

The following persons participated in this BASIS Screening:

Printed Name	Input (phone, in person, etc.)	Signature-Indicating approval	Date of Signature

Comments: _____

Statewide Quality Assurance Survey

1. How well do you like where you are living?



Very Happy



Happy just a little bit



Unhappy a little more



Unhappy

2. How well do you like what you do during the day?



Very Happy



Happy just a little bit



Unhappy a little more



Unhappy

3. How well do you like your case management services?



Very Happy



Happy just a little bit



Unhappy a little more



Unhappy