

**CONCERNED, INC.**  
**Adult Day Services 2017**  
**SATISFACTION SURVEY FOR CLIENTS**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please rate each of the following statements below concerning the services you receive from the Adult Day Services Department.

Statement	Yes	No	I don't know
1. Do you feel safe with the staff that work with you?			
2. Do you feel the staff assist you in meeting your goals?			
3. Do you get to do what you want to do in the community?			
4. I feel comfortable talking to the staff or the team leader when I have a problem or a question.			
5. I lead my Person-Centered Plan meeting and choose my goals.			
6. Do you feel you are learning new things?			
7. Do you feel that Concerned, Inc. has rules in place to be sure that this agency is doing the right thing?			
8. Do you feel Concerned, Inc. follows these rules?			
9. Do you feel Concerned, Inc. does the right thing for members regarding providing services?			
10. If you need help from staff, do they help you?			
11. Do you feel you have the freedom to choose your daily activities?			
12. Do you feel you have privacy in your bedroom?			
13. Do you feel that you have input into your daily routine?			
14. Do you feel only the right staff have keys to your home?			
15. Do you feel you can decorate and furnish our own home per the rental agreement?			

15. If "No" to any of the above questions, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Why do you choose to receive services from Concerned, Inc.? \_\_\_\_\_  
 \_\_\_\_\_

17. Please list any activities that you might wish to engage in that could potentially be scheduled  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Are there any accommodations you need from Concerned, Inc.? \_\_\_\_\_  
 \_\_\_\_\_

19. How do you rate our services overall?                      **EXCELLENT**                      **GOOD**                      **FAIR**                      **POOR**

**Nick Margritz-Peters, Adult Day Services Coordinator**

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20. What do you see as Adult Day's strengths? \_\_\_\_\_

\_\_\_\_\_

21. What do you see as Adult Day's weaknesses? \_\_\_\_\_

\_\_\_\_\_

20. Would you recommend our services to a friend or family member who needs services?      **YES**      **NO**

21. Do you have any other questions or comments that we can help you with at this time? \_\_\_\_\_

\_\_\_\_\_

Thank you very much for taking the time to fill out this questionnaire. Your input is extremely important to us. We will use this information to continue providing quality services to you now and in the future.

**Nick Margritz-Peters, Adult Day Services Coordinator**