

Pennsylvania Department of Public Welfare
Office of Long Term Living
Bureau of Quality & Provider Management
Division of Quality Management

\*\* 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 (\checkmark) or X**. \*\*

EXAMPLE:					
14. Overall, I am satisfied with my paid work provide my services.	0	0	0		
Annual Participant	ırvey			Q	
All questions in this section will use the followin	g response scale:			3LE	ΜĀ
YES NO *NOT APPLICABLE  *(NOT APPLICABLE = Question does not apply to y		YES	OZ	NOT APPLICABI	DON'T JNDERSTAND
(NOT IN TELEVIELE Queenen deed net apply to y	<i></i>	<u> </u>	Z	Z <	
<ol> <li>I am able to help choose the service(s) telestay in my home.</li> </ol>	hat help me to	0	0	0	0
<ol><li>I know who to talk to if I have questions, complaints about my services.</li></ol>	concerns or	0	0	0	0
3. I can choose the agency which provides	my service(s).	0	0	0	0
4. I know I can employ my own paid worke	rs.	0	0	0	0
<ol><li>I can choose or change the person(s) w services (my paid worker).</li></ol>	no provide my	0	0	0	0
<ol><li>I know who will be providing my services paid worker).</li></ol>	s (my	0	0	0	0
7. I receive services that help keep me inde	ependent.	0	0	0	0
8. I am involved in the choices related to the development of my Individual Service Plan.			0	0	0
<ol><li>Overall, the paid workers who provide m me with respect and dignity.</li></ol>	y services treat	0	0	0	0

All questions in	this section will	use the following *NOT APPLICABLE	response scale: I DON'T UNDERSTAND			NOT APPLICABLE	I DON'T UNDERSTANE
*(NOT APPLICABLE = Question does not apply to you.)					O N	NOT APPI	I DOI
10. Are you satisfied your paid worker(s) know how to provide services for you?			0	0	0	0	
11. Overall, I am satisfied with the type(s) of service(s) I get.					0	0	0
12. I receive all of the services that are in my Individual Service Plan.				0	0	0	0
13. Overall, I am satisfied that my Individual Service Plan meets my needs.			0	0	0	0	
14. Overall, I am satisfied with my paid worker(s) who provide my services.			0	0	0	0	
15. Overall, I am satisfied with my Service Coordinator.			0	0	0	0	
16. I know how to report abuse, neglect or exploitation including the use of restraints and other restrictions.			0	0	0	0	
The next two qu	estions use the	s following respons	se scale:	NEVER	RARELY	SOMETIMES	ALWAYS
17. I get help when I call with a problem.			0	0	0	0	
18. My Service Coordinator returns my phone calls and follows up with me.			0	0	0	0	
		one (1) to six (6) tisfied are you w				nd one	(1)
1 Very Poor	2	3	4	5	5 6 Excelle		
				0 0			