

RTI International
NPRC Outcomes Evaluation
Peer Mentor Survey¹

Section 1. Introduction

The Administration for Community Living (ACL) has contracted with RTI International for an evaluation of the **National Paralysis Resource Center (NPRC)**, which is implemented by the Reeve Foundation. The purpose of this evaluation is to learn more about the Reeve Foundation's programs and what lessons can be learned to inform other ACL programs.

As part of this evaluation, RTI needs your help. You have been specially selected to participate in this survey of peer mentors serving their community through the Reeve Foundation's programs. Your participation in this survey will ensure that the evaluation captures the full range of mentors' experiences and outcomes.

Section 2. Mentoring experience

(Required) Q1. Are you currently volunteering as a mentor through the Reeve Foundation?

- a. Yes
- b. No **[PROGRAMMER: GO TO END1]**

(Required) Q2. Which of the following choices best described you when you volunteered to be a peer mentor?

- a. Someone living with paralysis
- b. Caregiver to someone living with paralysis

Q3. Approximately when did you mentor the first peer assigned to you?

- a. 6 months or less
- b. More than 6 months but less than 1 year ago
- c. 1–2 years ago
- d. More than 2 years ago
- e. I have not mentored a peer yet **[PROGRAMMER: GO TO Q10]**

Q4. Including the first peer, about how many peers have you mentored?

- a. 1–2 peers
- b. 3–5 peers
- c. 6–10 peers
- d. More than 10 peers

Q5. Thinking about your experience as a mentor, how common is it that a peer has only one or two interactions with you? Interactions can be an exchange of emails, a phone call, a video call, or an in-person meeting.

- a. Uncommon (few)
- b. Neither common or uncommon (about half)
- c. Common (most)

Q6. Thinking about the peer that you have mentored the longest, about how many months have you been in contact with that peer?

- a. Less than 3 months
- b. 3–6 months
- c. More than 6 months but less than 1 year ago
- d. 1–3 years
- e. More than 3 years

98. Don't know [only added after a soft prompt]

¹ Unless flagged, questions are not required and will only get a soft prompt encouraging them to answer to the best of their ability.

Q7. Since March 2020, how do you communicate most often with your peer mentees? Please consider all types of communication including checking in on them and meetings.

- a. In face-to-face meetings
- b. By telephone
- c. Using video conferencing
- d. By email
- e. By chat or text messaging
- f. Other (Specify)

Q8. Thinking about the peer with whom you communicate with most frequently, about how frequent are your communications?

- a. Every day
- b. A few times per week
- c. A few times per month
- d. A few times per year

Q9. During the last month, about how many peers did you communicate with?

[PROGRAMMER: NUMERIC ENTRY]

Section 3. Mentoring resources

Q10. Below are characteristics used to match mentors to peers. With 1 being most important and 9 being least, rank the following in order of importance to you in matching mentors to peers.

[PROGRAMMER: USE RANKING FEATURE FOR RESPONSE OPTIONS]

- a. Age
- b. Gender identity
- c. Sexual orientation
- d. Cause of paralysis
- e. Level of injury
- f. Race
- g. Ethnicity
- h. Veteran status
- i. Interests
- j. Where you live
- k. Time since paralysis

[ASK IF Q3=a, b, c, or d] Q11. Thinking across all of your mentor-peer relationships, how would you rate the overall quality of the mentor-peer match?

- a. Poor
- b. Fair
- c. Good
- d. Very good
- e. Excellent

[ASK IF Q3=a, b, c, or d] Q12. Thinking across all your mentor-peer relationships, how would you rate the Reeve Foundation's approach to resolving issues in case of a poor match between you and your peer?

- a. Poor
- b. Fair
- c. Good
- d. Very good
- e. Excellent
- f. Does not apply

Q13. How helpful to you was the initial certification training from the Reeve Foundation in helping you meet peer needs?

- a. I have never attended the initial certification training.

- b. Not at all helpful
- c. Slightly helpful
- d. Somewhat helpful
- e. Moderately helpful
- f. Extremely helpful

Q14. How helpful to you were the occasional webinar-based trainings from the Reeve Foundation in helping you meet peer needs?

- a. I have never attended webinar-based trainings.
- b. Not at all helpful
- c. Slightly helpful
- d. Somewhat helpful
- e. Moderately helpful
- f. Extremely helpful

Q15. How helpful to you were the written resources from the Reeve Foundation in helping you meet peer needs?

- a. I have never used the written resources.
- b. Not at all helpful
- c. Slightly helpful
- d. Somewhat helpful
- e. Moderately helpful
- f. Extremely helpful

Q16. How helpful to you was the Reeve Foundation's Facebook group for mentors in helping you meet peer needs?

- a. I have never used the Facebook group.
- b. Not at all helpful
- c. Slightly helpful
- d. Somewhat helpful
- e. Moderately helpful
- f. Extremely helpful

Q17. How helpful was talking directly to Reeve Foundation staff for you in meeting peer needs?

- a. I have never talked with Reeve Foundation staff about peer mentor needs.
- b. Not at all helpful
- c. Slightly helpful
- d. Somewhat helpful
- e. Moderately helpful
- f. Extremely helpful

Q18. Which resource from the Reeve Foundation is most helpful in supporting you to be a peer mentor?

[PROGRAMMER: USE SKIP LOGIC TO REMOVE RESOURCES FROM THE OPTIONS THEY NEVER USED IN Q13 TO Q17]

- a. Initial certification training
- b. Occasional webinar-based trainings
- c. Written resources
- d. Facebook group for mentors
- e. Reeve Foundation staff
- f. Other (Specify)

Q19. Within the Reeve Foundation resources, which topic has been most helpful to you as a peer mentor?

- a. How to do motivational interviewing
- b. How to improve communication skills
- c. How to help someone manage depression

- d. How to find community-based resources
- e. Other (Specify)
- f. None of the above

Q20. Now thinking about organizations other than the Reeve Foundation, in the past 12 months, have you accessed any mentoring resources (e.g., books, websites) offered by these other organizations?

- a. Yes
- b. No

Q21. In the past 12 months, how many trainings for mentors offered by organizations other than the Reeve Foundation have you attended?

- a. I have not attended any trainings in the past 12 months
- b. 1 training
- c. 2 to 5 trainings
- d. 6 to 10 trainings
- e. More than 10 trainings

Q22. Thinking across all your mentor-peer relationships, what has been your most frequent challenge when in a mentoring relationship?

- a. Difficulty scheduling a mutually convenient time to talk
- b. Not being able to provide emotional support
- c. Not knowing the peer's needs well enough
- d. Not having enough information to address my peer's concerns
- e. Not being able to build a relationship with a peer
- f. Lack of resources available to support a peer
- g. Other (Specify)

Q23. What is your greatest challenge in volunteering as a mentor through the Reeve Foundation?

- a. Receiving too many requests to mentor
- b. Receiving too few requests to mentor
- c. Too much training required
- d. Inadequate training or preparation
- e. Inadequate ongoing support from the Reeve Foundation
- f. Lack of stipend or payment
- g. Other (Specify)

Section 4. Outcomes

Q24. When you started volunteering as a mentor, what did you hope to achieve from participating in the Peer Mentor program? Choose up to three of the following answers.

[PROGRAMMER: USE HIDE OPTION LOGIC FOR FILL INS. UPON SELECTION, SHOW FILL INS FOR Q25 TO Q27.2]

- a. Improve mental health **[FILL IN TEXT: your mental health]**
- b. Feel more confident to take action toward achieving life goals **[FILL IN TEXT: your sense of confidence]**
- c. Strengthen my support network **[FILL IN TEXT: your support network]**
- d. Participate more in community life **[FILL IN TEXT: your ability to participate in community life]**
- e. Improve social skills **[FILL IN TEXT: your ability to relate to others]**
- f. A sense of contribution to the community **[FILL IN TEXT: your contribution to the community]**
- g. Other (Specify) **[FILL IN TEXT: write in reason]**

The following questions will ask about the types of things you hoped to achieve from volunteering in the Peer Mentor program.

Q25. [IF Q2=a, then FILL2="your paralysis"; ELSE IF Q2=b, then FILL2="paralysis in someone you care for"] Thinking about your situation **before** you became a mentor, to what extent did [FILL2] affect [PROGRAMMER: INSERT WITH FILL IN OF FIRST ORDERED SELECTION IN Q24]

1 Not at all	2	3	4 Somewhat	5	6	7 To a great extent
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Q26. On a scale from 1 to 7, how was [PROGRAMMER: INSERT FILL IN TEXT OF FIRST ORDERED SELECTION IN Q24] **just before** becoming a peer mentor?

1 Poor	2	3	4 Neutral	5	6	7 Excellent
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Q27. On a scale from 1 to 7, how is [PROGRAMMER: INSERT FILL IN TEXT OF FIRST ORDERED SELECTION IN Q24] **after** volunteering as a peer mentor?

1 Poor	2	3	4 Neutral	5	6	7 Excellent
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Q25.1 [IF Q2=a, then FILL2="your paralysis"; ELSE IF Q2=b, then FILL2="paralysis in someone you care for"] Thinking about your situation **before** you became a mentor, to what extent did [FILL2] affect [PROGRAMMER: INSERT WITH FILL IN OF SECOND ORDERED SELECTION IN Q24]

1 Not at all	2	3	4 Somewhat	5	6	7 To a great extent
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Q26.1 On a scale from 1 to 7, how was [PROGRAMMER: INSERT FILL IN TEXT OF SECOND ORDERED SELECTION IN Q24] **just before** becoming a peer mentor?

1 Poor	2	3	4 Neutral	5	6	7 Excellent
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Q27.1 On a scale from 1 to 7, how is [PROGRAMMER: INSERT FILL IN TEXT OF SECOND ORDERED SELECTION IN Q24] **after** volunteering as a peer mentor?

1 Poor	2	3	4 Neutral	5	6	7 Excellent
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Q25.2 [IF Q2=a, then FILL2="your paralysis"; ELSE IF Q2=b, then FILL2="paralysis in someone you care for"] Thinking about your situation **before** you became a mentor, to what extent did [FILL2] affect [PROGRAMMER: INSERT WITH FILL IN OF THIRD ORDERED SELECTION IN Q24]

1 Not at all	2	3	4 Somewhat	5	6	7 To a great extent
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Q26.2 On a scale from 1 to 7, how was [PROGRAMMER: INSERT FILL IN TEXT OF THIRD ORDERED SELECTION IN Q24] **just before** becoming a peer mentor?

1 Poor	2	3	4 Neutral	5	6	7 Excellent
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Q27.2 On a scale from 1 to 7, how is [PROGRAMMER: INSERT FILL IN TEXT OF THIRD ORDERED SELECTION IN Q24] **after** volunteering as a peer mentor?

1 Poor	2	3	4 Neutral	5	6	7 Excellent
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Q28. Overall, did participation in peer mentoring have the effect on your well-being that you expected?

- a. Yes
- b. No

Section 5. Background Information

Q29. How old are you?

- a. 18 to 24
- b. 25 to 34
- c. 35 to 44
- d. 45 to 54
- e. 55 to 64
- f. 65 or over

Q30. Which of the following describes you? Select all that apply.

- a. American Indian/Alaska Native
- b. Black/African American
- c. Native Hawaiian/Pacific Islander
- d. Asian
- e. White/Caucasian
- f. Some other race

99. Prefer not to answer

Q31. Are you of Hispanic, Latino, or Spanish origin or descent?

- a. Yes
- b. No

98. Don't know

99. Prefer not to answer

Q32. What is the highest level of school you have completed?

- a. Less than high school
- b. High school or equivalent
- c. Some college/university, no degree
- d. College or university degree
- e. Postgraduate degree

Q33. What sex were you assigned at birth, on your original birth certificate?

- a. Female
- b. Male

98. Don't know

99. Prefer not to answer

Q34. What is your current gender? Female

- a. Male
- b. Transgender
- c. **[If Q29=a]** Two-Spirit
- d. I use a different term. (OPEN ENDED)

98. Don't know

99. Prefer not to answer

Q35. Which of the following best represents how you think of yourself?

- a. Lesbian or gay
- b. Straight, that is, not gay or lesbian
- c. Bisexual

- d. [If Q29=a] Two-Spirit
- e. I use a different term (Specify)
- 98. Don't know
- 99. Prefer not to answer

Q36. [IF Q3=a, then question="Please provide the approximate date of the onset of paralysis.";

ELSE IF Q3=b, then question="Please provide the approximate date of your caregiving role."]

[PROGRAMMER: CALENDAR QUESTION FORMAT MONTH/YEAR]

- 98. Don't know

Q37. [If Q3=a, then question="What caused your paralysis? Select all that apply."]

Else if Q3=b, then question="What caused the paralysis of the person you are providing care for? Select all that apply.]

- a. Spinal cord injury
- b. Brain injury
- c. Disease or syndrome
- d. Result of surgical or medical procedure
- e. Stroke
- f. Other (Specify)

- 98. Don't know

Q38. [If Q3=a, then question="What type of paralysis do you have? Choose one of the following answers."]

Else if Q3=b, then question= "What type of paralysis do you provide care for? Choose one of the following answers.]

- a. Paraplegia (T1 and below)
- b. Hemiplegia
- c. Quadriplegia (C8 and above)
- d. Other (Specify)

- 98. Don't know

[GO TO END2]

Section 6. End

END1. Thank you for your willingness to participate; however, you are ineligible at this time.

END2. We thank you for your time and cooperation in this study. Your anonymous responses are very important and will help the Administration for Community Living improve its support to resource centers nationwide.

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