



Appendix B Companionship-Transportation Survey Retired Senior Volunteer Program (RSVP)

Thank you for taking the time to complete this survey. We would like to know how the RSVP Volunteers who have been assisting you have affected your life. All information will be kept confidential; please do not disclose your name. You may choose not to answer questions. Please check the appropriate box for each question. A self addressed stamped envelope is enclosed for your convenience.

Because I have a RSVP volunteer...	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Not applicable
I feel less lonely.					
I feel I have close ties to more people.					
I can remain living in my home.					
I am able to get to medical appointments.					
I am able to get to the grocery store.					
I am able to take care of other necessary errands/appointments.					
Overall, I am satisfied with my RSVP volunteer driver.					
Overall, I am satisfied with the RSVP receptionist who scheduled my trip.					
Overall RSVP has met my expectations.					

The following questions are optional, but your answers will assist RSVP in improving our access for clients with limited English proficiency (LEP).

Race and Hispanic Origin	
Please Check One	
White alone	
Black or African American alone	
American Indian and Alaska Native alone	
Asian	
Native Hawaiian and Other Pacific Islander alone	
Two or More Races	
Hispanic or Latino	
White alone, not Hispanic or Latino	

<i>Your Command of the English Language</i>	
Please Check One	
Excellent	
Good	
Fair	
Poor	

Please feel free to share any comments regarding the RSVP Non-Emergency Medical Transportation Program on the back.

