

Facility:  
Date:  
Surveyor:

Consumer Satisfaction Questionnaire  
Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Choose the appropriate questions and document the answers in the space provided.

1. What do you like most about living here [facility]?
2. Did you choose to come live here? If no, who did?
3. What do you especially dislike about living here?
4. Where else might you like to live?
5. If you have a problem, to whom do you talk?
6. What sorts of things are you allowed to do or not allowed to do?
7. Who chooses what you do?
8. What changes has the facility made based on what you want?
9. Are there rules that everyone who lives here must follow?
10. What sorts of things do you like to do for fun?
11. What sort of activities do you go to in the community (i.e., movies, church)?

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12. How often do you do this?
13. How do you get there?
14. Who chooses where you go?
15. What you would like to do more often?
16. How much money do you receive each month?
17. Do you earn money on your job (or at day program)?
18. What do you like to buy with your money?
19. Do you have enough money to buy the things you want or need?
20. Who helps you with spending or saving your money?
21. When you go to the store, who pays for the items that you buy?
22. Do you have enough clothes and shoes?

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23. Do you always have enough deodorant and toothpaste, etc.?
24. What do you do if you need to buy something?
25. When does family or friends visit you?
26. When do you go to visit family members or take vacations?
27. Do you get letters or phone calls from family or friends?
28. If you feel like being alone or spending private time with a friend/family, where do you go?
29. Does staff knock on your door before they come into the room?
30. Does staff ever walk into the bathroom while you are in there without knocking first?
31. Do you go to (Interdisciplinary Team [IDT] team) meetings with the staff where they talk about the services you get?
32. Who comes to these meetings?
33. Did the facility ask you if the date and time of the meeting were okay with your family or advocate?

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34. How are you involved in deciding what you want to learn?
35. Who helps you plan your program?
36. What goals/programs you are working on now?
37. How well do you enjoy working on those goals and/or programs?
38. Who chose those goals and/or programs?
39. How would you describe your progress?
40. What things does staff for you that you would rather do for yourself?
41. When can you see your records?
42. What would you like to learn to do for yourself?
43. Who asks you what you want?
44. What help do you need from staff to dress, eat, bathe, etc.?

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45. What new things are you learning to do?
46. What chores do you help with around the house?
47. Who helps you when you do not know how to do something?
48. What special therapy do you get? (i.e., Speech, Physical Therapy [PT], Occupational Therapy [OT])?
49. What special equipment do you use or need?
50. Is the staff ever loud?
51. Does the staff ever swear or hit?
52. If you do things you are not supposed to do, what happens?
53. What sorts of things were you asked to give consent for?
54. What did the facility tell you about the benefits, risks, and alternatives?
55. When could you stop the treatment or service?

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56. What do you do if you are sick?
  
57. How often do you see a doctor? A dentist? A nurse?
  
58. What sorts of health problems do you have, if any?
  
59. What medicines do you take? For what reason?
  
60. What else do you think I should know about what it is like to live here?