

Member Survey Script - Interview with the Member

Things to **KNOW** before you do the survey:

You don't have to participate in the survey. It is your choice.

Your responses to the survey are private. Your name will not be on the survey.

Only a summary of the survey responses will be reviewed and reported.

The survey will help us understand what it is like to live in your home and help us understand what supports are provided to you. We want to hear about your services and how they help you to be independent, make decisions and choices.



The survey will take approximately 30 minutes.

Things to **THINK** about when you are answering the survey questions:

1. Think about where you **LIVE**.

2. Tell us what it is like living in your **HOME**.

3. Tell us about the **CHOICES** you get to make.

4. You answer **YES**  or **NO**  to the questions. The person asking you the questions may write down any comments you make to help us understand more about what it is like to live in your home.

Member Survey Script - Interview with the Member's Representative

Things to **KNOW** before you do the survey:

You don't have to participate in the survey. It is your choice.

You cannot be a staff person for your member.

Your responses to the survey are private. Your name will not be on the survey.

Only a summary of the survey responses will be reviewed and reported.

The survey will help us understand what it is like for the member to live in their home. We want to hear about their services and how they help the member to be independent, make decisions and choices.



The survey will take approximately 30 minutes.

Things to **THINK** about when you are answering the survey questions:

1. Think about where the AHCCCS member **LIVES** and what you have observed or know.

2. Tell us what it is like for the member to live in their **HOME**.

3. Tell us about the **RIGHTS** they have and the **CHOICES** they get to make.

4. You answer **YES**  or **NO**  to the questions. The person asking you the questions may write down any comments you make to help us understand more about what it is like for the member to live in their home.

Member Survey Day Program					
		Member/Representative Comments	Interviewer Comments and Observations	Yes	No
Does the individual interact with members of the larger community (people without disabilities, peers, etc.)?					
1. Local Area	1a. Who do you get to visit with that does not work for or participate in your program (family friends, neighbors, etc.)?			<input type="checkbox"/>	<input type="checkbox"/>
2. Employment	2a. Do you have a job or volunteer? <i>If no, skip to 3a.</i>			<input type="checkbox"/>	<input type="checkbox"/>
	2b. Do you work with people who are not part of your program?			<input type="checkbox"/>	<input type="checkbox"/>
Does the individual access the community?					
3. Your Community	3a. Tell me about where you go in the community.			<input type="checkbox"/>	<input type="checkbox"/>
	3b. When you go out do you get help with personal care if you need it?			<input type="checkbox"/>	<input type="checkbox"/>
Do all individuals in the setting have the same access to amenities and activities?					
4. Other People	4a. Is there anything other people in the setting can do that you can't? If so, please tell me more.			<input type="checkbox"/>	<input type="checkbox"/>
Is the member treated with respect and dignity?					
5. Your Rights	5a. Does your staff listen to you to help you the way that you like?			<input type="checkbox"/>	<input type="checkbox"/>
	5b. Can you make or get calls at any time?			<input type="checkbox"/>	<input type="checkbox"/>
	5c. Do you feel safe?			<input type="checkbox"/>	<input type="checkbox"/>
Does the individual have choice in their life?					
6. Your Independence	6a. What things do you like to do every day?			<input type="checkbox"/>	<input type="checkbox"/>
	6b. How do you get transportation to go to places where you want to go?			<input type="checkbox"/>	<input type="checkbox"/>
	6c. Can you change your plans or schedule when you want or need to?			<input type="checkbox"/>	<input type="checkbox"/>

		Member/Representative Comments	Interviewer Comments and Observations	Yes	No
7. Your Staff	7a. Do you pick who helps you?			<input type="checkbox"/>	<input type="checkbox"/>
Does the individual have freedom?					
8. Your Freedom	8a. Are you allowed to leave your program at any time ?			<input type="checkbox"/>	<input type="checkbox"/>
	8b. What choices do you get to make for meal times?			<input type="checkbox"/>	<input type="checkbox"/>
	8c. Do you have access to food/snacks/drinks at any time?			<input type="checkbox"/>	<input type="checkbox"/>
9. Visitors	9a. Are there people who come into the setting that you get to talk to?			<input type="checkbox"/>	<input type="checkbox"/>
10. Accessibility	10a. Can you safely and freely move around?			<input type="checkbox"/>	<input type="checkbox"/>
	10b. Can you go into any area while at the program that you want?			<input type="checkbox"/>	<input type="checkbox"/>

For Reference Only