

**NAME:**

**DATE:
ROLE: MENTOR MENTEE**

**Thank you for joining in the *Peer Up!* program and for completing this survey.**

**Please answer all of the questions in this survey as best you can. If at any time you have a question, need to take a break, or want to finish it at another time, please see a *Peer Up!* staff person.**

**We estimate that this survey should take about 5 minutes.**

**Please know that all of your responses will be kept confidential. We will not share any of your responses with other patients or facility staff. Also, your responses will not affect your Medicare benefits in any way.**

**Your time, effort, and honesty are greatly appreciated!**

**People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Circle one number on each line.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **None of the time** | **A little of the time** | **Some of the time** | **Most of the time** | **All of the time** |
| 1. Someone you can count on to listen to you when you need to talk
 | 1 | 2 | 3 | 4 | 5 |
| 1. Someone to give you information to help you understand a situation
 | 1 | 2 | 3 | 4 | 5 |
| 1. Someone to give you good advice about a crisis
 | 1 | 2 | 3 | 4 | 5 |
| 1. Someone to confide in or talk to about yourself or your problems
 | 1 | 2 | 3 | 4 | 5 |
| 1. Someone whose advice you really want
 | 1 | 2 | 3 | 4 | 5 |
| 1. Someone to share your most private worries and fears with
 | 1 | 2 | 3 | 4 | 5 |
| 1. Someone to turn to for suggestions about how to deal with a personal problem
 | 1 | 2 | 3 | 4 | 5 |
| 1. Someone who understands your problems
 | 1 | 2 | 3 | 4 | 5 |