is not able to just jump in the car and be there for her.
- I have my house and going back and forth is too much. There is no one there and it is hard for me to leave him there.

Mobility

- Helping her to get in and out of the bathtub.
- Having to physically help her get to places. Just the physical aspects, having to be the one she holds onto.
- Can't pick her up when she falls on the floor.

Everything/anything

- Taking total responsibility for all aspects of her life. This has been going on for three years.
- Trying to keep everything in line. Remembering everything for both of us.
- No particular situation, but sometimes there are difficult things to deal with.

Transportation

- Transporting her from place to place.
- Lack of help with transportation to doctor. Lack of help meeting her daily and weekly needs like going to grocery stores.

Handling finances

- Controlling her money situation.
- Taking over her finances, day-to-day activities, and taking care of my own household

F2.3. Results for Most Challenging or Difficult Aspect of Being a Caregiver at Three Months

A total of 360 individuals (n=243 for SCP family members and n=117 for WL family members) responded to the three-month family member survey. Responses for SCP family member versus WL members are shown in **Table 3**. The largest proportion of individuals stated that the time commitment/dependence of the client was the most difficult aspect of caregiving for both family groups at three-month follow-up. This difficulty was described by 18.5% of the SCP family members and by 18.8% of the WL family members. Client (poor) disposition was the second most prevalent response for SCP family members (13.2%), but it was only mentioned by 9.4% of the WL family members at three-month follow-up. Over 11% of the respondents in each group stated that there were no particularly difficult aspects of caring for their relative at the time of the three-month follow-up. Health/hygiene issues and client health limitations were reported to be the most difficult aspects of caregiving by approximately 10% of both family groups. Response frequencies for the "Concern for client" code category received the lowest frequencies of all of the descriptive code categories for both groups. The proportion responding to this code for WL family members was only shown separately in the final two columns of **Table 3**, as it was only greater than 5% in the WL family member group when nondescriptive codes (None, DK, N/A) were excluded from the frequency calculations.

Table 3. The Most Difficult Aspect of Caring for a Relative at Three-Month Follow-up

Response	Count	Percentage	Count w/Exclusions	Percentage w/Exclusions
SCP Family Members				
Time commitment	45	18.5	45	22.1
Client disposition	32	13.2	32	15.7
None	28	11.5		
Health/hygiene	25	10.3	25	12.3
Tolerance/patience	23	9.5	23	11.3
Client limitations	23	9.5	23	11.3
Family limitations	17	7.0	17	8.3
Giving up independence.	15	6.2	15	7.4
Concern for client	13	5.3	13	6.4
Other*	22	9.1	11	5.4
Total	**243**		**204**	
WL Family Members				
Time commitment/dependence	22	18.8	22	23.2
None	13	11.1		
Client limitations	12	10.3	12	12.6
Health/hygiene	12	10.3	12	12.6
Client disposition	11	9.4	11	11.6
Family member limitations	10	8.5	10	10.5
Giving up independence	6	5.1	6	6.3
Tolerance/patience	6	5.1	6	6.3
Concern for client			5	5.3
Other	25	21.4	11	11.6
Total	**117**		**95**	
Grand Total	**360**		**299**	

* Nine responses coded as DK, two responses coded as N/A, and 11 other codes were grouped into the "Other" category in the first two columns of **Table 3**.

F2.4 Results for Most Challenging or Difficult Aspect of Being a Caregiver at Nine Months

A total of 186 individuals (n=133 for SCP family members, and n=53 for WL family members) responded to the nine-month family member survey. Responses for SCP family members versus WL members are shown in **Table 4**. The largest proportion of individuals stated that the time commitment/dependence of the client continued to be the most difficult aspect of caregiving for both groups at nine-month follow-up. This response category received 21.1% of the responses for SCP family members and 22.6% for WL family members. "None" was listed as the second most likely response by SCP family members (13.5%). In contrast,

limitations of family members was the second most common response (15.1%) among WL family members. The third most common response for SCP family members was concern for the client, having been mentioned by 12.8% of the SCP family member sample at nine-month follow-up. For WL family members, tolerance for the client was mentioned as the third most difficult aspect of caregiving by 11.3% of the nine-month family WL sample. When nondescriptive codes (None, DK, N/A) were removed from the analysis, concern for the client became the second most common response category for SCP family members. In contrast, family member limitations and tolerance remained the second and third most prevalent responses, respectively, for WL family members at nine-month follow-up once nondescriptive codes were removed from the analysis.

Table 4. The Most Difficult Aspect of Caring for a Relative at Nine-Month Follow up

Response	Count	Percentage	Count w/Exclusions	Percentage w/Exclusions
SCP Family Members				
Time commitment/dependence	28	21.1	28	26.9
None	18	13.5		
Concern for client	17	12.8	17	16.3
Client disposition	13	9.8	13	12.5
Giving up independence	9	6.8	9	8.7
Client limitations	9	6.8	9	8.7
Family member limitations	8	6.0	8	7.7
Health/hygiene	8	6.0	8	7.7
Tolerance/patience	8	6.0	8	7.7
DK	7	5.3		
Other	4	3.0	4	3.8
Other exclusions	4	3.0		
Total	**133**		**104**	
WL Family Members				
Time commitment/dependence	12	22.6	12	27.9
Family member limitations	8	15.1	8	18.6
Tolerance/patience	6	11.3	6	14.0
Health/hygiene	4	7.5	4	9.3
Concern for client	3	5.7	3	7.0
Client limitations	3	5.7	3	7.0
None	3	5.7		
Other	9	17.0		
Other w/exclusions			7	16.3
Missing	5	9.4		
Total	**53**		**43**	
Grand Total	**186**		**147**	

F2.5. Methodology Used to Code Responses to the Question about the Best Thing about the SCP

Codes were developed and a codebook was created using the first 100 responses from the family follow-up surveys as the initial study samples for each of the three open-ended questions about the SCP program. These questions were asked only of SCP family members. New codes were created and added to the codebook as additional data were analyzed to ensure that each response was accurately represented and described. Any time a new code was added, previously coded items were revisited. This iterative process continued until no new codes were added. No response was given more than one code, and if a response contained multiple descriptions, it was assigned to the most logical code. See **Table 5** below for a list of the codes and a description of each. The same codes were used for the two follow-up analyses.

The percentage for each code was calculated in two different ways. First, a percentage was calculated for each code from an all-inclusive total number of responses for each family group. Second, a percentage was calculated for each code using a total that excluded the nondescriptive codes (None, DK, N/A, and Refused). Finally, when applicable, codes that represented smaller percentages (generally less than 5%) were grouped together and summed into an "Other" code. Data were analyzed in the same way for all open-ended questions.

Table 5 provides a listing and description of the codes used to categorize SCP Family Member responses to the open-ended question, "What is the best thing about the SCP?"

Table 5. Codes and Descriptions for the Best Thing about the SCP

Code	Description
Companionship	Family member likes that the Senior Companion talks to the elderly individual and/or does other activities to keep the client company.
Avoids loneliness	Family member likes the way that the Senior Companion's presence helps the client to avoid feeling lonely. Family member *specifically* mentions that the Senior Companion helps the client avoid being lonely.
Advice	Family member likes that the client is able to get advice and/or discuss personal problems with the Senior Companion.
Information source	Family member likes that the Senior Companion provides information or knowledge about the client to the Family Member. Or, Senior Companion helps raise the client's awareness of community events, news, etc.
Reliability/necessity	Family member likes that the Senior Companion is readily available to help the client. The family member appreciates that the Senior Companion is available to help with ADL/IADL necessities that the client cannot accomplish on his/her own.
Domestic help	Family member likes that the Senior Companion helps the client with cleaning, meals, groceries, shopping, and/or errands.
Travel	Family member likes that the Senior Companion can provide transportation/ assistance so that the client is able to have outings/run errands.
Caregiver relief	Senior Companion spending time with the client allows the family member to enjoy some downtime away from his/her responsibilities as a primary caregiver.
Companion	General statements indicating that the Senior Companion is good or nice.
Program	General statements indicating that the SCP is good or nice.
None	Family member does not feel that anything is good about the SCP.
DK	Family member cannot think of anything.
N/A	Not applicable. Family member gave an inappropriate or incomprehensible response.

F2.6. Results from the Analysis of the Best Thing about the SCP at Three Months

As shown in **Table 6**, of the 237 responses provided by SCP family members at three-month follow-up, companionship was mentioned most often (40.9%) as the best thing about the program. Over 22% of SCP family members mentioned caregiver relief as the best thing about the program. The third most frequently reported benefit of the program was the reliability/necessity of the actual Senior Companion, being mentioned by 8% of the study sample.

Table 6. What is the Best Thing about the SCP at Three Months?

Response	Code	Percentage	Code w/Exclusions	Percentage w/Exclusions
Companionship	97	40.9	97	43.1
Caregiver relief	53	22.4	53	23.6
Reliability/necessity	19	8.0	19	8.4
Program	18	7.6	18	8.0
Companion	16	6.8	16	7.1
Domestic help	10	4.2	10	4.4
Travel	7	3.0		
None	7	3.0		
DK	4	1.7		
Avoids loneliness	3	1.3		
Advice	1	0.4		
Information source	1	0.4		
N/A	1	0.4		
Other			12	5.3
Total	**237**		**225**	

Sample responses at three months

Advice

- Someone to be able to talk to with wisdom and knowledge.

Avoids loneliness

- That when we are not available she has somebody to visit with and not alone.
- It keeps people over 60 from being at home alone.
- It keeps her from being totally isolated and from being extremely depressed.

Caregiver relief

- The freedom to have a break and do things as this disease progresses.
- It helps to avoid burnout and getting too weary preserves health of caregiver.
- Having somebody there to help takes a load off of the family.
- Relieves me from being tied down. Relief to have someone shower and bathe him.

Companion

- Care she provides. Compassionate, loving, does everything needed.
- My father gets along with him. They sit and talk a lot.
- The Senior Companion has a genuine attitude. She wants to be there and make the client better.

Companionship

- That they come and provide company for someone; outside link as well.
- Having someone to talk and laugh with.
- The companionship.

Domestic help

- Helps her change her sheets, tidy her kitchen.
- Just being there. Having someone there to talk and help with housework.
- He does light housekeeping. Glad to know it exists and is free.
- Fact that someone comes in to help housekeeping.
- Dependability, assistance with preparing meals, helping with light chores.

Information source

- That they assist my father and let me know what is going on.

Program

- The program is wonderful. At first mother was reluctant, but now she looks forward.
- The program has been very helpful.
- I think it is a very good thing overall. I'm very satisfied.

Reliability/necessity

- The reliability of the Senior Companions.
- Can't be praised highly enough—the things they do so people can stay at home.

- Their flexibility and their willingness to see Ben when convenient for him.
- Enables respondent to stay in her own home and allows her to have her own independence.

Travel

- Availability of help, transportation.
- Transportation.
- Availability of transportation. Having someone to check on Mildred.
- I don't know that much about it. She visits her and takes her to the doctor.
- They're available to take her to the doctor, store, etc.

F2.7. Results for the Best Thing about the SCP at Nine Months

As shown in **Table 7**, of the 133 responses provided by SCP family members at nine-month follow-up, companionship was mentioned most often (46.6%) as the best thing about the program. Over 18% of family members mentioned caregiver relief as the best thing about the program at nine-month follow-up. The third most frequently reported benefit of the program was the reliability/necessity of the actual Senior Companion, being mentioned by 9% of the study sample. The code categories with the lowest percentage of responses were "None," "N/A," and "Missing," each of which had a frequency of response of less than 1% (n=1). It is important to note that the sample size was reduced to 128 when nondescriptive codes were excluded. As a result, the percentages reported in the final column of **Table 7** should be interpreted with caution.

Table 7. What is the Best Thing about the SCP at Nine Months?

Response	Code	Percentage	Code w/Exclusions	Percentage w/Exclusions
Companionship	62	46.6	62	48.4
Caregiver relief	25	18.8	25	19.5
Reliability/Necessity	12	9.0	12	9.4
Program	11	8.3	11	8.6
Companion	8	6.0	8	6.3
Other*	10	7.5	10	7.8
Other exclusions**	5	3.8		
Total	**133**		**128**	

* Code categories represented by the "Other" category were: "Domestic help," "Avoid loneliness," and "Transportation."

** Code categories represented by the "Other exclusions" category were: "DK," "None," "N/A," and "Missing."

F2.8. Methodology to Code Responses to the Question about the Worst Thing about the SCP

The same methodology that was used to code the response to the question "What is the best thing about the SCP?" was used to code the response to this question. See "Methodology for the Coding of Response to the Question about the Best Thing about the SCP" in this appendix. The percentage for each code was calculated in two different ways. First, a percentage was calculated for each code from an all-inclusive total number of responses for each family group. Second, a percentage was calculated for each code using a total that excluded the nondescriptive codes (None, DK, and N/A). Finally, when applicable, codes that represented smaller percentages (generally less than 5%) were grouped together and summed into an "Other" code.

Table 8 provides a listing and description of the codes used to categorize SCP Family Member responses to the open-ended question, "What is the worst thing about the SCP?"

Table 8. Codes and Descriptions for the Worst Thing about the SCP

Code	Definition
Companion behavior	The family member is irritated by the Senior Companions' behavior.
Companion limitations	The family member feels that the Senior Companion is not healthy enough. Due to his/her limited stamina, the companion is unable to fulfill all of the clients' needs.
DK	The family member reported that he/she didn't know of any problems with the SCP.
Excessive time	The family member felt that the Senior Companion spent too much time with the client.
Limited companions	The family member felt that there were not enough Senior Companions available through SCP.
Limited help	The family member felt that the SCP/Senior Companion did not offer enough help to meet the clients' needs.
Limited time	The family member felt that the Senior Companion did not spend enough time with the client.
N/A	Not applicable. The response was not appropriate or the Family Member did not coherently answer the question.
None	The family member felt that there were no problems with the SCP.
SCP rules/program inconsistencies	The family member does not like the limitations set by the SCP. The family member may feel that the SCP has too many inconsistencies in its organization, rules, or administrative practices.

F2.9. Results from the Analysis of the Worst Thing about the SCP at Three Months

As shown in **Table 9**, of the 243 SCP family members who responded to this open-ended question at nine-month follow-up, 56.4% had responses that were coded into the "None" category. The limited amount of time provided by the Senior Companion received the next largest response (12.8%). When nondescriptive codes were eliminated from the analysis, the proportion of respondents that was concerned about the limited amount of time provided by Senior Companions increased markedly to 36.9%. Similarly, once nondescriptive codes were eliminated, we found that 17.9% of SCP family members were concerned with factors related to the Senior Companions' behavior. In addition, when excluding nondescriptive codes from the analysis, the rules and policies of the SCP were considered to be the worst thing about the program by another 17.9% of SCP family respondents. It should be noted that the sample size was reduced to 84 when all nondescriptive codes were excluded. As a result, the percentages reported in the final column of **Table 9** should be interpreted with caution.

Table 9. What is the Worst Thing about the SCP at Three Months?

Response	Count	Percentage	Count w/Exclusions	Percentage w/Exclusions
None	137	56.4		
Limited time	31	12.8	31	36.9
DK	21	8.6		
Companion behavior	15	6.2	15	17.9
SCP rules/policies	15	6.2	15	17.9
Companion limitations	10	4.1	10	11.9
Limited help	7	2.9	7	8.3
Limited companions	5	2.1	5	6.0
Excessive time	1	0.4	1	1.2
Refused	1	0.4		
Total	**243**		**84**	

Sample responses at three months

Companion behavior

- Sometimes they are a little bossy—nothing serious.
- Sometimes they are either late or don't show up.
- Some people who are employed by the SCP services don't have the patients' interest at heart and don't care about the patient.

Companion limitations

- The companion has a language barrier and it is difficult for her father to communicate with him.
- It's hard to get somebody well enough to be able to do things.
- Transportation schedule of Senior Companion.
- Some of the Senior Companions are not able to help as much because they are in pretty bad shape health-wise as well.

Excessive time

- Four hours may be too long.

Limited companions

- It would be nice if they had more Senior Companions that could get about.
- They should have more Senior Companions. I think my wife should have two Senior Companions each week.

Limited help

- I don't know that much about it. Is she supposed to cook? Clean? Seems her services are limited.
- That the lady that used to come does not give her a bath anymore and [she] would really like that.
- Lack of ability to do various things that mother may need, such as helping her go the bathroom, prepare meals, etc.

Limited time

- The Senior Companion does not come often enough. Would love to have someone come everyday.
- Not enough time and days for the companion to come and help client.
- We live in a rural area so we can only get her one day.
- That she is limited to a certain number of hours per week. There are times when there are things to be done that take more than nine hours a week. More flexibility.

None

- Nothing.
- I have no gripe against them.
- I don't think there are any. They do a terrific job, all of them.

SCP rules/program inconsistencies

- Don't think I know enough about it and [they have] not been communicated to me about the services SCP provides.
- Selection of the companion aide.
- I don't know of anything bad about it. I have concerns about the selectivity of the companions—how well they can be trusted, etc.

F2.10. Results for the Worst Thing about the SCP at Nine Months

As shown in **Table 10**, of the 133 SCP family members who responded to the open-ended question, "What is the worst thing about the SCP?" 51.9% had responses that were coded into the "None" category. The response code "Don't know" received the next highest response (9.8%). The code with the smallest proportion of responses was companion limitations (6.8%). When nondescriptive codes were excluded from the analysis, we found that 24% of SCP family members were dissatisfied with the limited help that the Senior Companions provided to meet the client's needs. The response categories related to Senior Companion behavior and the limited time with Senior Companions also had a high proportion of responses (22%, respectively) when nondescriptive codes were excluded. Please note that the sample size was reduced to 51 when nondescriptive codes were excluded. As a result, the percentages reported in the final column of **Table 10** should be interpreted with caution.

Table 10. What is the Worst Thing about the SCP at Nine Months?

Response	Code	Percentage	Code w/Exclusions	Percentage w/Exclusions
None	69	51.9		
DK	13	9.8		
Limited help	12	9.0	12	23.5
Companion behavior	11	8.3	11	21.5
Limited time	11	8.3	11	21.5
Limited companions	8	6.0	8	15.6
SCP rules/inconsistencies			5	9.8
Companion limitations			4	7.8
Other*	9	6.8		
Total	**133**		**60**	

* Code categories represented by the "Other" category were "SCP rules/Inconsistencies" and "Companion limitations."

F2.11. Methodology to Code Responses to the Question about What Could Be Done to Improve the SCP

The same methodology that was used to code responses to the question "What is the best thing about the SCP?" was used to analyze this question. See "Methodology for the Coding of Response to the Question about the Best Thing about the SCP" in this appendix. The percentage for each code was calculated in two different ways. First, a percentage was calculated for each code from an all-inclusive total number of responses for each family group. Second, a percentage was calculated for each code using a total that excluded the nondescriptive codes (None, DK, and N/A). Finally, the codes that represented smaller percentages (generally less than 5%) were grouped together and summed into an "Other" code.

Table 11 provides a listing and description of the codes used to categorize SCP Family Member responses to the open-ended question, "What could be done to improve the SCP?"

Table 11. Codes and Description of Things to be Done to Improve the SCP

Code	Definitions
Caregiver relief	The family member feels that the program would improve if it were structured so he/she had more time free from caregiving responsibilities.
Change/increase hours	The family member would like a change/increase in the amount/ allocation of time that the Senior Companion spends with the client.
Change/increase money	The family member would like a change/increase in the stipend the Senior Companion receives for their time and mileage.
DK	Don't know (if changes are needed).
Domestic help	The family member would like the Senior Companion to complete various household chores.
Health/hygiene	The family member would like help with the clients' health/hygiene needs.
N/A	Not applicable. The response was not appropriate or the family member did not coherently answer the question.
None	No changes needed.
Reliability	The family member feels that the program or Senior Companion is not reliable. The Senior Companion may not show up on time or complete scheduled tasks.
Service quality	An increase in the quality of services the Senior Companion/SCP provides is needed.
Service quantity	An increase in the quantity of services the Senior Companion/SCP provides is needed.
Travel	The family member would like the Senior Companion to take the client places (e.g., doctor, grocery).

F2.12. Results from the Analysis of What Can Be Done to Improve the SCP at Three Months

As shown in **Table 12**, of the 243 SCP Family Members who responded to the open-ended question, "What could be done to improve the SCP?" the largest proportion of respondents stated that there was nothing that could be done to improve the program (33.3%). The overall suggestion to change/increase the number of hours spent with Senior Companions received the second highest proportion of responses (22.2%) The suggestion to increase funding for the program had the smallest proportion of responses (1.6%). When nondescriptive codes were excluded, the suggestion to change/increase hours of Senior Companions was reported by the largest proportion of respondents (42.2%), followed by the suggestion to improve service quality, with 14.8% of the responses.

Table 12. What Could Be Done to Improve the SCP at Three Months?

Response	Code	Percentage	Code w/Exclusions	Percentage w/Exclusions
None	81	33.3		
Change/increase hours	54	22.2	54	42.2
DK	29	11.9		
Service quality	19	7.8	19	14.8
Health/hygiene	14	5.8	14	10.9
Travel	10	4.1	10	7.8
Domestic help	9	3.7	9	7.0
Reliability	8	3.3	8	6.3
Service quantity	5	2.1		
Caregiver relief	5	2.1		
N/A	5	2.1		
Change/increase money	4	1.6		
Other			14	10.9
Total	**243**		**128**	

Sample responses at three months

Caregiver relief

- More relief for personal time for the caregiver.
- SCP could provide services at more times and caregivers should be able to interact with agencies to get help when needed and get more hands-on assistance.
- Arrange for the companion to come more frequently, because the client's wife, his primary caregiver, needs more time to herself, she rarely gets any.

Change/increase hours

- If he could have more time with a companion or other groups of people.
- Offering the nighttime hours.
- More flexible times or people to fit the grandmother's schedule. She needs more options.

Change/increase money

- Hire someone to keep the drivers so that the Senior Companion gets around better. More grant money to pay the drivers more.

- They should pay them more money. They are going out of the way. It would make more senior citizens willing to do it.

Health/hygiene

- Getting someone who can minister to physical and personal hygiene needs.
- They should have a broader base as far as her care. For example, help her with bathing and personal hygiene, would be nice if they could take her someplace.
- Would like to have her to be able to fix her meals in the morning along with her medicine. Be more capable of giving her a bath.

Domestic help

- If they were allowed to do more, such as housekeeping chores or vacuum; helping her with cleaning.
- Need someone to do heavier work.
- Volunteer with outside work, for example—when it snows and when leaves need to be raked.

None

- I really don't have any, very much satisfied.
- None, they do what she wants.
- As of now, nothing—seems to be a pretty good program.

Reliability

- Don't know if a change needs to be made except a little better communication about when the companion will be visiting with Ms. Hopkins next.
- More accountability as far as the consistency of visits.
- They could be trained to be a little more reliable and more courteous.

Service quality

- I'd like to see more of a case management approach. There is no one coordinating all this—lack of shared information. If agencies worked together better, [they would be better] able to support senior citizens.

- I would like to see the person come as a friend, not as a babysitter or employee—let's go out for a lunch or to the store—just as a companion.

- They need training.

Service quantity

- Maybe just to assess what personal services she needs; to monitor her situation and address any changes that may need to be made.

- I think that she is going to need more help eventually.

- Allotting more companions to people in need.

Travel

- Take her to the pharmacy or grocery; we weren't aware that she could be driven. Mainly being there in case she had a fall while showering.

- Take her to run errands and do other things for her.

- A companion that could drive and one that could walk and take Mr. Smart with him, and someone that could go with him to his doctors' appointments.

F2.13. Results from the Analysis of What Can Be Done to Improve the SCP at Nine Months

As shown in **Table 13**, of the 133 SCP Family Members who responded to the open-ended question, "What could be done to improve the SCP?" the largest proportion (39.8%) responded "None." The suggestion to change/increase hours received the second largest proportion of responses (14.3%). Suggestions to change/increase the amount of money for the program and "None" were the response codes with lowest frequency (less than 1% each). When nondescriptive codes were excluded, the suggestion to change/increase hours received the largest proportion of responses (30.2%), followed by the request for domestic help (receiving 19% of the responses). Please note that the sample size was reduced to 63 when nondescriptive codes were excluded. As a result, the percentages reported in the final column of **Table 13** should be interpreted with caution.

Table 13. What Could be Done to Improve the SCP at Nine Months?

Response	Code	Percentage	Code w/Exclusions	Percentage w/Exclusions
None	53	39.8		
Change/increase hours	19	14.3	19	30.2
DK	16	12.0		
Domestic help	12	9.0	12	19.0
Service quality	11	8.3	11	17.5
Other	22	16.5	6	9.5
Reliability			6	9.5
Health/hygiene			5	7.9
Service quantity			4	6.3
N/A				
Total	**133**		**63**	