

TVDS CDDO Quality Assurance Questionnaire

Name: _____ Date: _____

Interviewers: _____

Living Arrangements

1. Do you like where you live?
2. Do you like who you live with?
3. Do you feel safe living here?
4. Do you get to watch what you want on TV?
5. Do you have privacy? (in bedroom, bathroom)
6. Do you decide when you go to bed?
7. Do you go to the church you want?

Yes	No	N/A	No Response

Corrective Action

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Staff

1. Do you like the staff who helps you in your home?
2. Are you satisfied with the help you get from your staff?
3. Do the staff help when you ask them?
4. Do staff ever take personal things away from you? (radio, food, money, etc.)
5. Do staff knock on your door before entering your house? Bedroom? Bathroom?
6. Did you choose the clothes you have on today?
7. Did you help plan your meals?
8. Do you answer the phone?
9. Can you use the telephone when you want?
10. Do you invite friends over to your home?
11. Do you visit your friends?

Yes	No	N/A	No Response

Corrective Action

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Safety

1. Do you have a fire alarm and fire extinguisher in your home?
2. Do you know where the fire alarm and fire extinguisher are?
3. Do you do fire and tornado drills?
4. Do you have a meeting place in case of fire?
5. Do you know where to go if there is a tornado?
6. Do you know when to call 911?
7. Do you know what to do if you are hurt or sick?
8. Do you have a list of important telephone numbers?
9. Do you lock your home when you leave?

Yes	No	N/A	No Response

Corrective Action

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Independence

1. Do you carry your house key with you?
2. Do you carry a photo ID?
3. Do you carry your vision card?
4. Do you carry money?
5. Do you get spending money?
6. Are you satisfied with your job or efforts being made to get you a job?
7. Do you cash your paycheck? (or have access to the money you earn)
8. Do you get to do the social things you enjoy? (shopping, movies, bowling)
9. Do you get to pick the restaurants when you go out to eat?

Yes	No	N/A	No Response

Corrective Action

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Other

1. Do you know how to reach your case manager?
2. Does your case manager help you when you ask?
3. Does your case manager visit you at your home?
4. Do you know how to reach your guardian?
5. If you have a problem do you know what to do?
6. Do you have any questions or comments for me?

Yes	No	N/A	No Response

Yes

No

Corrective Action

Comments: