

OPTIONS for Independence Consumer Satisfaction Survey - 2022

OPTIONS for Independence is required to conduct an annual survey of consumer satisfaction. Completing the survey is completely voluntary. No personal identifying information is collected about the individual completing the survey. **Do NOT include your name on this survey!** The information gathered helps OPTIONS evaluate whether a good job is being done or improvements are needed in certain areas. Please answer the following questions:

1) Age – please put an 'x' for your age range

(1) Under 5 years old	
(2) Ages 5 – 19	
(3) Ages 20 – 24	
(4) Ages 25 – 59	
(5) Age 60 - 75	
(6) Over 75	

2) What activities or programs have you participated in? Please put an X by all that apply:

Independent Living Services I met with an IL Coordinator		Older Blind Program Low Vision Support Group	
Loan Bank Equipment		Autism Support Group	
Help to get or repair assistive technology		Youth Group or Activities	
Recreation activities (CIP)		Healthy Relationship Classes	
Nursing home transition or diversion		IL Skills Class	
Women's Anxiety Group		Grocery Shopping	
Wellness Recovery Action Plan (WRAP)		Parent of a Participant	
Other (please list):			

3) What type of disability do you have? Please check all that apply.

- Physical Hearing Vision
 Mental/Emotional Cognitive (Intellectual, developmental)

4) Setting goals is an important part of Independent Living (IL). Who set your independent living goals?

- Me IL staff with me IL staff I don't know I didn't set goals

5) Do you think you have gained any new skills, knowledge, or resources you did not have when you first came to OPTIONS for services?

Yes No, not very much

What have you learned? _____

6) Are you more aware of disabilities and disability-related issues than last year?

Yes No, not very much

7) Do you think you have become more independent than you were when you first started working with OPTIONS?

Yes No, not very much

How are you more independent? _____

8) Have you participated in community activities?

Yes No, not very much

What activities? _____

9) Have you advocated on your own behalf since we started working together? *Advocacy is speaking on behalf of or in support of a person, place, or thing.*

Yes No, not very much

How did you advocate for yourself? _____

10) OPTIONS' staff sometimes advocates for community change. This advocacy helps improve things for a large number of people with disabilities. Have you helped OPTIONS advocate for change in the community?

Yes No I'm not sure

11) The OPTIONS staff treated me courteously and respectfully and listened to my concerns.

Yes No, not very much

11) I will come back to OPTIONS if I need services in the future.

Yes No, not likely

Please tell us anything else we need to know to improve the quality of services at OPTIONS.

Please complete & return to OPTIONS, 106 E 1120 N, Logan UT 84341. Thank you!