

Adult Day Services Client Follow-Up Assessment

Last Name: _____ First Name: _____ Date: _____

SATISFACTION Client Self-Report					
<input type="checkbox"/> Unable to complete due to cognitive impairment.					
1. I know I can talk to someone if I need more help than I am receiving.			2. Those who plan activities and arrange for services at the Adult Day Program ignore what I have to say about what I would like to do.		
<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown
<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 4 Refused
3. Those who work here have become my friends.			4. I need more help and assistance than I receive at the Adult Day Program.		
<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown
<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 4 Refused
5. The staff is very knowledgeable about the services that are available.			6. I would like more choices about the activities and services that I get.		
<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown
<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 4 Refused
7. The staff is kind to me.			8. The staff has failed to give me the care and services that I need.		
<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown
<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 4 Refused
9. On the whole, the staff does a good job providing activities and care for me.			10. The staff is rude to me.		
<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown
<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 4 Refused
11. The staff does extra things for me.			12. I wish the staff could do more things for me that I need to have done.		
<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown
<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 4 Refused
13. It would be a waste of time to complain to anyone at the Adult Day Program if I had a problem.					
<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Unknown	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused		
<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Refused		

Comments: _____

SATISFACTION CLIENT FOLLOW-UP ASSESSMENT

Instructions

The Satisfaction survey has been designed to assess the client's perceptions of the care and services he/she receives at the Adult Day Program. It can be completed by the client, alone or by personal interview. There are no right or wrong answers. For each item the response is yes or no.

The answers should be based on the client's feelings, no attempts should be made to lead the client to specific answers. Do not place emphasis on particular questions or responses.

Please attempt to complete the interview, if the client is not capable of participating in the interview, check the box at the top of the form and terminate the interview.