**INSTRUCTIONS PAGE**

**Options Counseling Individual Survey**

**(Do not submit this page with the completed Survey)**

**Directions for Agencies Providing Options Counseling: Please ask the questions (or distribute the questions) listed on the following pages to individuals who have completed Options Counseling at your agency. Please note: Prior to sending out a survey, please add your agency name and date to the top of each page.**

**The instrument comes with the flexibility for agencies to decide how to administer it (for example, by phone, in person or paper survey). If the questions are being administered in an interview format, it is recommended that the interviewer is not the Options Counselor who provided support to that individual. This flexibility is designed not only for the agency’s ease but also to be responsive to the needs and preferences of individuals. For agencies that already utilize a consumer satisfaction tool, an alternative to using the OC Individual Satisfaction Instrument in addition, is to simply add the questions to their existing survey.**

**Agencies should:**

* **Initiate the survey process prior to terminating Options Counseling;**
* **Document the date surveys were sent or conducted. (Please note: For agencies usingCRIA,prior to terminating Options Counseling enter a note such as "Survey sent to individual on date" in the "CRIA Record Contact Notes" with a Subject Line of "OC Survey"}; and**
* **Keep paper copies of the returned surveys in a file or scanned copies in an electronic folder at your agency.**

**If an agency, wants to link surveys to an Options Counselor, a code can be used to identify the counselor. However, any coding should maintain the anonymous status of a respondent.**

**Questions for Options Counseling Individual Survey**

**This survey is to learn more about your satisfaction with the Options Counseling supports that you received. Your answers will be kept private and your name will not be on the survey. This survey is optional which means that it is your decision whether or not you want to complete the survey.**

**DIRECTIONS: Please check the answer that best describes your experience with Options Counseling.**

**1) Overall, how would you rate your satisfaction with the Options Counseling that you received?**

⭘ Very Satisfied

⭘ Somewhat Satisfied

⭘ Neither satisfied nor dissatisfied

⭘ Somewhat dissatisfied

⭘ Very Dissatisfied

**2) Was the Options Counselor able to give you the information that you needed?**

⭘ Yes

⭘ No

⭘ Don’t Know

**3) Did the Options Counselor consider your opinions, likes and dislikes before recommending programs or supports?**

⭘ Yes

⭘ No

⭘ Don’t Know

**4) Overall, did the Options Counselor listen carefully to what you wanted or needed?**

⭘ Yes

⭘ No

⭘ Don’t Know

**5) Did your Options Counselor help you explore the choices available to you?**

⭘ Yes

⭘ No

⭘ Don’t Know

**6)Did the Options Counselor help you to make your own decisions?**

⭘ Yes

⭘ No

⭘ Don’t Know

**7) Did the Options Counselor work with you to develop a plan listing your goals and next steps?**

⭘ Yes

⭘ No

⭘ Don’t Know

**8)Did the information that you received during Options Counseling help you to find the services and/or supports that you needed?**

⭘ Yes

⭘ No

⭘ Don’t Know

**9) Would you recommend Options Counseling to a friend?**

⭘ Yes

⭘ No

⭘ Don’t Know

**10) Did the Options Counselor follow-up with you?**

⭘ Yes

⭘ No

⭘ Don’t Know

**11) Please share additional thoughts about your experiences with Options Counseling.**

**Lastly, I would like to ask a little about you. This information is private and optional.**

**12) Please check all of the following that apply to the person receiving Options Counseling.**

⭘ Sensory disability

⭘ Physical disability

⭘ Developmental disability (including intellectual disability)

⭘ Mental health challenge

⭘ Traumatic brain injury

⭘ Dementia (including Alzheimer's)

⭘ Other

⭘ Unknown

⭘ Does not wish to disclose

**13) What is your race/ethnicity?**

⭘ White or Caucasian

⭘ Black or African American

⭘ Asian

⭘ American Indian or Alaska Native

⭘ Native Hawaiian or Other Pacific Islander

⭘ Hispanic or Latino

⭘ Other (please list)

⭘ Don’t Know

**14) What is your age (in years?)**  *\_\_\_\_\_\_\_* years old.