

# Quality Improvement Program Survey Questions

CLIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(MM/DD/YY)

**SERVICE:            AUDITORY THERAPY (AUTH)**

VENDOR: \_\_\_\_\_ WORKER'S NAME: \_\_\_\_\_  
(If Known)

***PLEASE ANSWER QUESTIONS WITH THE FOLLOWING:  
ALWAYS—USUALLY—HALF THE TIME—OCCASIONALLY—NEVER—NA  
(Those that apply to the services you receive.)***

- 1.    How satisfied are you with the services overall?**  
*Always   Usually   Half the Time   Occasionally   Never   N/A= Not Applicable*
2.    How often are your needs & concerns considered when service days & time are arranged?
3.    How often does your worker follow your instructions?
4.    How often are your wishes and concerns considered by worker while doing his/her job?
5.    How often does worker arrive at your home when expected?
6.    How often are you notified if worker is going to be late?
7.    How often does the worker stay the schedule amount of time at your home?
8.    How often does the same worker provide your service?
9.    How often are you told in advance when there is a change in the worker who usually comes?
10.   How often does worker appear neat and clean?
11.   How often does worker respect your belongings?
12.   How often does worker respect your privacy?
13.   How often is worker courteous, respectful and kind to you?

14. Are there specific problems that concern you?
  - A. Smokes in your home
  - B. Drinks in your home
  - C. Talks too much while in your home
  - D. Calls client by wrong name
  - E. Spends time on personal phone calls while in your home
  - F. Use of inappropriate language
  - G. No problems
  
15. How often is your worker honest and trustworthy to you?
  
16. Are there specific problems regarding trustworthiness?
  - A. Requests that more than one time/claim slip be signed at a time
  - B. Asks to borrow money or property
  - C. Asks to receive client's Social Security check
  - D. Asks to put client's property in his/her name
  - E. Asks client for power of attorney
  - F. Asks client to sign blank pieces of paper or blank checks
  - G. Threatens client
  - H. Other problems
  - I. No problems
  
17. Are there specific problems with the service?
  - A. Work not completed as planned
  - B. Services not what client expected
  - C. Work not requested in care plan
  - D. Handles client improperly
  - E. Other problems
  - F. No problems

How might worker improve their services to you?