FINAL EAZI CONSUMER TO CONSUMER SURVEY ATTENDANT INSTRUMENT FOR PERSON WITH DISABILITY August 14, 2006

Introduction:

Hello, my name is *(State your first and last name)*, and I am meeting with you today to talk with you about the home-based services that you receive through the Division of Developmental Disabilities, otherwise known as DDD. By participating in this interview you are helping to create a new way for DDD to know if they are doing a good job with home-based services and giving them important information about improving the quality of those services. I will be asking you questions and writing down your answers here. *[Show the survey to the Respondent]*

The interview should take 30 minutes to an hour to complete, depending on how you answer the questions. It is important that you understand that your answers are confidential and anonymous. This means that all information is reported as a group response and no one will know which answers are yours. Your personal information, like your name or address, will not be shared with anyone who provides services or with DDD. This way, you don't need to worry about hurting someone's feelings or having your services taken away because of how you answer the questions. The survey results will be handled by a neutral research team, the Social Research Laboratory, at Northern Arizona University.

Please remember that there are no answers that are right or wrong, and you will not be judged by the answers you give. If you would like to add comments after you answer any of the questions, just let me know and I will write them down. If I come to a question that you do not wish to answer, just say "skip" and we can move on to the next question. Also, if you wish to stop this interview at any time, please say so and I will stop the interview right away.

Before I start, do you have any questions?

If "Yes" If "Yes" \rightarrow Find answers to common questions on the Respondent FAQ sheet. Answer any questions that you can.

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Ok then, let's begin

About the services you receive

1. We understand that you receive attendant services through DDD. Is this correct?

Interviewer: If Needed: <u>Attendant Services</u> <u>Definition</u>: Attendant care-someone comes to your home to help you with things like bathing, dressing, eating, etc. If participant does not seem to recognize the "attendant" service by this title, ask them to describe the service to see if it matches the definition above. Check ONE.

□ Yes

□ No → Contact staff at the SRL for instructions

For this interview I will ask questions just about your attendant services. As you answer the questions in this interview, please focus on your **attendant** services that you receive through DDD.

Interviewer: If the respondent says that they have more than one attendant provider, or have had many over time, ask them to focus their answers on one provider who currently works with them. If they do not have a current provider, focus on one of their more recent providers.

2. First, please tell me about the services that you receive from your attendant provider. In other words, what does the attendant provider do with you when they come to your home? *Record Below:*

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Finding Attendant Providers

Now I would like to ask you some questions about finding attendant providers.

- 3. Do you need to find a new attendant provider very often? Check ONE
 - □ Yes, my attendant providers change often
 - □ No, my attendant providers usually work with us for a long time
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No Answer)
 - □ Not applicable (Does not apply)
 - □ Does not want to answer this question
- 4. How often do you need to find a new attendant provider? Interviewer: Read if necessary. *Check ONE*
 - □ Less than 3 months
 - □ 3-6 months
 - □ 7-12 months
 - □ 1-2 years (over 1 year to under 2 years)
 - □ More than 2 years
 - Don't know
 - □ Unclear response OR No response (No Answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question
- 5. Do you go for long periods of time without the attendant services that you need? *Check ONE*
 - □ Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No Answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question



Self-Determination: Your Choices About Your Attendant Services

Now I would like to ask you some questions about your choices with attendant services.

6. Do you choose your attendant provider? Check ONE

- □ Yes
- 🗆 No
- □ Sometimes
- Don't know
- □ Unclear response OR No response (No answer)
- □ Not applicable (does not apply)
- □ Doesn't want to answer this question
- 7. Do you choose where you receive your attendant services? *Check ONE Interviewer, if needed: the location of the services*
 - □ Yes
 - \square No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No Response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question
- 8. Do you decide when you receive your attendant services? Check ONE
 - □ Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question

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- **9.** Are you able to schedule your attendant services during times that you need them most? *Check ONE*
 - \Box Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question

Now I'd like to ask you questions about the choices you make when you are working with your attendant provider.

- **10.** Does your attendant provider try to help you speak your mind; for example, talk about your true feelings? *Check ONE*
 - □ Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question
- 11. Does your attendant provider pay attention to your choices, such as what you like to eat, where you want to go or what you want to do? Check ONE
 - □ Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - Doesn't want to answer this question



- 12. Does your attendant provider encourage you to try different things? *Check ONE*
 - Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question
- 13. Does your attendant provider allow you to make your own mistakes? *Check ONE*
 - Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question
- 14. Does your attendant provider help you go places or do errands in your community such as shopping, movies, sport events, religious services or other community events? *Check ONE*
 - □ Yes → Go to Q14a
 - □ No → *Skip to Q15*
 - □ Sometimes → Go to Q14a
 - □ Don't know → Skip to Q15
 - □ Unclear response OR No response (No answer) → *Skip to Q15*
 - □ Not applicable (Does not apply) → Skip to Q15
 - □ Doesn't want to answer this question → *Skip to Q15*

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- 14a. If yes/sometimes to Q14 → Do you choose where you want to go?
 Check ONE
 - □ Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question

Service Providers - How They Communicate

Alternative Methods/Alternative Device to Communicate

15. Now I would like to ask you some questions about how your attendant service provider communicates with you. I'd like to remind you that all of your answers are confidential and will not be connected to your name or any other identifying information.

Do you use any alternative methods or assistive devices to communicate? (e.g, sign language, augmentative communication devices, communication boards, etc.) *Check ONE*

Formatted: English (U.S.)

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☐ Yes → Go to Q16

- □ No → Skip Q19
- \Box Sometimes \rightarrow Go to Q16
- □ Don't know → Skip to Q19
- □ Unclear response OR No response (No answer) → Skip to Q19
- □ Not applicable (Does not apply) → Skip to Q19
- □ Doesn't want to answer this question → Skip to Q19

- **16.** Is your attendant provider able to communicate with you using this method? *Check ONE*
 - □ Yes → Skip to Q19
 - □ No → Go to Q17
 - \Box Sometimes \rightarrow Go to Q17
 - □ Don't know → Skip to Q19
 - □ Unclear response OR No response (No answer) → Skip to Q19
 - □ Not applicable (Does not apply) → Skip to Q19
 - \Box Doesn't want to answer this question \rightarrow Skip to Q19
- **17.** Does your attendant provider use someone else to assist them in communicating with you? *Check ONE*

Interviewer: If needed, this person would assist the provider in using an assistive device or alternative method to communicate.

- □ Yes → Go to Q18
- □ No → Skip to Q19
- \Box Sometimes \rightarrow Go to Q18
- □ Don't know → Skip to Q19
- □ Unclear response OR No response (No answer) → Skip to Q19
- □ Not applicable (Does not apply) → Skip to Q19
- \Box Doesn't want to answer this question \rightarrow Skip to Q19
- **18.** Does the person that assists your provider in communicating with you do a good job? *Check ONE*
 - □ Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - Doesn't want to answer this question



Language Used to Communicate

- **19.** Do you communicate with your attendant provider in the language that you prefer?
 - □ Yes → Skip to Q21
 - □ No → Go to 19a
 - \Box Sometimes \rightarrow Go to 19a
 - □ Don't know → Skip to Q21
 - □ Unclear response OR No response (No answer) → Skip to Q21
 - □ Not applicable (Does not apply) → Skip to Q21
 - □ Doesn't want to answer this question → Skip to Q21
- **19a.** Does your attendant provider use an interpreter to communicate with you? *Check ONE*

Interviewer: If needed, Language interpreter will interpret other languages such as Spanish, Navajo or Hopi.

- ☐ Yes → Go to Q20
- □ No → Skip to Q21
- \Box Sometimes \rightarrow Go to Q20
- □ Don't know → Skip to Q21
- □ Unclear response OR No response (No answer) → Skip to Q21
- □ Not applicable (Does not apply) → Skip to Q21
- □ Doesn't want to answer this question → Skip to Q21

20. Does the interpreter do a good job? Check ONE

- Yes
- 🗆 No
- □ Sometimes
- Don't know
- □ Unclear response OR No response (No answer)
- □ Not applicable (Does not apply)
- □ Doesn't want to answer this question

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General Communication Issues

- 21. Does your attendant provider listen to what you have to say? *Check ONE*
 - □ Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question
- **22.** When your attendant provider talks to you, is it easy for you to understand what they are saying to you? *Check ONE*
 - □ Yes
 - \square No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question

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About Service Providers-How They Do Their Job

Now I would like to ask you some questions about how your attendant service provider does their job.

23. Is your attendant provider on time? Check ONE

- □ Yes → Skip to Q25
- □ No → Go to Q24
- □ Sometimes → Go to Q24
- □ Don't know → *Skip to Q25*
- □ Unclear response OR No response (No answer) → *Skip to O25*
- □ Not applicable (Does not apply) → *Skip to Q25*
- \Box Doesn't want to answer this question \rightarrow *Skip to Q25*
- 24. *If no/sometimes in Q23* → Does your attendant provider let you know if they are running late? *Check ONE*
 - \Box Yes
 - \square No
 - $\hfill\square$ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question
- 25. Does your attendant provider take time to get to know you and what you enjoy doing? *Check ONE*
 - □ Yes
 - \square No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question

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- 26. Does your attendant provider understand what is important to you? *Check ONE*
 - Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - $\hfill\square$ Doesn't want to answer this question
- 27. Does your attendant provider know what you are good at? *Check ONE*
 - □ Yes
 - □ No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question
- 28. Does your attendant provider know what is hard for you to do? Check ONE
 - □ Yes
 - \square No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question



- 29. Do you have a good relationship with your attendant provider? *Check ONE*
 - □ Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question
- 30. Does your attendant provider treat you with respect? Check ONE
 - □ Yes
 - \square No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question
- 31. Is your attendant provider courteous and polite to you? Check ONE
 - \Box Yes
 - □ No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question

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- **32.** Do you think your attendant provider treats you in a way that is appropriate for your age? *Check ONE*
 - □ Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - $\hfill\square$ Doesn't want to answer this question
- **33.** Do you think your attendant provider works hard to meet your needs?

Check ONE

- Yes
- \square No
- □ Sometimes
- Don't know
- □ Unclear response OR No response (No answer)
- □ Not applicable (Does not apply)
- $\hfill\square$ Doesn't want to answer this question
- **34.** Does your attendant provider do what they tell you they are going to do? *Check ONE*
 - □ Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question

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35. Do you think your attendant provider is properly trained? Check ONE

- \Box Yes
- □ No
- □ Sometimes
- Don't know
- □ Unclear response OR No response (No answer)
- □ Not applicable (Does not apply)
- □ Doesn't want to answer this question
- **36.** Does your attendant provider complete tasks the way that you ask them to? *Check ONE*
 - □ Yes
 - \square No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question
- 37. Does your attendant provider try new ways of doing things with you?*Check ONE*
 - □ Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question



38. Does your attendant provider go to the annual meeting with the support coordinator? *Check ONE*

Interviewer: Referred to as: "IFP or ISP team"

- □ Yes
- 🗆 No
- □ Sometimes
- Don't know
- □ Unclear response OR No response (No answer)
- □ Not applicable (Does not apply)
- □ Doesn't want to answer this question
- **39.** Does your attendant provider help you to get the resources you need? *Check ONE*
- \ Interviewer: Resources include information, equipment or services that the individual with the disability would use.
 - □ Yes → Skip to Q40
 - □ No → Go to Q39a
 - \Box Sometimes \rightarrow Skip to Q40
 - □ Don't know → Skip to Q39a
 - □ Unclear response OR No response (No answer) → Skip to Q39a
 - □ Not applicable (Does not apply) → Skip to Q39a
 - □ Doesn't want to answer this question → Skip to Q39a
- 39a. If no in Q39 → Have they ever offered to help you get other resources you need?
 - □ Yes
 - \square No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question

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40. Do you feel safe with your attendant provider? Check ONE

- □ Yes
- □ No
- □ Sometimes
- Don't know
- □ Unclear response OR No response (No answer)
- □ Not applicable (Does not apply)
- □ Doesn't want to answer this question
- 41. Do you think you can trust your attendant provider? Check ONE
 - □ Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question
- **42.** Does your attendant provider keep personal information about you such as files, health information, progress notes, or incident reports confidential so that it is not shared without your permission? *Check ONE*
 - \Box Yes
 - \square No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question



- **43.** Does your attendant provider respect your privacy; like your personal belongings, your personal space, and your private life? *Check ONE*
 - \Box Yes
 - 🗆 No
 - □ Sometimes
 - Don't know
 - □ Unclear response OR No response (No answer)
 - □ Not applicable (Does not apply)
 - □ Doesn't want to answer this question

Helping us put all of your ideas together about your attendant services

Now I would like to ask you some questions to help us summarize your thoughts about your attendant services.

- 44. Do you think your attendant services are improving your life? Check ONE
 - ☐ Yes → Go to Q44a
 - □ No → Skip to Q45
 - □ Sometimes → Go to Q44a
 - □ Don't know → Skip to Q45
 - □ Unclear response OR No response (No answer) → Skip to Q45
 - □ Not applicable (Does not apply) → Skip to Q45
 - \Box Doesn't want to answer this question \rightarrow Skip to Q45
- **44a.** If yes or sometimes in Q44 → How are these services improving your life? *Record Below*



- **45.** Overall, are you satisfied with your attendant services? Please explain. *Record Below*
- **46.** If you could improve one thing about your attendant services, what would you change? *Record Below*

About the Interview

Now I'd like to ask you some questions about the interview.

47. Were there any questions in the interview that were confusing? If yes → Please explain. *Record Below*

48. Were there any questions in the interview that made you uncomfortable?
If yes → Please explain. *Record Below*

49. Are there any questions about your attendant services that you wish I had asked? *Record Below*

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50. Do you have any general comments about the interview? *Record Below*

Thank you for taking the time to complete this very important survey. We recognize that it's not always easy to see how results from these interviews can lead to positive changes in a large service agency like DDD. Many times, these changes are made slowly. We also believe that the best way to improve services for the people who use them is to give you the opportunity to tell us about them. In the end, results will be reported in a group format so that DDD can improve home-based services. Again, thank you for your contribution.

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