



2020-2021 RSVP SHIP Client Survey

1. Is this the first time you have utilized the SHIP counseling service?

- Yes
 No

2. With what Medicare issue did you need help? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Signing up for Medicare | <input type="checkbox"/> Medicare Part D Prescription Drug Plans |
| <input type="checkbox"/> Understanding Original Medicare (Parts A&B) | <input type="checkbox"/> Medicare Billing Questions |
| <input type="checkbox"/> Medigap Coverage | <input type="checkbox"/> Medicare Extra Help Programs |
| <input type="checkbox"/> Medicare Advantage or Cost Plans | <input type="checkbox"/> Suspected Medicare Fraud |
| <input type="checkbox"/> Other (please specify) | |

3. Please rate how confused and/or frustrated you are about your Medicare Health coverage **PRIOR** to seeing the RSVP SHIP counselors.

SCALE: **1** = Not Frustrated or Confused; **10** = Extremely Confused and Frustrated

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. AFTER seeing the RSVP SHIP counselors, please rate on a scale of 1 to 10 how confused and/or frustrated you ARE NOW about your Medicare Health coverage.

SCALE: **1** = Not Frustrated or Confused; **10** = Extremely Confused and Frustrated

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Do you believe the SHIP Counselor provided you with **unbiased** information regarding your Medicare issue?

- Yes
 No

6. Do you believe you received information and counseling that helped you make **better informed decisions** regarding the Medicare issue about which you were asking?

- Yes
- No

7. If you think your counseling session will result in **saving you money** on your Medicare, approximately how much money will you save on an ANNUAL basis?

- \$1 to \$200
- \$201 to \$400
- \$401 to \$600
- \$601 to \$800
- If MORE than \$1000 will be saved, please indicate the approximate total:
- \$801 to \$1000
- More than \$1000
- Savings not yet known

8. Please indicate **how satisfied** you are with these issues?

	Very <u>Satisfied</u>	Somewhat Satisfied	Neither Satisfied nor Unsatisfied	Somewhat Unsatisfied	Very <u>Unsatisfied</u>
Satisfaction with Counseling Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselors knowledge of the subject	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of time it took to resolve the issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issue was resolved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Additional Comments: