**Adult Development & Aging Program Focus Team**

**Questions That May Be Used for the Telephone Form for Medium-Term Outcomes**

**For Any Content Area Related to the Action Plan (could be used at either the beginning or the end of your conversation)**

1. What do you feel was most helpful about this program?
2. What do you feel was the least helpful?
3. Are there other topics related to adult development and aging that you would like to see K-State Research and Extension address in the future?
4. Do you have anything else that you would like to share with me?
5. Do you have any questions for me?

**For Adaptive Living Content Area of Action Plan**

1. After participating in this program, have you accessed additional information about assistive technology? If so, where did you go to get this information?
2. After participating in this program, have you obtained new assistive technology products? If so…
	1. What were they?
	2. How did you make your choice among all of the different options?
	3. How did you find these products?
3. If you did not obtain assistive technology devices, why not?
4. After participating in this program, have you accessed additional information about home modification? If so, where did you go to get this information?
5. After participating in this program, have you modified your home? If so…
	1. How did you modify it?
	2. How did you find the products or services?
	3. How did you make your choice among all of the different options?
	4. Do you believe that this change was cost-effective? If so, why?
	5. Do you believe that this change helped maintain your/their independence? If so, how?
6. If you did not modify your home, why not?

**For Health and Wellness Issues Facing Older Adults or Adults with Disabilities Content Area of Action Plan**

1. After participating in this program, have you accessed additional information about health or wellness related information? If so, where did you go to get this information?
2. After participating in this program, have you obtained new health and wellness related products or services? If so, how did you find these products or services?
3. If you did not obtain health and wellness related products and services, why not?
4. After participating in this program, have you made different choices or changes related to your health and wellness? If so, what are they?

**For Issues Facing Older Adults (Community Leadership) Content Area of Action Plan**

1. After participating in this program, have you accessed additional information about the aging process? If so, where did you go to get this information?
2. After participating in this program, have you obtained new aging-related products or services? If so, how did you find these products or services?
3. If you did not obtain aging-related products and services, why not?
4. After participating in this program, have you taken proactive steps to influence how you age? If so, what are they?
5. After participating in this program, have you had to choose from different options as a Medicare beneficiary? If so, how did you go about making this choice?
6. After participating in this program, have you discussed end-of-life issues with someone else?