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SUNCOAST REGION  
Developmental Disabilities Program  
Operating Protocol

SUBJECT: Annual Satisfaction Surveys                      DATE ISSUED: \_\_\_\_\_  
NUMBER: Section IV-05    REVISED: \_\_\_\_\_  
DEVELOPED BY: \_\_\_\_\_

TOPIC:            Requirements of Supported Living Coaching vendors for annual satisfaction surveys.

PURPOSE:    To ensure a standard procedure by which satisfaction surveys are completed annually by supported living customers and reviewed by support coordinators.

PROCEDURE:

- All supported living customers will be asked to complete a satisfaction survey annually.
- The coaching vendor is free to design their own survey form as long as:
  - It is written in indirect and simple language
  - It addresses key areas of satisfaction such as choice, safety, privacy, respect, and supports. A sample survey form is attached.
- While it is the coaching vendors responsibility to assure the individual has the opportunity to complete the survey, direct care staff providing supported living services may not assist in the survey activity for that individual. Direct care staff include coaches, companions, in-home support and personal care assistance providers employed by the vendor company.
- Customers who need assistance in completing the survey should be instructed to request help from family members, friends, neighbors, co-workers, staff employed by other vendors, or their support coordinator.
- Coaching vendors will maintain the results of the survey in the individual's record and a copy will be forwarded to the support coordinator for review.

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VENDOR NAME  
CUSTOMER SATISFACTION SURVEY

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

1. Do you feel safe at home and when you are out in the community?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

2. Do you get to make choices about how you spend your money?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

3. With the money you have, do you get to go places and do things you like to do?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

4. Is your coach teaching you things that you want to learn? (Examples: cooking, grocery shopping, paying bills, taking the bus)

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

5. Do you get help when you need it from your supported living staff?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

6. Does the staff listen to you and treat you with respect?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

7. Did you get a say in picking the place where you live and who you live with?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

8. Do you feel you can make a complaint if you are unhappy about something?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

9. Do you feel your privacy is respected?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

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10. In general, are you satisfied with your supported living services?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

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Customer's Signature

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Form Completed by:

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Date Survey Completed

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Relationship to Customer