

**Appendix L: Consumer Satisfaction Survey**

# Nursing Facility Transition Grant

## Consumer Satisfaction Survey

For the following questions, please place a check mark (4) next to the correct response. Please check only one (1) response to each question.

- 1) Did you use the Self Assessment developed by the project?  Yes  No

If **Yes**, was it helpful?  Yes  No  Did not use tool

- 2) Did you use the Handbook or Guide developed by the project?  Yes  No

If **Yes**, was it helpful?  Yes  No  Did not use handbook/guide

- 3) Overall, how satisfied are you with your current living situation and supports?

Very Satisfied  Satisfied  OK, if some changes were made  
 Dissatisfied  Very Dissatisfied

- 4) How often do you go out into the community for recreation and enjoyment?

Several times a day  Daily  Several times a week  Weekly  
 At least monthly  Less than monthly  Not at all

How would you rate this activity in terms of your expectations?

Not enough – It's a problem  
 Not quite as much as I would like, but it's all right  
 Just about right for me  
 Maybe a little more than I would like  
 Too much – It's a problem

- 5) How often do you receive visits from friends and family?

Several times a day  Daily  Several times a week  Weekly  
 At least monthly  Less than monthly  Not at all

How would you rate the amount of visits from friends/family in terms of your expectations?

- Not enough – It's a problem
- Not quite as much as I would like, but it's all right
- Just about right for me
- Maybe a little more than I would like
- Too much – It's a problem

**6)** How often do you communicate (telephone, e-mail, etc.) with other people aside from making appointments or arranging services?

- Several times a day     Daily     Several times a week     Weekly
- At least monthly     Less than monthly     Not at all

How would you rate the amount of communication with other people in terms of your expectations?

- Not enough – It's a problem
- Not quite as much as I would like, but it's all right
- Just about right for me
- Maybe a little more than I would like
- Too much – It's a problem

**7)** How often are you alone?

- Several times a day     Daily     Several times a week     Weekly
- At least monthly     Less than monthly     Not at all

How would you rate the amount of time you're alone in terms of your expectations?

- Not enough – It's a problem
- Not quite as much as I would like, but it's all right
- Just about right for me
- Maybe a little more than I would like
- Too much – It's a problem

8) How often do you have contact with people in your life (other than those paid to help you) to help you figure things out and who are supportive to you?

- Several times a day     Daily     Several times a week     Weekly  
 At least monthly     Less than monthly     Not at all

How would you rate the amount of this type of support in terms of your expectations?

- Not enough – It's a problem  
 Not quite as much as I would like, but it's all right  
 Just about right for me  
 Maybe a little more than I would like  
 Too much – It's a problem

9) How often do you have personal assistance and support from people who are paid or from an agency or organization that is helping you?

- Several times a day     Daily     Several times a week     Weekly  
 At least monthly     Less than monthly     Not at all

How would you rate the amount of this type of support in terms of your expectations?

- Not enough – It's a problem  
 Not quite as much as I would like, but it's all right  
 Just about right for me  
 Maybe a little more than I would like  
 Too much – It's a problem

10) Are the following sufficient for your needs?

- |                           |  |   |
|---------------------------|--|---|
| Financial resources       | <input type="checkbox"/> Yes, sufficient | <input type="checkbox"/> No, not sufficient |
| Housing                   | <input type="checkbox"/> Yes, sufficient | <input type="checkbox"/> No, not sufficient |
| Transportation            | <input type="checkbox"/> Yes, sufficient | <input type="checkbox"/> No, not sufficient |
| Making your own decisions | <input type="checkbox"/> Yes, sufficient | <input type="checkbox"/> No, not sufficient |
| Feeling safe              | <input type="checkbox"/> Yes, sufficient | <input type="checkbox"/> No, not sufficient |
| Privacy                   | <input type="checkbox"/> Yes, sufficient | <input type="checkbox"/> No, not sufficient |
| Overall living situation  | <input type="checkbox"/> Yes, sufficient | <input type="checkbox"/> No, not sufficient |

For the areas where your supports are not sufficient, please tell us what problems you are facing and how you are managing the situation.

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11) Are there other problems you are encountering that you would like to tell us about?

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12) What is the best part of the way you are now living – What in your life right now makes you happy?

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13) Since you moved out of the nursing facility, have you had contact with anyone from the Nursing Facility Transition Project or any of the people who helped you leave the nursing facility?

Yes  No

If **Yes**, who has been in contact with you?

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Did you find the contact helpful?  Yes  No  Did not have contact

14) Would you like the Transition Coordinator or anyone who helped you leave the facility to contact you?  Yes  No

If **Yes**, who would you like to contact you?

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15) May we call or visit you to discuss this survey?  Yes  No

If **Yes**, please provide us with your telephone number and the best time to call below.

Phone number: \_\_\_\_\_ Best Time to call: \_\_\_\_\_

**Just a few more questions:** There has been much interest about individuals who have transitioned from nursing facilities; whether they worked in the past and if any of them have returned to work or are seeking work. Please tell us:

**Are you now working?** (Check all that apply)

**Yes**  Full-time  Part-time  
 Temporary  Volunteer

I have worked since returning to the community, but am not working now.

**No**  Retired  I'm not interested at this time.  
 I would like to explore options for working.

**In the past:**

1. Have you ever worked for pay?

Yes  
 No

If No, have you ever worked in a non-paying (Volunteer Situation?)

Yes  
 No

**If you have worked for pay in the past, and are not working now, please tell us a little more about your previous work experience:**

2. When did you stop working?
- |   |   |
|---|---|
| <input type="checkbox"/> Less than 3 months ago | <input type="checkbox"/> 6 months to a 1 year ago |
| <input type="checkbox"/> 3 to 6 months ago      | <input type="checkbox"/> 1 or more years ago      |
3. How long did you work for your last employer?
- |   |   |
|---|---|
| <input type="checkbox"/> Less than 6 months ago       | <input type="checkbox"/> 2 years to up to 5 years |
| <input type="checkbox"/> 6 months to less than 1 year | <input type="checkbox"/> 5 years or more          |
| <input type="checkbox"/> 1 year to less than 2 years  |   |
4. How many hours did you typically work each week at your last job? \_\_\_\_\_/ week
5. What was your average hourly wage before taxes for your last job? Was it...
- |   |  |
|---|--|
| <input type="checkbox"/> Less than \$7.00 an hour | <input type="checkbox"/> \$16 – 19.99 an hour      |
| <input type="checkbox"/> \$7 – 9.99 an hour       | <input type="checkbox"/> \$20 – 24.99 an hour      |
| <input type="checkbox"/> \$10 – 12.99 an hour     | <input type="checkbox"/> \$25 or more an hour      |
| <input type="checkbox"/> \$13 – 15.99 an hour     | <input type="checkbox"/> Other: \$ _____ per _____ |
6. What best describes your last job?
- A job with competitive wages in the community which you applied for, and was not set aside for persons with a disability,
  - You were self employed.
  - A job with competitive wages in the community which is set aside for persons with a disability – only people who have some type of disability can apply
  - Supportive employment – Using a job coach or other individualized support to help you get or work at a job
  - Vocational program or group supported employment
  - Transitional employment where you are placed in a job for limited time by an agency
  - Sheltered workshop or enclave
  - Other (write in) \_\_\_\_\_
7. What did having a job mean to you?

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8. How much did you like your last job? Did you like it....
- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Very much | <input type="checkbox"/> Not very much |
| <input type="checkbox"/> Somewhat  | <input type="checkbox"/> Not at all    |
9. At this time, are you actively looking for a job?
- Yes
- No
10. During the next 12 months, how likely is it that you will get a job? Check only one.
- |  |  |
|--|--|
| <input type="checkbox"/> Very likely     | <input type="checkbox"/> Not likely        |
| <input type="checkbox"/> Somewhat likely | <input type="checkbox"/> Not at all likely |
11. What are the barriers that keep you from working?

**Thank You!**

***Your responses are important in changing the community support systems in Connecticut.***