

and Quality Authority An tÚdarás Um Fhaisnéis

Information

Health

An tUdarás Um Fhaisnéis agus Cáilíocht Sláinte

Regulation and Monitoring of Social Care Services

HIQAsurvey

Tell us what it is like to live in your home!

Centre name or OSV number



About this survey

HIQA wants to hear about where you live

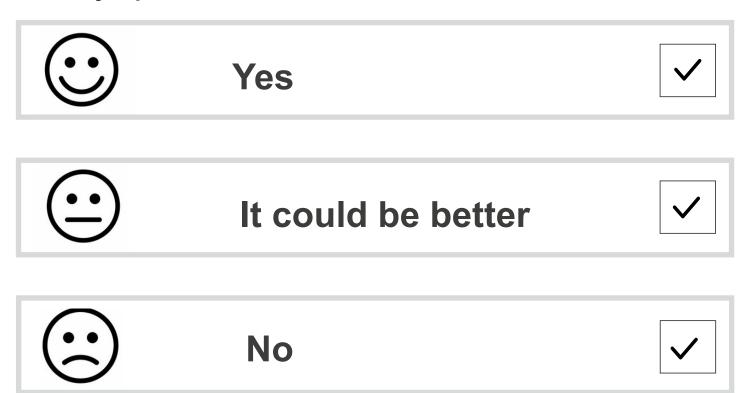
- This is a survey to tell HIQA about what it is like to live in your home.
- You can tell us about what you like... or what you do not like!
- This will help us find out what is good in your home and what could be improved.

What is the name of your home?

About this survey

How to fill in the survey

You have a choice of three answers to every question.



About you

Tick the answer that matches you:

Do you live here all the time?

Do you live here some of the time?

Are you staying here for a short period for respite?

Who is filling in the survey

Tick the answer that matches you. If someone else is answering, please reflect the voice and life of the resident.

I answered this survey myself

I needed support to answer

The person or people who supported me were:

My family helped me

My family answered for me

A friend or advocate helped me

A friend or advocate answered for me

A volunteer or staff member helped me

A volunteer or staff member answered for me

Your home

Yes	It could be better	No No
Is this a nice place	to live?	
Yes	It could be better	No

Do you like the food?		
Yes	It could be better	No

Do you have your own bedroom?		
Yes	It could be better	No

If you share a bedroon	n, is it your choice to share?	
Yes	It could be better	No

Do you have anything else you want to tell us about this? If so, please use the box below.

What you do every day

Yes Yes	It could be better	No No
Can you make your	own choices and decisions?	
Yes	It could be better	No

Are people in your home kind?)	
Yes	It could be better	No

Do you feel safe?		
Yes	It could be better	No

Do you choose what you	do every day?	
Yes	It could be better	No

Do you have your own mo	oney to spend?	
Yes	It could be better	No

What you do every day

Can you make a phone	e call in private?		
Yes	It could be better	No	
Can you go out for trips, visits or events?			
Yes	It could be better	No	
Can you see visitors in private if you want to?			
Yes	It could be better	No	

Do you have anything else you want to tell us about this? If so, please use the box below.

The people you live with

Yes Yes	It could be better	No No
Have you made frie	ends while living here?	
Yes	It could be better	No
Do you get along w	ith the people you live with?	

Yes

It could be better

No

Staff who support you

	Do staff members k	know what is important to you?	
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Yes	It could be better	No

Do staff members know what you like?			
Yes	It could be better	No	

Staff who support you

Do staff members know what you dislike?			
Yes	It could be better	No	

Do you know the staff team?		
Yes	It could be better	No

Do staff help you when you need it?			
Yes	It could be better	No	

Do you have anything else you want to tell us about this? If so, please use the box below.

Having a say

Yes Yes	It could be better	No No	
Do staff and managers listen to you?			
Yes	It could be better	No	

Are you included in the decisions that are made about your home?			
Yes	It could be better	No	

Do staff tell you about new things in your life or home?

Yes	It could be better	No
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Do friends and advocates support you with decisions about your life?		
Yes	It could be better	No

Send us your feedback

Do you have anything else you want to tell us?

Send us your feedback



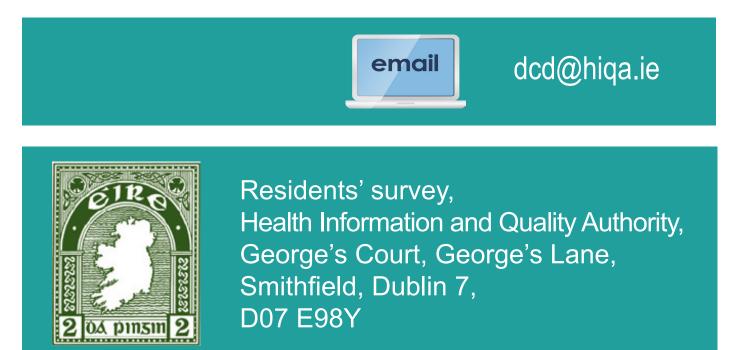
If you want to, you can share your details with us below:

Your name:

Your phone number:

Your email address:

When you are ready, you can send us your survey electronically by clicking the submit button or post it to us at the address below.



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