

Linn County: Innovations in Nutrition Program
Awareness Questionnaire

The purpose of this questionnaire is to assess your awareness of the nutrition programs and services offered by the Heritage Area Agency on Aging.

Thank you for your assistance!

Please circle the appropriate number to indicate your level of awareness about the following services **BEFORE November 2017** and **AFTER September 2018**.

Please use the following key for rating:

1. Very Low (Don't know anything about this program or service)
2. Low (Know very little about this program or service)
3. Moderate (Aware of this program or service but there are more things to learn)
4. High (Have a good knowledge about this program or service but there are things to learn)
5. Very High (Know almost everything about this program or service)

How do you rate your awareness about:	BEFORE NOVEMBER 2017					AFTER SEPTEMBER 2018				
	Very Low	Low	Moderate	High	Very High	Very Low	Low	Moderate	High	Very High
Adult day care/day health	1	2	3	4	5	1	2	3	4	5
Assisted transportation	1	2	3	4	5	1	2	3	4	5
Chore (help in the home)	1	2	3	4	5	1	2	3	4	5
Congregate Meal Program	1	2	3	4	5	1	2	3	4	5
Elder Abuse Prevention Awareness (EAPA) assessment and intervention	1	2	3	4	5	1	2	3	4	5
EAPA counseling	1	2	3	4	5	1	2	3	4	5
Evidence-based health programs, i.e. fall prevention, Chronic Disease Self-Management	1	2	3	4	5	1	2	3	4	5
Health promotion, disease prevention	1	2	3	4	5	1	2	3	4	5
Homemaker	1	2	3	4	5	1	2	3	4	5

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4. High (Have a good knowledge about this program or service but there are things to learn)
5. Very High (Know almost everything about this program or service)

How do you rate your awareness about:	BEFORE NOVEMBER 2017					AFTER SEPTEMBER 2018				
	Very Low	Low	Moderate	High	Very High	Very Low	Low	Moderate	High	Very High
Material aid	1	2	3	4	5	1	2	3	4	5
Nutrition Education	1	2	3	4	5	1	2	3	4	5
Options counseling	1	2	3	4	5	1	2	3	4	5
Personal care	1	2	3	4	5	1	2	3	4	5
Transportation	1	2	3	4	5	1	2	3	4	5

The following questions provide us with information about those who are completing the questionnaire.

1. Select the type of agency/organizations for whom you work. (Mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Area Agency on Aging | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Church | <input type="checkbox"/> Private health care practice |
| <input type="checkbox"/> Department of Human Services | <input type="checkbox"/> Public health department |
| <input type="checkbox"/> Extension and Outreach | <input type="checkbox"/> Retirement community/Senior housing |
| <input type="checkbox"/> Home health | <input type="checkbox"/> Volunteer agency |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Library | |

2. How long have you worked for your current agency/organization?

Months Year(s)

3. **Before November 2017**, how likely were you to refer adults age 60 years and older to the congregate meal program and services?

Very Unlikely

Somewhat Unlikely

Neutral

Somewhat Likely

Very Likely

4. **After September 2018**, how likely are you to refer adults age 60 years and older to the congregate meal program and services?

Very Unlikely

Somewhat Unlikely

Neutral

Somewhat Likely

Very Likely

5. **Between November 2017 and September 2018**, how many adults age 60 years and older have you referred to the congregate meal program and services?

None

1 to 4

5 to 9

10 to 14

15+

END OF QUESTIONNAIRE. THANK YOU.