

SCP Performance Measure Surveys Information Packet
Appendix L. Survey Tracking Sheet

Client Survey Tracking Sheet (Sample)

If you are measuring **H9**, clients that have been receiving independent living/companionship services for the minimum amount of time (which you indicated in your work plan) should complete the **SCP Independent Living Performance Measure Survey**. This is a sample tracking sheet to help you determine who should get a survey and if you need to follow up. It includes space to note how you gave them the survey (method). It also includes the type of assistance the client needs to complete the survey, if any, and the final result (when the survey was completed; when the person declined; or if the person did not respond to requests).

You do not need to turn in this tracking sheet. Please use it if you find it helpful, and revise it to fit your needs.

Clients receiving independent living/companionship services			Clients to be Surveyed									
			Method (in person, telephone, mail, online)	Language/Assistance (if applicable)						Final Result		
				Survey language needed, if other than English	Type of assistance needed, if applicable (reading/writing only; surrogate)	Surrogate, if needed						
Name or Identification Number	Date client began receiving SCP services	Check (X) if received minimum amount of service						Name	Relation-ship	Contact Information	Date Completed	Date Declined
Example: 112	2/12/12	X	telephone		surrogate	Jane Smith	daughter	Cell: 999-9999	7/10/13			
Example: 146	5/10/12	X	In person	Spanish					7/12/13			

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Caregiver Survey Tracking Sheet (Sample)

If you are measuring **H14**, caregivers that have been receiving respite services for the minimum amount of time (which you indicated in your work plan) should receive the **SCP Respite Performance Measure Survey**. This is a sample tracking sheet to help you determine who should get a survey and if you need to follow up. It includes space to note how you gave them the survey (method). It also includes the type of assistance the caregiver needs to complete the survey, if any, and the final result (when the survey was completed; when the person declined; or if the person did not respond to requests).

You do not need to turn in this tracking sheet. Please use it if you find it helpful, and revise it to fit your needs.

Caregiver receiving respite services			Caregiver to be Surveyed					
			Method (in person, telephone, mail, online)	Language/Assistance (if applicable)		Final Result		
Name or Identification Number	Date caregiver began receiving SCP services	Check (X) if received minimum amount of service		Survey language needed, if other than English	Type of assistance needed, if applicable	Date Completed	Date Declined	No Response: date of last attempt
<i>Example: 022</i>	<i>4/21/12</i>	<i>X</i>	<i>In person</i>	<i>Russian</i>		<i>7/20/13</i>		
<i>Example: 047</i>	<i>4/29/12</i>	<i>X</i>	<i>telephone</i>		<i>Difficulty reading –needs to hear survey instead of reading it</i>	<i>6/30/13</i>		

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