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Quality Assurance and Quality Improvement

## ANNUAL SURVEY OF INDIVIDUAL SATISFACTION

\*The Annual Survey of Individual Satisfaction for Assisted Independence, LLC. can be requested in electronic format, paper format, audio format, and braille format.

### SECTION 1: DEMOGRAPHICS

Name (Optional):

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Service(s) you receive from Assisted Independence, LLC.:

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Name of caregiver(s) or therapist(s) from Assisted Independence, LLC.:

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### SECTION 2: SERVICES

Directions: Please fill out the following section with critique and honesty using the scale provided below.

#### SCALE

- 1 = Extremely Dissatisfied
- 2 = Dissatisfied
- 3 = Neutral
- 4 = Satisfied
- 5 = Extremely Satisfied

1.) How satisfied are you with the hours you have scheduled? Circle the answer that best describes your satisfaction.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied

Comments: \_\_\_\_\_

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2.) Does your caregiver(s) or therapist(s) arrive and leave on scheduled time? Circle the answer that best describes your satisfaction.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied

Comments: \_\_\_\_\_

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3.) How satisfied are you with your caregiver(s) or therapist(s) communication? Circle the answer that best describes your satisfaction.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied

Comments: \_\_\_\_\_

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4.) How satisfied are you with your caregiver(s) or therapist(s) interaction? For example, is your caregiver(s) or therapist(s) focused entirely on you, or distracted during your scheduled time? Circle the answer that best describes your satisfaction.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied

Comments: \_\_\_\_\_

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5.) How satisfied are you with your caregiver(s) or therapist(s) advocacy (support)? Circle the answer that best describes your satisfaction.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied

Comments: \_\_\_\_\_

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6.) How satisfied are you with your caregiver(s) or therapist(s) ethical conduct? Circle the answer that best describes your satisfaction.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied

Comments: \_\_\_\_\_

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7.) How satisfied are you with your ability to choose activities when you are with your caregiver(s) or therapist(s)? Circle the answer that best describes your satisfaction.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied

Comments: \_\_\_\_\_

\_\_\_\_\_

8.) How satisfied are you overall with your caregiver(s) or therapist(s)? Circle the answer that best describes your satisfaction.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied

Comments: \_\_\_\_\_

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