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

<table>
<thead>
<tr>
<th>Age Range</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years old</td>
<td></td>
</tr>
<tr>
<td>Ages 5 – 19</td>
<td></td>
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<tr>
<td>Ages 20 – 24</td>
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<tr>
<td>Ages 25 – 59</td>
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<tr>
<td>Age 60 - 75</td>
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<tr>
<td>Over 75</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Independent Living Services I met with an IL Coordinator</td>
<td></td>
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<tr>
<td>Loan Bank Equipment</td>
<td></td>
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<tr>
<td>Help to get or repair assistive technology</td>
<td></td>
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<tr>
<td>Recreation activities (CIP)</td>
<td></td>
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<tr>
<td>Nursing home transition or diversion</td>
<td></td>
</tr>
<tr>
<td>Women's Anxiety Group</td>
<td></td>
</tr>
<tr>
<td>Wellness Recovery Action Plan (WRAP)</td>
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<td>Other (please list):</td>
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</table>

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!