



Quality Assurance – Satisfaction Survey

PBAL GROUP SERVICES, INC.	Individual:				
<i>Page – 1 –</i> ASSESSMENT	1	2	3	4	5
Section – 1 SELF DETERMINATION					
1. I am able to pick my choice of residence, community					
2. I am allowed private time & space other than my bedroom.					
3. I have input in meal planning.					
4. I am satisfied with my ability to voice my concerns in house meetings, team meetings.					
5. I am able to access my own money to shop and buy things for myself.					
6. I am able to have input in the planning of my daily activities.					
7. I am able to choose the household chores I do.					
Section – 2 RIGHTS	1	2	3	4	5
8. I am satisfied that my right to privacy is respected and upheld.					
* How do the staff show respect for your privacy?					
9. I can make personal phone calls on my own, in privacy.					
10. I am satisfied with the personal time for myself daily to do something I want.					
11. Administrator, Team & staff are approachable and easy to talk to					
12. Comfortable with the ability to exercise spiritual preference					



Section – 3 INTERPERSONAL RELATIONSHIPS					
13. I receive the assistive I needed whenever I ask for it					
14. When I make a mistake, I receive positive response & assistance					

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15. I receive support assistance in achieving my wants & goals					
16. Satisfactory opportunity for family visits and support					
17. Satisfactory opportunity for personal friends visits & support					
18. Good living atmosphere in home with other housemates					
Section – 4 PERSONAL DEVELOPMENT					
19. Receive needed support in job selection					
20. Right to make personal choice of job assignment					
21. Receive positive feedback and suggestion for improvement in personal growth and community integration					
22. When I ask, I receive the information I need about sexuality					
23. Satisfied with assistance with dress and grooming					
Section – 5 PHYSICAL WELL BEING					
24. Satisfied with my health condition, I feel well					
25. I get to eat all kinds of good food, especially veggies, fruits, nuts, and milk and my favorite foods often					
26. I receive encouragement to eat healthy & balance meals					

27. I am happy with my Dentist and have regular appointments					
28. Sleeping arrangement and beddings is comfortable & right					
29. Satisfied with type and number of times I engage in physical Activities and exercise					
Section – 6 EMOTIONAL WELL BEING					
30. I feel happy, comfortable, and satisfied in this home					
31. My home is a nice, clean, and safe place to live					

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Page – 3- ASSESSMENT	1	2	3	4	5
32. I feel accepted and comfortable in the neighborhood					
33. I am happy with who I am					
34. I am satisfied with the attention I received when I present a personal problem or concern					
35. I am satisfied with the response to any complaint or concern					
Section – 7 SOCIAL INCLUSION					
36. I am please and satisfied with the opportunities to be part of my community					
37. I am satisfied with activities that I participate in my community					
38. I am satisfied with the assistance and support I receive to feel comfortable in my neighborhood					
39. I have opportunity to interact with friends from other than work or home					
Section – 8 MATERIAL WELL BEING					
40. I am satisfied with all the personal belonging that I am able to have					
41. I feel satisfied with compensation I receive from my job					

42. I am satisfied with the spending money I have shop					
43. I receive guidance and support in spending money wisely					
44. I am able to request personal items					
Section – 9 TRANSPORTATION AVAILABILITY					
45. I am satisfied with the transportation available for me					
46. I feel safe and comfortable in the vehicle use to transport me					
47. I feel safe and comfortable with the driver of the automobile					
48. I get to appointments in time and picked back up on time					
Section – 10 Family & Social Supports					
<i>Page – 4 -</i> ASSESSMENTS	1	2	3	4	4
49. I am satisfied with the communication provided to my family Regarding important matters of my care					
50. I am satisfied with my family being notified about events and activities that they can participate					
51. I am satisfied that my family have an open-door policy to visit and check on me					
52. I am satisfied that suggestions given by family members that improve the care given to me					
Section – 11 Proponent Intervention					
53. I am satisfied that I am able to contact my proponent regularly. If agree, select which applies <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> longer					
54. I am satisfied that I can attend community activities with my proponent					
55. I am able to attend and I can usually actively participate					
56. I am satisfied that my proponent is well informed					
57. I am satisfied with the opportunity to interact with my proponent relating to my care.					



58. Are you satisfied with the Agency's collaboration regarding your care with your proportion? Yes No
 Comment: _____

59. Are there other activities or programs you would like to see implemented? Yes No
 If so, what are they? _____

60. Please share what would you like most to see changed as regards your stay in the house?

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Page – 5- Assessment	1	2	3	4	5
Additional Consideration					
61. -a I was provided with options to choose where to live. -b Number of Homes provided: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> more than 3 <input type="checkbox"/>					
62. -a I was provided with ample options to choose where to work. -b Number of Community Jobs Visited: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> more than 3 <input type="checkbox"/>					
63. -a I was provided with ample options to choose where to go during the day. -b Number of Day Activities Visited: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					



64. I regularly participate in everyday integrated activities in my community.					
65. -In the past month I:					
-a Went Out for Entertainment; Where?					
-b Went Out for Exercise; Where?					
-c Went Out on Errands/Appointments; Where?					
-d Went Shopping; Where? For What? With Whom?					
-e Went to Religious Services; How many times?					
-f Went Out to A Restaurant or Coffee Shop; Where?					
66. In the Past Year I Went on Vacation; Where?					

Point Scale:

Very Satisfied = 5 Satisfied = 4 Not Satisfied = 3 Very Dissatisfied = 2

Not Sure/Not Understand = 1

Satisfaction Points of **"171"** Highest Total Points

Satisfaction Points of **"57"** Lowest Total Points

Optimum Goal Points of 171 Very Satisfaction Outcome

Total Points of 137 (80%) Satisfaction Outcome

Points totals less than "137" Will require action measures to increase point total to the goal points of **137** to **171**.

Questions 58 to 60 if not positive will require Agency to make a positive result.

Survey Conductor(s): _____

Start Date: _____ End Date _____