

Approaching Retirement Federal Resource Guide Pilot: Questionnaire

Introduction

You recently completed a session with one of our counselors to better understand the benefits available to you as you approach retirement. We are conducting a pilot to improve the Approaching Retirement Federal Resource Guide and would appreciate your feedback on the Guide. Please respond to the questions below to the best of your ability.

If you are interested in providing additional detail on your experience with the Approaching Retirement Federal Resource Guide in a short interview, you will be asked to enter your contact information at the bottom of the questionnaire and a representative from the Administration for Community Living (ACL) will contact you.

We will use the feedback from this questionnaire to identify opportunities to improve the Federal Resource Guide. None of the responses will be attributed to specific individuals and all responses will remain confidential. The results from this pilot will be made available at www.performance.gov.

This data collection has been approved by the Office of Management and Budget (OMB). The OMB Control Number for this survey is 0985-0080. If you would like to comment on this data collection or confirm that this is a valid collection, please contact Maggie Flowers at ACL at 202-795-7315.

Public Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0080). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary.



Questionnaire

1. Are you willing to participate in this questionnaire?
 - Yes (go to first question)
 - No (end the questionnaire)

2. Please enter the date of your counseling session. (If you are not sure of the date, please enter your best approximation.) _____

3. At which agency did you receive counseling?
 - Washington SHIP Program
 - Elder Law of Michigan, Inc.
 - Chicanos por la Causa, Inc., Keogh Health Connection
 - Jin Huo Community Inc. (Formerly Asian in Action Ohio)
 - AgeOptions
 - The Korean Community Service Center of Greater Washington

4. What was the primary topic(s) of your counseling session? *Choose all that apply:*
 - Healthcare
 - Finances
 - Benefits
 - Other: _____

Please indicate your level of agreement with each of the following statements:

5. The *Federal Resource Guide* will help me obtain the benefits I need.

<input type="checkbox"/> Completely Agree	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Neither Agree nor Disagree	<input type="checkbox"/> Somewhat Disagree	<input type="checkbox"/> Completely Disagree
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6. The *Federal Resource Guide* was provided to me at a time that was useful to my decision-making process.

<input type="checkbox"/> Completely Agree	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Neither Agree nor Disagree	<input type="checkbox"/> Somewhat Disagree	<input type="checkbox"/> Completely Disagree
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7. The *Federal Resource Guide* reduced my level of worry about the financial decisions I need to make.

<input type="checkbox"/> Completely Agree	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Neither Agree nor Disagree	<input type="checkbox"/> Somewhat Disagree	<input type="checkbox"/> Completely Disagree
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8. The *Federal Resource Guide* reduced my level of worry about the healthcare decisions I need to make.

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Somewhat Agree | <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Somewhat Disagree | <input type="checkbox"/> Completely Disagree |
|---|---|---|--|--|

9. The *Federal Resource Guide* made the process of obtaining benefits easier to understand.

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Somewhat Agree | <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Somewhat Disagree | <input type="checkbox"/> Completely Disagree |
|---|---|---|--|--|

10. The information provided in the *Federal Resource Guide* is clear.

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Somewhat Agree | <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Somewhat Disagree | <input type="checkbox"/> Completely Disagree |
|---|---|---|--|--|

11. The information provided in the *Federal Resource Guide* is comprehensive (i.e., nothing is missing).

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Somewhat Agree | <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Somewhat Disagree | <input type="checkbox"/> Completely Disagree |
|---|---|---|--|--|

12. The *Federal Resource Guide* is written in a language I can read and understand.

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Somewhat Agree | <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Somewhat Disagree | <input type="checkbox"/> Completely Disagree |
|---|---|---|--|--|

13. As a result of the *Federal Resource Guide*, I know the next step I need to take to obtain benefits.

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Somewhat Agree | <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Somewhat Disagree | <input type="checkbox"/> Completely Disagree |
|---|---|---|--|--|

14. What improvements would you recommend to the *Federal Resource Guide*?

15. Do you wish to provide additional information about the *Federal Resource Guide* in a short interview (to be scheduled at a later date)? If yes, please provide your contact information below.

Name: _____

Phone: _____

Email: _____

