|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01414 (01/2023) | **STATE OF WISCONSIN**Asthma-Safe Homes Program |
| **Participant SATISFACTION SURVEY** |
| **Organization:**       |

Thank you for participating in the Asthma-Safe Homes Program (ASHP). Please complete the following questions to help us improve the program. Your response will not be identifiable. This information will help the Wisconsin Department of Health Services and the ASHP organizations improve our services.

|  |  |
| --- | --- |
| Think back on your participation in the Asthma-Safe Homes Program: | (Circle one) |
| 1. Has your (or your child’s) asthma symptoms improved?
 | Yes | No |
| 1. Do you feel better able to manage your (or your child’s) asthma?
 | Yes | No |
| 1. Do you feel more comfortable with your (or your child’s) asthma medication plan?
 | Yes | No |
| 1. Were you able to incorporate the asthma educator’s home recommendations, such as suggestions around cleaning frequency and other ways to avoid asthma triggers?
 | Yes | No |
| 1. Which parts of the program were most helpful? Circle all that apply:
 |
| 1. Learning how to better recognize warning signs of asthma attacks
 |
| 1. Learning how to identify asthma triggers
 |
| 1. Learning what to change in your home to reduce asthma triggers
 |
| 1. Reviewing how to use your (or your child’s) inhaler, spacer/chamber, or other medication
 |
| 1. Discussing the importance of having an asthma action plan
 |
| 1. Receiving free home supplies, such as asthma-friendly cleaning kit, dust-mite covers, or vacuum
 |
| 1. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. To what extent do you agree or disagree with the following statement: “I felt the Asthma-Safe Homes Program educator was trustworthy.”
 |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1. To what extent do you agree or disagree with the following statement: “I am satisfied with the Asthma-Safe Homes Program.”
 |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1. Are there any education, resources, or household supplies that you wish had been provided? If so, please share:
 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Please share any comments and suggestions for improvement:
 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |