

Facility:  
Date:  
Surveyor:

Family/Advocate Satisfaction Questionnaire  
Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Fill in the appropriate information.

Individual:

Contact:

1. What do you like most about [facility]?
2. Do you feel [individual] is safe when receiving services from [facility]?
3. Did you assist [individual] in choosing [facility]?
4. Do you feel there are adequate numbers of staff to meet [individual] needs?
5. In your opinion, does the facility train the staff well? If not, why not?
6. Are there any restrictions on when you visit or where you can go within the facility?
7. Does the facility allow you to speak with direct care staff and other service providers?
8. Are you invited to attend team meetings where they discuss the services [individual] is to receive or development of the Individual Program Plan (IPP)?
9. Did the facility ask you if the date and time of the meeting were okay for you?

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10. If unable to attend the meeting, did someone ask you for input before the meeting and then provide a review of the results of the meeting?
  
11. Were you involved in setting up the program and deciding what skills to work on improving?
  
12. Was [individual] also involved in deciding what skills to improve?
  
13. What type of access do you have to [individual's] records?
  
14. How would you describe [individual] progress? How do you learn about things like the services [individual] receives, illnesses, injuries, or changes in medications or physical condition?
  
15. If you have a question or concern, do you know whom to contact?
  
16. Have you had any concerns that you expressed to the program staff? If yes, did the facility address your concerns to your satisfaction?
  
17. Did the facility ask you to give consent for any medications, treatments, or services?

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18. Were you informed of the need for benefits, risks, and alternatives available; the right to refuse; and consequences of treatment, medication, or services?
19. In what types of activities is [individual] involved, such as attending church, movies, or other community events?
20. If you could change or improve anything about [facility], what would it be?
22. Is there anything else, either positive or negative, that you would like to share?
21. Do you have any questions you would like to ask me?

Signature:  
Date/Time: