

**RTI International
NPRC Outcomes Evaluation
Peer Mentor and Peer NRFU 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 brief survey of peer mentors and peers (mentees) of the Peer and Family Support Program at the Reeve Foundation, because our records indicate you have not responded to our other requests to complete a survey. Whether you've had a positive or negative experience, we appreciate you taking the time to respond to these 13 questions.

Section 2. Mentoring experience

(Required) Q1. Have you participated in the peer mentoring program at the Reeve Foundation?

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

(Required) Q2. Which of the following choices best described you when you participated in the peer mentoring program?

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

Q3. Approximately when did you first become involved with the peer mentoring program?

- a. 6 months ago or less
- b. More than 6 months but less than 1 year ago
- c. 1–2 years ago
- d. More than 2 years ago

Q4. Overall, did participation in peer mentoring have the effect on your well-being that you expected?

- a. Yes
- b. No

Section 3. Background Information

Q5. 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

Q6. 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

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

- e. White/Caucasian
- f. Some other race
- 99. Prefer not to answer

Q7. Are you of Hispanic, Latino, or Spanish origin or descent?

- a. Yes
- b. No
- 98. Don't know
- 99. Prefer not to answer

Q8. 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

Q9. 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

Q10. 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

Q11. 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

Q12. [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
- 98. Don't know

Q13. [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 4. 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.

OMB No: 0985-NEW. This activity is authorized under the Paperwork Reduction Act. Data collected will be shared with ACL staff, but your responses will be used for research and aggregate reporting purposes only and will not be used for other non-statistical or non-research purposes. Public reporting burden for this collection of information is estimated to average 5 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to evaluation@acl.hhs.gov.