

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: In-Home Services _____ **Title III** _____ **Homecare** _____

Provider: _____

Survey completed by: Client _____ **Caregiver** _____ **CM** _____ **Other** _____

Please check the In-home services you are currently receiving. Please check all that apply.

- | | |
|----------------------------|-------------------|
| _____ Homemaker | _____ Escort |
| _____ Personal Care | _____ Home Repair |
| _____ Respite | |
| _____ Chore | |
| _____ Home Delivered Meals | |

Think about the In-home services you receive. Please tell us how satisfied you are:

Very Satisfied Satisfied Not Satisfied

- | | 1 | 2 | 3 |
|--|---|---|---|
| 1. With the days and time of services are arranged | 1 | 2 | 3 |
| 2. That your wishes and concerns are considered by the worker | 1 | 2 | 3 |
| 3. That the worker asks how you are feeling during their visit | 1 | 2 | 3 |
| 4. That the worker(s) are honest and trustworthy | 1 | 2 | 3 |
| 5. That the worker handles your belongings and furnishings with care | 1 | 2 | 3 |
| 6. That the worker respects your privacy | 1 | 2 | 3 |

- | | 1 | 2 | 3 |
|---|----------------|-----------|---------------|
| | Very Satisfied | Satisfied | Not Satisfied |
| 7. That the worker is friendly and caring | 1 | 2 | 3 |
| 8. That the worker treats you with dignity and respect | 1 | 2 | 3 |
| 9. That your worker(s) appearance is clean and neat | 1 | 2 | 3 |
| 10. That your worker arrives on time and as expected | 1 | 2 | 3 |
| 11. That your worker completes his/her work to you satisfaction | 1 | 2 | 3 |
| 12. With the amount of services you receive | 1 | 2 | 3 |
| 13. With the overall quality of | | | |
| a) Homemaker Services | 1 | 2 | 3 |
| b) Personal Care Services | 1 | 2 | 3 |
| c) Respite Services | 1 | 2 | 3 |
| d) Chore | 1 | 2 | 3 |
| e) Escort | 1 | 2 | 3 |
| f) Home Delivered Meals | 1 | 2 | 3 |
| g) Home Repair | 1 | 2 | 3 |
| 14. Are you notified if the worker is going to be absent? _____ yes _____ no | | | |
| a) How often is your worker late _____ always _____ most of the time _____ sometimes _____ almost never _____ never | | | |
| b) How often is your worker absent _____ always _____ most of the time _____ sometimes _____ almost never _____ never | | | |
| 15. Are you provided a substitute if you worker is unable to provide your services _____ yes _____ no | | | |
| 16. If you have a complaint, do you know who to call _____ yes _____ no | | | |
| a) If yes, would you call your _____ worker _____ provider _____ case manager | | | |

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17. Are you asked to sign a form each time your worker completes your services? _____ yes _____ no _____ don't know

18. Have you been asked to sign for services that were not provided? _____ yes _____ no _____ don't know

19. Considering your needs that led to your receiving In-home services, how would You say things are now? _____ much better _____ somewhat better _____ about the same _____ somewhat worse _____ worse

20. Considering the In-home services that you receive, would you agree or disagree to the following statements

	Agree	Disagree	Don't Know
a) Has improved your quality of life	1	2	3
b) Helped you remain in your home	1	2	3
c) Helps you feel safer in your home	1	2	3
d) You feel better/happier	1	2	3
d) You feel less stress	1	2	3
e) You are more self-sufficient	1	2	3
f) Has helped in preventing hospitalization	1	2	3

21. If you were not receiving you're In-Home services, what would best describe your situation? _____ would not be able to care for my home
_____ would not be able to care for my own personal needs
_____ would have to depend on family to care for me
_____ would have to depend on others to care for me
If yes, who would this be _____
_____ would have to consider a long-term care facility

22. Are you in need of additional services? _____ yes _____ no
If yes, please list _____

23. Were you told that, if you choose to do so, you can donate toward the

services you receive? _____ yes _____ no _____ don't know

24. If you are homebound, how often do you see your friends, family and neighbors? _____ once a week _____ 2-3 times a week _____ Four or more times a week _____ never

25. If you receive home-delivered meals, please answer the following questions:
Think about the home-delivered meal service that you receive. Please tell us how satisfied you are:

	Always	Most of the time	Almost Never	Never
a) with the way the food tastes	1	2	3	4
b) with the way the food smells	1	2	3	4
c) with the food looks	1	2	3	4
d) with the variety of food	1	2	3	4
a) that the hot foods are hot	1	2	3	4
b) that the cold foods are cold	1	2	3	4
c) that the meal arrives on time	1	2	3	4
d) that the delivery staff is friendly and helpful	1	2	3	4
i) with the home delivery meal program overall	1	2	3	4

26. What type of home-delivered meal do you receive?
_____ hot _____ frozen _____ both

27. If you receive a meal other than a hot prepared meal, are you able to prepare your meal with little or no difficulty? _____ yes _____ no

28. How often do you receive home-delivered meals?
_____ 1 day a week _____ 2 days a week _____ 3 days a week _____ 4 days a week _____ 5 days a week

29. Does your home-delivered meal help you?

	Yes	No	Not Sure
a) Eat healthier foods	1	2	3
b) East a greater variety of food	1	2	3
c) Follow a diet prescribed			

