



Survey Instructions

The following survey is to help identify areas of focus for quality improvement; it is intended to record open and honest feedback from everyone who takes it. The areas receiving a lower score can then be used as an opportunity for development if deemed important to that individual. If you intend to focus on quality of life for a specific member, **please ensure the results of this survey are submitted with your application, and a second completed survey submitted with your final progress report.**

Please keep in mind that this survey is to be used to help guide your resident(s) and organization in choosing an outcome that is best for focusing on Quality of Life as a whole and is *not* a way to quantify overall health and wellbeing.

Once the survey is complete, please document your project plan using the *Quality-of-Life Project Plan Template* located on the [Quality Improvement Outcome webpage](#); the template will serve as your project application and is intended to be updated regularly to support your documentation throughout the Quality Improvement Outcome.

Please support a member to complete the below questions. Select the answer that best fits each question; the number(s) to the right of the answer will help you total the score for that outcome area.

Member Name: _____

Facility Location: _____

Date Completed: _____

Outcome: I decide where and with whom I live.

Q1. Did you choose where you live?

- ☐ No, I did not choose where I live. (0)
- ☐ I had a say in choosing where I live. (1)
- ☐ Yes, I did choose where I live. (2)

Notes/Comments: _____

Outcome: I feel safe/free from abuse and neglect.

Q2. Do you feel safe in your home?

- ☐ No, Rarely (0)
- ☐ Sometimes (1)
- ☐ Yes, Most of the Time (2)

Notes/Comments: _____

Outcome: I decide how I spend my day.

Q3. Do you decide your daily schedule?

- ☐ Yes, I decide my daily schedule. (2)
- ☐ I make some decisions about my daily schedule. (1)
- ☐ No, I do not decide my daily schedule. (0)

Notes/Comments: _____

Q4. Do you decide how to spend your free time?

- ☐ No, I do not decide how to spend my free time. (0)
- ☐ I make some decisions about how to spend my free time. (1)
- ☐ Yes, I decide how to spend my free time. (2)

Notes/Comments: _____

Outcome: I do things that are important to me.

Q.5 Do you have a paid job in the community?

- ☐ Retired or not interested in employment (2 & no points on next question)
- ☐ Yes (1)
- ☐ No (0 & no points on next question)

Notes/Comments: _____

Q.6 If yes to Q.5, do you like your job?

- ☐ No (0)
- ☐ Sometimes (1)
- ☐ Yes (2)

Notes/Comments: _____

Outcome: I am involved in my community.

Q.7 In the past month, how many times did you go somewhere for:	Did not want to (0)	0 (0)	1-2 (1)	3-4 (2)	5-10 (3)	10+ (4)
Entertainment? (movie, play, program)						
Exercise? (gym, basketball, biking)						
Errands or Appointments?						
Shopping in the Community?						
Church or Religious Services?						
Dinner or Coffee?						

Notes/Comments: _____

Outcome: I make decisions regarding my supports and services.

Q.8 How involved are you in making decisions about your care plan?

- ☐ Not at all (0)
- ☐ A Little (1)
- ☐ Somewhat (2)
- ☐ Very (3)
- ☐ Extremely (4)

Notes/Comments: _____

Outcome: I have relationships with family and friends I care about.

Q.9 Do you have friends and caring relationships with people other than staff who help you and family members?

- ☐ No, my relationships are typically with staff or family members. (0)
- ☐ I have some caring relationships with people who are not staff or family. (1)
- ☐ Yes, I have many caring relationships with people who are not staff or family. (2)

Notes/Comments: _____

Q.10 Do you ever feel lonely?

- ☐ No, not often (2)
- ☐ Sometimes (1)
- ☐ Yes, I often feel lonely (0)

Notes/Comments: _____

Q.11 Do you have a close friend you can talk to about personal things?

- ☐ Yes (1)
- ☐ No (0)

Notes/Comments: _____

Outcome: My life is stable.

Q.12 When there are unexpected changes, do you get enough help to deal with them?

- ☐ Yes (2)
- ☐ Sometimes (1)
- ☐ No (0)

Notes/Comments: _____

Outcome: I am respected and treated fairly

- ☐ Yes (1)
- ☐ No (0)

Notes/Comments: _____

Outcome: I have privacy.

Q.13 Are you satisfied with the amount of privacy you have?

- ☐ Yes (1)
- ☐ No (0)

Notes/Comments: _____

Q.14 Can you be alone with friends/visitors who come to see you?

- ☐ Yes (1)
- ☐ No (0)

Notes/Comments: _____

Q.15 Do people ask for your permission before entering your home or your room?

- ☐ Yes (1)
- ☐ No (0)

Notes/Comments: _____

Outcome: I have the best possible health.

Q.16 Would you say your health is:

- ☐ Excellent or very good (3)
- ☐ Fairly good (2)
- ☐ Poor (1)
- ☐ Don't Know (0)

Notes/Comments: _____

Overall Notes, Comments, or Observations:
