

# NIAAA Required Outcome Questions



**SA** = Strongly Agree  
**A** = Agree  
**NS** = Not Sure

**D** = Disagree  
**SD** = Strongly Disagree

## What types of assistance were you helped with?

### Information & Assistance

	SA	A	NS	D	SD
I received the help I needed.	[ ]	[ ]	[ ]	[ ]	[ ]
I was offered assistance with other programs/services.	[ ]	[ ]	[ ]	[ ]	[ ]
I have more knowledge about senior benefit programs.	[ ]	[ ]	[ ]	[ ]	[ ]
Because of the help I received, I have more money to spend On other needs.	[ ]	[ ]	[ ]	[ ]	[ ]

The approximate value of the benefits I received was \$ \_\_\_\_\_

### Caregiver Assistance

	SA	A	NS	D	SD
I was offered support for my own needs as a caregiver.	[ ]	[ ]	[ ]	[ ]	[ ]
My health and outlook on life improved because of this service.	[ ]	[ ]	[ ]	[ ]	[ ]
I received the information I requested.	[ ]	[ ]	[ ]	[ ]	[ ]
I received the help I needed for the person I was caring for.	[ ]	[ ]	[ ]	[ ]	[ ]
I provide better assistance to the person I am caring for because of the information I received.	[ ]	[ ]	[ ]	[ ]	[ ]

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## Congregate Meals

<b>Because of the meal site program:</b>	SA	A	NS	D	SD
I eat a more nutritious diet.	[ ]	[ ]	[ ]	[ ]	[ ]
It is easier to keep to the special diet prescribed by my doctor.	[ ]	[ ]	[ ]	[ ]	[ ]
I have maintained a healthy weight.	[ ]	[ ]	[ ]	[ ]	[ ]
I have something to look forward to.	[ ]	[ ]	[ ]	[ ]	[ ]
I save money on my food bill.	[ ]	[ ]	[ ]	[ ]	[ ]
How long have you participated in the program? _____years					

## Home Delivered Meals

<b>Since receiving home delivered meals:</b>	SA	A	NS	D	SD
I eat a more nutritious diet.	[ ]	[ ]	[ ]	[ ]	[ ]
It is easier to keep the special diet prescribed by my doctor.	[ ]	[ ]	[ ]	[ ]	[ ]
I have maintained a healthy weight.	[ ]	[ ]	[ ]	[ ]	[ ]
I have something to look forward to.	[ ]	[ ]	[ ]	[ ]	[ ]
The meals help me stay in my own home.	[ ]	[ ]	[ ]	[ ]	[ ]
Receiving the meals has added to my peace of mind	[ ]	[ ]	[ ]	[ ]	[ ]
I have received home delivered meals for _____years.					

## Transportation

<b>Since using the transportation service:</b>	SA	A	NS	D	SD
I get around more than I did before I had this service.	[ ]	[ ]	[ ]	[ ]	[ ]
I rely on this service for all or most of my local trips.	[ ]	[ ]	[ ]	[ ]	[ ]
I can continue to live in my home because of this service.	[ ]	[ ]	[ ]	[ ]	[ ]
I am less dependent on family and friends for rides.	[ ]	[ ]	[ ]	[ ]	[ ]

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## Health Promotion

I have used information presented in the program.      SA      A      NS      D      SD  
[ ]   [ ]   [ ]   [ ]   [ ]

If SA or A was marked, what information was used?

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The program helped me with specific concerns or questions.      [ ]      [ ]      [ ]      [ ]      [ ]

If SA or A was marked, how did it help?

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I have made changes because of what was learned?      [ ]      [ ]      [ ]      [ ]      [ ]

If SA or A was marked, what changes have been or will be made?

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My health and outlook on life has improved because of this service?      [ ]      [ ]      [ ]      [ ]      [ ]

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## Let's finish with some basic background information about you:

What is your 5-digit zip code? \_\_\_\_\_

**Age:**      Under 60, 60-64, 65-74, 75-84, 85+

- Gender:**     Female     Male  
 Female to Male/Transgender Male       Male to Female/Transgender Female  
 Not listed above, please specify \_\_\_\_\_  
 Decline to answer

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**Your Ethnicity:**     Not Hispanic or Latino                       Hispanic or Latino

**Your Race:** (Check all that apply)

- American Indian or Native Alaskan
- Asian or Asian American
- Black or African American
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other Race \_\_\_\_\_
- 2 or More Races

**County:**

Boone,                      Carroll,                      DeKalb,                      Jo Daviess,  
Lee,                      Ogle,                      Stephenson,                      Whiteside,                      Winnebago

**Living Arrangements:**

Does not live alone  
Lives Alone – has an identified caregiver,                      Lives Alone – no identified caregiver