

This survey has been generated by Quality Trust for Individuals with Disabilities. If you have any questions, please contact us at 202-448-1457.

1. What is going well for you?

- I like where I live
- I have a job or I like what I do every day
- I like the people I live with
- I have choices to do things I enjoy
- I have enough money to do what I want to do
- I have a ride to go places I want
- If I have medical problems, they are being taken care of
- I like my staff at home
- I like my staff at my day program or job
- I have friends
- I can visit my family, or they can visit me
- I can visit my boyfriend/girlfriend
- My Guardian or decision maker advocates for what I want
- My service coordinator advocates for what I want
- Other (please specify):

2. What things are not good in your life?

- I would like to live somewhere else
- I would like to live with other people
- I don't have a job or anything I like to do during the day
- I don't have enough choices to do things I like in the community
- I don't have enough money to do the things I want to do
- I don't have a ride to get places I like
- I have medical problems I need help with
- I don't like my staff at home
- I don't like my staff at my day program or job
- I don't have friends
- I can't visit my family and/or they can't visit me
- I can't visit with my boyfriend/girlfriend
- My guardian or decision maker does not advocate for what I want
- My Service Coordinator does not advocate for what I want

Other (please specify):

3. **What areas of your life do you want things to stay the same?**

- Home
- Day/Work
- Making Choices
- The people I live with
- My provider
- My staff
- I am able to participate in activities of my choosing in the community
- My relationship with my family
- Transportation
- Other (please specify):

4. **What area(s) of your life do you want things to change?**

- Home
- Day/Work
- Making Choices
- The people I live with
- My provider
- My staff
- I am unable to participate in activities of my choosing in the community
- My relationship with my family
- Transportation
- Other (please specify):

5. **Quality Trust will do new monitoring in the Fall. What do you think is the most important thing we should look at?**

- My residential services
- My day program services
- How my money is spent
- How my Service Coordinator works with me
- If I'm safe from abuse and neglect
- How my nurses, staff, and doctors help me stay healthy

- How my staff at home treat me
- How my staff at the day program treat me
- Community participation at the day program
- Community participation at home
- Do I have the adaptive equipment I need?
- Does it work for me?
- Other (please specify):

6. **If you are in the process for applying for services through DDA or RSA, what are the most important things in your life that you would like us to look at?**

- How do I get DDA funded services?
- How do I get RSA funded services?
- How do I find out if I qualify for SSI and/or Medicaid?
- How do I move from where I live?
- Who can I call to get help?
- How can I meet new people?
- Other (please specify):

7. **If you have been monitored by Quality Trust, was it:**

- Respectful
- Helpful
- Personal
- I have not been monitored by Quality Trust
- Other (please specify):

8. **If there is something else you would like us to know, please tell us about it in this space:**
