



Community Name Goes Here
Home- and Community-based Client Experience
Power Survey

Instructions: Please read each statement and select your answer by marking one checkbox like this:
 Respond to all statements. If you have no experience with the subject of the statement, mark
 "Does Not Apply". Be honest about your answers; they will be kept completely anonymous. Thank you.

1. Overall, I am satisfied with the care and services provided to me. 10 9 8 7 6 5 4 3 2 1 0
 ← Strongly Agree ————— Neutral ————— Strongly Disagree →

2. How likely is it that you would recommend this provider to a friend or family member? 10 9 8 7 6 5 4 3 2 1 0
 ← Extremely Likely ————— Neutral ————— Extremely Unlikely →

Please mark your level of agreement with the following statements.

	Strongly		Neutral		Strongly Does Not
	Agree	Agree	Disagree	Disagree	Apply

3. This provider offers me the type of support needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This provider has helped me address challenges or situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I receive all of the services that I expect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I know who to talk to if I have a complaint or comment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am satisfied with the amount of services I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I can have privacy whenever I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The services I receive provide good value for the price.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The services I receive enable me to remain at my chosen living arrangement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am told in advance about changes in the schedule of my services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

