



Dear Customer,

The Aging Resource Center (ARC) of Milwaukee County and the State of Wisconsin are working together to improve the ADRCs and their services across the state. We want to learn from you about your recent contact with the ARC.

If a friend or family member was with you for the conversation with the Resource Center or helped you with the experience, you may want to complete the survey with them.

If you don't know an answer or a question does not apply to you, please feel free to skip that question. Please take the time to complete this survey. Your opinions are important to us.

Thank you,

Holly Davis

Holly Davis, Director Milwaukee County Department of Aging
ARC of Milwaukee County

GETTING STARTED

Q1 How did you first find out about the Aging and Disability Resource Center (ADRC)? (Please check all that apply.)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Family or friend | <input type="checkbox"/> Brochure | <input type="checkbox"/> Television |
| <input type="checkbox"/> Health care provider | <input type="checkbox"/> Resource guide | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Assisted living | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Nursing home | <input type="checkbox"/> Information fair | <input type="checkbox"/> Phone book |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Poster or flyer | <input type="checkbox"/> ADRC sign |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Billboard | |

Q1a Where do you get information about services available to older adults living in Milwaukee County?

- | | | |
|--|--|---|
| <input type="checkbox"/> City of Milwaukee | <input type="checkbox"/> Department of Aging | <input type="checkbox"/> Public Health Department |
| <input type="checkbox"/> Milwaukee County | <input type="checkbox"/> Interfaith | <input type="checkbox"/> Aging Resource Center |

Q2 Did you contact the ADRC for yourself or on behalf of someone else?

- | | |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Someone Else |
|-------------------------------|---------------------------------------|

Q3 What did you contact the ADRC about? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Help staying in my home | <input type="checkbox"/> Help finding a device like a walker |
| <input type="checkbox"/> Help finding housing with services | <input type="checkbox"/> Concern about memory loss |
| <input type="checkbox"/> Medicare or other insurance questions | <input type="checkbox"/> Help with services needed after high school |
| <input type="checkbox"/> Information about Family Care or IRIS | <input type="checkbox"/> Help paying for services |
| <input type="checkbox"/> To appeal Medicaid decision | <input type="checkbox"/> Caregiver services or information |
| <input type="checkbox"/> Help with a disability | <input type="checkbox"/> General information |

Other:

Q4 At the time you contacted the ADRC, were you... (Please check all that apply.)

☐

Planning ahead

☐

Needing help immediately

☐

Deciding what to do next

☐

Reconsidering a decision

Q5 Was this your first time talking with an ADRC?

☐

Yes

☐

No, I spoke to them in the past 12 months

☐

I spoke to them 1 to 3 years ago

☐

I spoke to them more than 3 years ago

Q6 Did the ADRC refer you to any other place for a service or for more information?

☐

Yes

☐

No

Q7 If you contacted the other service, are you receiving the service that you were seeking?

☐

Yes

☐

No

Q7a If no, is it because... (Please check all that apply.)

☐

Haven't called yet but I plan to

☐

Phone number not working

☐

Decided not to contact

☐

Program not available

☐

Service was not what I needed

☐

I was not eligible

GETTING IN TOUCH WITH THE ADRC

Q8 Please tell us about your most recent experience with the ADRC.

	Yes	No
The phone number was easy to find.....	<input type="checkbox"/>	<input type="checkbox"/>
My calls were returned promptly.	<input type="checkbox"/>	<input type="checkbox"/>
Their hours were convenient for me	<input type="checkbox"/>	<input type="checkbox"/>

Q9 How many times have you spoken with an ADRC staff member, not including leaving a message?

☐

Once

☐

2-3 times

☐

More than 3 times

Q10 How many times did you explain your situation to an ADRC staff person before someone helped you?

☐

Once

☐

2-3 times

☐

More than 3 times

Q11 Did you feel concerned about the privacy of your conversation?

☐

Yes

☐

No

VISITING IN YOUR HOME

Q12 After you called the ADRC, how long was it until the staff person came to your home or met with you in person?

- ☐ Within a week
 ☐ We met somewhere other than my home
☐ A week or longer
 ☐ No one from the ADRC came to my home
☐ They scheduled a visit, but haven't come yet

Q13 When you met with the ADRC staff person, was the timing...

- ☐ Too soon
 ☐ Just right
 ☐ Longer than I hoped

Q14 Were they better able to help you because they met you in person?

- ☐ Yes
 ☐ No

Q15 Did they take enough time to get to your concerns?

- ☐ Yes
 ☐ No

THE ADRC STAFF

Q16 The staff person at the ADRC...

	Excellent	Good	Fair	Poor
Was knowledgeable of the programs or services in our area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made it easier to get the information you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained each step	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got an understanding of your needs and preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided reliable information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got a sense of what fits in your budget.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped with paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you navigate the system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you consider the pros and cons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Told you the cost of each option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you use your money wisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you consider your future needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17 Is there one person you consider your main contact at the ADRC?

- ☐ Yes
 ☐ No

Q18 Did the staff person let you know what to expect next?

- ☐ Yes
 ☐ No

Q19 Did someone from the ADRC follow-up with you?

- ☐ Yes
 ☐ No

Q19a If no, would you have liked to have had someone call to follow-up with you?

- ☐ Yes
 ☐ No
 ☐ They asked, I said no

LOOKING BACK ON YOUR VISIT

Q20 Overall, how would you rate your experience with the ADRC?

☐

Excellent

☐

Good

☐

Fair

☐

Poor

Q21 How useful was the help you received from the ADRC?

☐

Very useful

☐

Somewhat useful

☐

Not very useful

☐

Not at all useful

Q22 How useful was the information you received from the ADRC?

☐

Very useful

☐

Somewhat useful

☐

Not very useful

☐

Not at all useful

Q23 Were you ever overwhelmed by too much information provided by the ADRC?

☐

Yes

☐

A little

☐

No

Q24 Did the information you received from the ADRC help you make a decision or find the service you needed?

☐

Yes

☐

No

YOUR PEACE OF MIND

Q25 How important are these things to you?

Very important

Somewhat
important

Not important

A. The ADRC has no financial interest in your decisions.....

☐☐☐

B. The ADRC does not charge for information

☐☐☐

Q26 After your conversation with the ADRC, how confident are you that you have the information you need to make an informed decision?

☐

Very confident

☐

Somewhat confident

☐

Not confident

Q27 Did the ADRC help you to stay in your home when you might otherwise have needed nursing home care or moved to an assisted living facility?

☐

Yes

☐

No

☐

This question
does not apply.

Q28 Would you recommend the ADRC to someone else?

☐

Yes

☐

No

Thank you for taking the time to complete this survey!
Please return the survey in the self-addressed, stamped envelope.