

Quality Improvement Program Survey Questions

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

SERVICE: TRANSPORTATION (TRAN)

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 do you feel comfortable in the vehicle?
3. How often does your driver pick you up at the scheduled time?
4. How often do you need help getting in and out of the vehicle?
5. How often does the driver offer to help you in and out of the vehicle?
6. How often are does the driver operate the vehicle safely?

How could this transportation service be improved?