

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:											
Overall, I am satisfied with my paid worker(s) who provide my services.	0	0	0								
New Participant Satisfaction Survey											
All questions in this section will use the following response scale: YES NO NOT APPLICABLE UNDERSTAND			ICABLE.	DON'T JNDERSTAND							
*(NOT APPLICABLE = Question does not apply to you.)	YES	9	NOT APPL	I DON'T UNDER							
I am able to help choose the service(s) that help me to stay in my home.	0	0	0	0							
I know who to talk to if I have questions, concerns or complaints about my services.	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 workers.	0	0	0	0							
I can choose or change the person(s) who provide my services (my paid worker).	0	0	0	0							
6. I know who will be providing my services (my paid worker).	0	0	0	0							
7. I receive services that help keep me independent.	0	0	0	0							
8. I am involved in the choices related to the development of my Individual Service Plan.	0	0	0	0							
Overall, the paid workers who provide my services treat me with respect and dignity.	0	0	0	0							

All questions in this section will use the following response scale:						BLE	AND	
YES	NO	NOT APPLICABLE	I DON'T UNDERSTAND			ICAE	DON'T JNDERSTAND	
*(NOT APPLICABLE = Question does not apply to you.)					O _N	NOT APPL	I DON'T UNDER	
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	
13. Overall, I am satisfied that my Individual Service Plan meets my needs.					0	0	0	
14. Overall, I am satisfied with my paid worker(s) who provide my services.					0	0	0	
15. Overall, I am satisfied with my Service Coordinator.					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 part two su	vactions use the	a fallowing roomen	20 202/21	1		IES		
The next two questions use the following response scale:			2	בֻ	E	WS.		
NEVER	RARELY	SOMETIMES	ALWAYS	NEVER	RAREI	SOME	ALWAY	
17. I get help when I call with a problem.				0	0	0	0	
18. My Service follows up		eturns my phone	calls and	0	0	0	0	
19. Overall, usi	ing a scale of poor) how sa	one (1) to six (6) atisfied are you w	(where (6) mea	ns exce	ellent a	nd one	(1)	
1	2	3	4	5		6	6	
Very Poor			0	Exce		ellent		