

**** Please use blue ink, black ink, or a number 2 pencil to complete the survey. Fill in the oval entirely like the example below. Do not use a (✓) or X. ****

EXAMPLE:

3. I was given clear information about choosing my service(s). ● ○ ○ ○

Annual Participant Satisfaction Survey

All questions in this section will use the following response scale:

YES	NO	*NOT APPLICABLE	I DON'T UNDERSTAND
<i>*(NOT APPLICABLE = Question does not apply to you.)</i>			

	YES	NO	NOT APPLICABLE	I DON'T UNDERSTAND
1. I help choose the service(s) that help me to stay in my home.	○	○	○	○
2. I need services which are not available.	○	○	○	○
3. I need to spend more time talking about my individual service plan.	○	○	○	○
4. Overall, my Service Coordinator meets my needs. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	○	○	○	○
5. The person(s) who are paid to provide hands on assistance does the tasks they are supposed to.	○	○	○	○
6. I can choose the agency which provides my service(s).	○	○	○	○
7. Overall, I am satisfied with the amount of service(s) I get.	○	○	○	○
8. I can choose who coordinates my service(s).	○	○	○	○
9. I am involved with my service planning process.	○	○	○	○
10. I receive all of the services that I am supposed to.	○	○	○	○
11. I can choose the person(s) who provide my hands on assistance.	○	○	○	○



All questions in this section will use the following response scale:

YES	NO	*NOT APPLICABLE	I DON'T UNDERSTAND
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*(NOT APPLICABLE = Question does not apply to you.)

	YES	NO	NOT APPLICABLE	I DON'T UNDERSTAND
12. I know who to talk to if I have a complaint.	0	0	0	0
13. Overall, I am satisfied with my ability to direct my own services.	0	0	0	0
14. The person(s) who are paid to provide hands on assistance stay as long as scheduled.	0	0	0	0
15. Overall, I am satisfied with the quality of service(s) I get.	0	0	0	0
16. I get service(s) as often as I need it.	0	0	0	0
17. I need the person(s) who are paid to provide hands on assistance to spend more time with me.	0	0	0	0
18. Overall, I am satisfied with my Service Coordinator. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	0	0	0	0
19. I am familiar with the services I am scheduled to receive.	0	0	0	0
20. I know who will be providing my service(s).	0	0	0	0
21. The person(s) who are paid to provide hands on assistance have the training and skills they need to work with me.	0	0	0	0
22. Overall, I am satisfied with the type(s) of service(s) I get.	0	0	0	0
23. I am told in advance about changes in the schedule of the person(s) who are paid to provide hands on assistance.	0	0	0	0
24. The person(s) who are paid to provide hands on assistance listen to what I have to say.	0	0	0	0
25. My Service Coordinator helps me get needed services. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	0	0	0	0

All questions in this section will use the following response scale:

YES **NO** ***NOT APPLICABLE** **I DON'T UNDERSTAND**

*(NOT APPLICABLE = Question does not apply to you.)

YES **NO** **NOT APPLICABLE** **I DON'T UNDERSTAND**

26. Service Coordination helps me. (Service Coordination could also be referred to as Care Management or Supports Coordination.)	0	0	0	0
27. During the past month, I have gone without service(s) when I needed it.	0	0	0	0
28. I know how to report abuse, neglect or exploitation, including the use of restraints and other restrictions.	0	0	0	0

All questions in this section will use the following response scale:

NEVER **RARELY** **SOMETIMES** **ALWAYS**

NEVER **RARELY** **SOMETIMES** **ALWAYS**

29. Overall, the person(s) who are paid to provide hands on assistance treat me with dignity.	0	0	0	0
30. The person(s) who are paid to provide hands on assistance give me privacy when needed.	0	0	0	0
31. The person(s) who is paid to provide hands on assistance arrives late.	0	0	0	0
32. My Service Coordinator returns my phone calls and follows up with me.* (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.) *If you have never called your Service Coordinator, please leave blank.	0	0	0	0
33. The person(s) who are paid to provide hands on assistance treat me with respect.	0	0	0	0
34. The person(s) who are paid to provide hands on assistance says things in a way I can understand.	0	0	0	0
35. Overall, the person(s) who are paid to provide hands on assistance meet my needs.	0	0	0	0



Who is completing this survey?

- Self
- Spouse/Family
- Service Provider
- Friend (could be a caregiver)
- Other _____

If you have an issue with your service and would like to contact the Office of Long Term Living, please call the Office of Long Term Living Participant HelpLine toll free at 1-800-757-5042.