

Bluegrass Area Agency on Aging & Independent Living (BGAAAIL) Quality Assurance Survey

The BGAAAIL and its' community service partners strive to provide the best possible services. We value your input about the quality of the services you receive. Your opinion is very important to us. We appreciate you taking the time to participate in this survey, and we hope you will give us the opportunity to learn how we can provide the best services possible.

Please answer the questions in the survey below. There is a place at the end of the survey for any additional suggestions or comments that you may have.

Service: Adult Day Care _____

Center/ Provider Name: _____

Survey completed by: Client_____ **Caregiver**_____ **Case Manager**_____

Think about the Adult Day Care services that you receive. Please tell us how satisfied you are.

	Very Satisfied	Satisfied	Not Satisfied
1. With the current days and hours of the operation or the center?	1	2	3
2. With the variety of activities at the center?	1	2	3
3. With the quality of the activities offered at the center?	1	2	3
4. That the program is meeting your current needs	1	2	3
5. That your case manager returns your calls in a timely manner?	1	2	3
6. That the program is meeting your goals	1	2	3
7. That the staff is courteous and professional	1	2	3
8. With the way the center staff communicates with you about policies, events, news, etc. ?	1	2	3
9. With the meals served at the ADC?	1	2	3
10. With the snacks at the ADC?	1	2	3

11. How many days a week do you attend the ADC program?
1 2 3 4 5 days a week

12. Reasons that you attend the ADC. (Check all that apply)
 Socialization Supervision Structured Activities
 Health Services To avoid placement in a nursing facility
 To allow my caregiver to work Other

13. Are you receiving the amount of services necessary to meet your needs?
 yes no

14. Are you notified in a timely manner if the ADC is closed? yes no

15. Do you feel your level of social interaction has increased since you started attending the ADC? yes some no

16. Would you recommend the program to your friends, family, and neighbors?
 yes no

17. If you are the caregiver for the ADC participant, has this service been beneficial to you? yes no

If yes, (please check all that apply)

- allows me to work
- provides me respite
- I feel less stressed
- My social life has improved
- I'm able to keep the participant in their own home, where they are most comfortable

18. Are you aware that you can make a donation for the services you receive if you wish?
 yes no

Please offer any suggestions and/or comments:
