



Surveys were sent to all persons served by CDSCL in Day Programs and Residential/Semi Independent Living in November 2007. Participants had the option of including their names – all did so.

Each survey included an area in which the individual recorded the person who helped them fill out the survey, six questions pertaining their home or Day Program and four questions asking for feedback on the possibility of having evening recreation or activities.

**Results from Persons Served by CDSCL in Day Programs**

- 21 completed surveys were returned out of 24 (88%).
- 18 out of 21 participants had help filling out the form (86%). Of these, 5 individuals were helped by a Community Living Support Worker, 6 by the Community Living Coordinator of their Residential program, 6 by the individual’s Care Provider and 1 by the Care Provider of another individual.

Responses to the first six questions are recorded below:

**1. Do you enjoy coming to your Day Program?**

YES 16 NO 2 SOMETIMES 3

**2. Do you get along with the other people in the Day Program?**

YES 16 NO 2 SOMETIMES 3

**3. Do you get along with the staff in your Day Program?**

YES 20 NO 1 SOMETIMES 0

**4. Do staff listen to you when you have something to say?**

YES 19 NO 2 SOMETIMES 0

**5. Do you get to choose what you do at the Day Program?**

YES 12 NO 1 SOMETIMES 8

*(One person stated: “I need prompting to make my choices.”)*

**6. Do you choose to take part in Team Meetings?**

YES 16 NO 2 SOMETIMES 2 NO ANSWER 1

*(One person stated: “but I don’t understand.”)*



**Results from Persons Served by CDSCL in Supported Living Programs**

- 8 completed surveys were returned out of 15(53%).
- 5 out of 8 participants had help filling out the form. Of these, 3 were helped by a Community Living Support Worker and 2 were helped by a Community Living Coordinator.

Responses to the first six questions are recorded below:

- 1. Do you enjoy living in your home?**  
YES 8 NO 0 SOMETIMES 0
- 2. Do you get along with the other people in your home?**  
YES 7 NO 0 SOMETIMES 1
- 3. Do you get along with the staff in your home?**  
YES 8 NO 0 SOMETIMES 0
- 4. Do staff listen to you when you have something to say?**  
YES 8 NO 0 SOMETIMES 0
- 5. Do you get to choose what activities you get to do?**  
YES 7 NO 0 SOMETIMES 1
- 6. Do you choose to take part in Team Meetings?**  
YES 7 NO 0 SOMETIMES 1

**Results from Both Surveys Regarding Evening Recreation/Activities**

A total of 25 surveys had this section filled in. Answers to the last four questions are recorded below:

- 7. Would you take part in an evening activity?**  
YES 10 NO 3 NOT SURE 12
- 8. How often should we have this activity?**  
ONCE PER WEEK 4 EVERY 2 WEEKS 2 TWICE PER MONTH 1  
ONCE PER MONTH 12 NO ANSWER 6
- 9. Which day of the week would be best for you?**  
MONDAY 4 TUESDAY 2 WEDNESDAY 3 THURSDAY 4  
FRIDAY 0 SATURDAY 4 SUNDAY 5 NO ANSWER 4
- 10. What kind of activity would you like to do?**  
Bingo 13 Signing 7 Singing 4 Dancing 12 Games 11 Foosball 3 Movie 12  
Others: Crafts 2 Hot Pool 2 Bonfire/Weiner Roast 1 Picnic 1 Just Relax 1  
Swimming 1 Tai Chi 1 Tubing Behind Boat 1