

Quest, Inc.

Client Satisfaction Survey Residential Services 2004

Prepared by:

Center for Community Partnerships
College of Health & Public Affairs
University of Central Florida



Residential Services

In the Spring of 2004, Quest, Inc. contracted with the Center for Community Partnerships (CCP) at the University of Central Florida (UCF) to conduct an annual client satisfaction survey. Quest, Inc. operates several programs in the greater Orlando and Tampa areas that serve adults and children with developmental disabilities. Quest programs include: supported employment and employment services, residential services including group homes, supported living services, non-residential support services, and vocational training. This report presents the survey results for Quest, Inc. clients receiving ***Residential Services***.

The client satisfaction survey was conducted under the direction of co-principal investigators: CCP Director Lawrence Martin (Ph.D., MSW, MBA), CCP Associate Director Joan Nelson (MSW, MBA) and CCP Director of Research & Administration Wende Phillips (MSW, LCSW). Ms Phillips also served a project manager. Assisting the co-principal investigators were several UCF graduate students including: Ph.D. Graduate Research Assistant Tracey Trotter, MSW students Narine Babanyan, Liliana Bailey, Sara Hunter, Ariana Miller and Patrick Williams and MPA students Nicholas Jones and Clyde Mathes.

The client satisfaction survey was conducted according to the policies and procedures prescribed by the UCF's Institutional Review Board covering research involving human subjects. The survey questionnaires were developed by an independent third party and provided to the CCP by Quest, Inc. For confidentiality purposes, the CCP "sanitized" all survey questionnaires, removing any identifying client information.

Quest, Inc. trained the CCP graduate student survey interviewers. Quest, Inc. also trained their own staff to serve as survey observers. CCP graduate student survey interviewers and Quest, Inc. staff survey observers were paired to form survey teams. All members of the survey teams were instructed on Florida's mandatory abuse reporting law as well as Quest, Inc. and the CCP reporting policies and procedures.

The survey interviews were conducted during the months of September and October 2004. Only adult clients receiving residential services in the Orlando area were surveyed for purposes of this report. Quest, Inc. provided the survey teams with client lists according to survey type and location. Client participation in the survey was voluntary. All participating clients were given a brief overview of the purpose of the survey and informed of their right not to participate, to decline to answer any question and to stop the survey interview at any time. All clients were informed of their rights to confidentiality and their rights to receive a copy of the survey results. All clients were also advised of their rights to have their health information (HIPAA) protected and all clients participating in the survey process received a copy of the HIPAA form.

The survey process included completion of the following forms: certification form, informed consent form, HIPAA form, and the actual client satisfaction survey. CCP staff and students did not have access to any client files. Quest, Inc. staff had the sole responsibility to identify clients who were deemed legally competent to complete the appropriate informed consent form and to participate in the client satisfaction survey. Quest, Inc. staff provided the CCP with a list of clients to be surveyed.

If a client chose to discontinue the interview, or if an interview was deemed not valid by a member of the survey team, the survey was recorded as attempted (not valid) and the data were not included in this report. If data were missing or marked “NA” (not applicable), they were recorded as such and were included in this report. Interviews were immediately discontinued if it was mutually agreed upon by members of the survey team that the client was not able to understand or comprehend the questions, or if the client was no able to clearly verbalize responses.

Interviewer Rating Scale

Interviewer-driven client surveys use numerical ratings assigned by the interviewer based on both verbal and non-verbal responses from the client, as described in the rating scale below. All surveys are based on this 5-point rating scale to yield comparable measures, with a rating of “5” always indicating the most favorable response.

Favorable Response		Neutral Response	Unfavorable Response	
<ul style="list-style-type: none"> • Response is immediate, unqualified • Animated, enthusiastic • Facial expression suggests pleasure (smiling, etc.) 	<ul style="list-style-type: none"> • Some hesitation/uncertainty (beyond what may be usual for this individual) • Response is qualified (“most of the time,” “it’s ok,” etc.) 	<ul style="list-style-type: none"> • “I don’t know,” “sort of,” “sometimes,” etc. • Shrugging shoulders, struggle to decide 	<ul style="list-style-type: none"> • Some hesitation/uncertainty (beyond what may be usual for this individual) • Response is qualified (“not very much,” etc.) 	<ul style="list-style-type: none"> • Response is immediate, unqualified • Animated, enthusiastic • Facial expression suggests displeasure (frowning, etc.)
5	4	3	2	1

Quest Client Satisfaction Survey
Orlando Residential 2004 Summary

Relationships	Average Rating			Number of Ratings					
	2.00	3.00	4.00	5.00	Unfavorable			Favorable	
	2002	2003	2004		1	2	3	4	5
1. Do you like the people you live with?		4.54	4.50	4.71	1	0	2	4	34
2. Do you have good friends at home?		4.57	4.53	4.85	0	0	0	6	35
3. Do you have a roommate? <i>If no... N/A. If yes... Do you get along well with your roommate?</i>		4.43	4.43	4.88	0	0	0	4	29
4. Do you like the way the staff treats you at home? <i>If no... What does the staff do that you don't like?</i>		4.54	4.64	4.59	3	0	0	5	33
5. Is anyone at home mean to you? <i>If yes... Who? What do they do that's mean?</i>		3.83	4.09	3.66	9	3	1	4	21
6. If you have a problem at home, is there someone you can talk to? a. <i>If yes... Does that help?</i>		4.35	4.08	4.66	2	1	0	2	33
		N/A	N/A	4.80	1	0	0	3	31
Home Environment									
7. Do you like the way your home looks inside? <i>[Is it comfortable, nice to look at?]</i>		4.33	4.75	4.66	1	1	0	7	32
8. Is it kept neat and clean?		4.70	4.67	4.73	1	0	1	5	34
9. Do you <i>[sometimes]</i> get to go outside when you want? <i>[e.g., go out in the yard, go for a walk?]</i>		4.52	4.57	4.83	0	0	0	7	34
10. Are your neighbors nice to you?		4.52	4.47	4.80	0	0	1	5	29
11. When something needs to be fixed in your home, does someone take care of it right away?		4.35	4.43	4.50	3	0	0	8	29
12. Do you like to show people where you live?		4.74	4.68	4.88	0	1	0	2	37
13. Can people come and visit you <i>[sometimes]</i> when you want?		4.85	4.87	4.90	0	0	1	2	38
Home Safety/Health									
14. Do you feel safe when you are inside your home?		4.65	4.49	4.80	0	1	0	5	35
15. Do you feel safe when you are outside in your yard?		4.23	4.35	4.41	3	2	1	4	31
16. Do you have a good place to keep your things so no one will bother them?		4.46	4.29	4.55	4	0	0	2	34
17. If you tell the staff you feel sick, do they help you?		4.59	4.70	4.58	3	0	0	5	32
18. Are you allowed to stay home if you feel sick?		3.66	3.90	3.82	8	2	0	8	21
19. Does the staff take good care of you when you're in the Hoyer lift?		4.75	4.48	4.68	0	1	0	3	15

Recreation/Entertainment	Average Rating			Number of Ratings				
	2.00 3.00 4.00 5.00			Unfavorable		Favorable		
	2002	2003	2004	1	2	3	4	5
20. Are there fun things to do at home?	4.34	4.29	4.62	0	2	2	5	31
21. Are you allowed to do what you want to do when you're at home?	4.38	4.37	4.80	0	1	0	5	35
22. Do you [sometimes] get to choose what TV programs to watch and what music you listen to?	4.65	4.75	4.85	0	0	0	6	35
23. Do you like doing group activities with the other people you live with?	4.43	4.62	4.71	1	0	2	4	34
Outings/Transportation								
24. Do you get to go out to other places?	4.63	4.54	4.71	2	0	1	2	36
25. If you don't want to go out, can you choose to stay home?	4.07	4.19	3.67	11	1	2	2	24
26. Do you go to the places you want to go? Where do you like to go?	4.58	4.47	4.69	2	0	0	4	33
27. Do you have fun when you go out?	4.76	4.80	4.90	1	0	0	0	40
28. Do you like riding in the van?	4.62	4.49	4.65	2	1	1	1	35
29. Do the van drivers do a good job and keep you safe?	4.63	4.83	4.95	0	0	0	2	39
30. Do you feel safe when you are getting in and out of the van?	4.60	4.86	4.66	2	0	1	4	34
Food/Dining								
31. Do you like the food you get at home?	4.50	4.61	4.73	0	1	1	6	33
32. Do you enjoy mealtimes?	4.75	4.70	4.76	1	1	1	1	37
33. If you get hungry, can you get something to eat?	4.62	4.45	4.69	0	3	0	3	33
Structure/Schedule								
34. Do you like your daily routine? [i.e. when you get up in the morning, when you go to bed, and when you eat?] If no... What would you like to be different?	4.57	4.57	4.76	1	0	0	6	34
35. Do you get to decide what time you go to bed?	4.14	4.36	3.82	9	0	2	6	22
36. Do you feel you get enough sleep?	4.32	4.33	4.24	4	3	1	4	29
37. Do you get to be alone sometimes if you want?	4.43	4.62	4.48	2	1	1	8	28
38. Does everyone do their share of chores around the house?	4.50	4.45	4.62	0	1	2	8	29
39. What chores do you do? Do you like doing your chores?	N/A	4.62	4.56	2	0	1	4	25

Life Enrichment/Learning	Average Rating			Number of Ratings					
	2.00	3.00	4.00	5.00	Unfavorable		Favorable		
	2002	2003	2004		1	2	3	4	5
40. When you need money for something, can you get it without a problem?	4.45	4.38	4.10		7	0	1	6	26
41. Do you need help managing your money? <i>If no... N/A. If yes... Does the staff help you?</i>	4.19	4.14	4.39		3	0	2	3	23
42. Are you learning how to do more things for yourself at home?	4.62	4.72	4.74		0	2	1	2	34
43. What programs are you working on? Do you like working on your programs?	4.36	4.71	4.87		0	0	1	2	29
44. Does the staff talk with you about your plans for the future?	3.31	3.81	3.63		12	0	0	4	22
All questions combined	4.44	4.49	4.57		105	29	31	191	1431
				Percent of Response	5.9	1.6	1.7	10.7	80.1
					2002	2003	2004		
				<i>Overall Satisfaction (Based on percent of favorable response)</i>	84.3%	87.1%	90.8%		

Quest Client Satisfaction Survey

Residential
 θ Orlando θ Tampa

θ Interviewer θ Observer Name: _____ Survey date: _____

Preliminary Question: **Do you like living at ----- ?** Home Location: _____

Circle a number representing the client's response and include follow-up comments in the appropriate column only.

5	4/3/2	1
What do you like best about living there?	What are some good things about living there?	Why don't you like living there?
	What are some not-so-good things about living there?	Can you think of any good things about living there?

Home Safety/Health	Yes	<i>Neutral</i>			No	
14. Do you feel safe when you are inside your home?	5	4	3	2	1	N/A
15. Do you feel safe when you are outside in your yard?	5	4	3	2	1	N/A
16. Do you have a good place to keep your things so no one will bother them?	5	4	3	2	1	N/A
17. If you tell the staff you feel sick, do they help you?	5	4	3	2	1	N/A
18. Are you allowed to stay home if you feel sick?	5	4	3	2	1	N/A
19. Does the staff take good care of you when you're in the Hoyer lift?	5	4	3	2	1	N/A
Notes:						
Recreation/Entertainment	Yes	<i>Neutral</i>			No	
20. Are there fun things to do at home?	5	4	3	2	1	N/A
21. Are you allowed to do what you want to do when you're at home?	5	4	3	2	1	N/A
22. Do you [<i>sometimes</i>] get to choose what TV programs to watch and what music you listen to?	5	4	3	2	1	N/A
23. Do you like doing group activities with the other people you live with?	5	4	3	2	1	N/A
Notes:						
Outings/Transportation	Yes	<i>Neutral</i>			No	
24. Do you get to go out to other places?	5	4	3	2	1	N/A
25. If you don't want to go out, can you choose to stay home?	5	4	3	2	1	N/A
26. Do you go to the places you want to go? Where do you like to go?	5	4	3	2	1	N/A
27. Do you have fun when you go out?	5	4	3	2	1	N/A
28. Do you like riding in the van?	5	4	3	2	1	N/A
29. Do the van drivers do a good job and keep you safe?	5	4	3	2	1	N/A
30. Do you feel safe when you are getting in and out of the van?	5	4	3	2	1	N/A
Notes:						

Food/Dining	Yes	<i>Neutral</i>			No	
31. Do you like the food you get at home?	5	4	3	2	1	N/A
32. Do you enjoy mealtimes?	5	4	3	2	1	N/A
33. If you get hungry, can you get something to eat?	5	4	3	2	1	N/A
Notes:						
Structure/Schedule	Yes	<i>Neutral</i>			No	
34. Do you like your daily routine? [<i>i.e. when you get up in the morning, when you go to bed, and when you eat?</i>] <i>If no...</i> What would you like to be different?	5	4	3	2	1	N/A
35. Do you get to decide what time you go to bed?	5	4	3	2	1	N/A
36. Do you feel you get enough sleep?	5	4	3	2	1	N/A
37. Do you get to be alone sometimes if you want?	5	4	3	2	1	N/A
38. Does everyone do their share of chores around the house?	5	4	3	2	1	N/A
39. What chores do you do? Do you like doing your chores?	5	4	3	2	1	N/A
Notes:						
Life Enrichment/Learning	Yes	<i>Neutral</i>			No	
40. When you need money for something, can you get it without a problem?	5	4	3	2	1	N/A
41. Do you need help managing your money? <i>If no... N/A. If yes... Does the staff help you?</i>	5	4	3	2	1	N/A
42. Are you learning how to do more things for yourself at home?	5	4	3	2	1	N/A
43. What programs are you working on? Do you like working on your programs?	5	4	3	2	1	N/A
44. Does the staff talk with you about your plans for the future?	5	4	3	2	1	N/A
Notes:						
45. If you could change one thing about where you live or how you live, what would it be?						