

SATISFACTION SURVEY

PLEASE COMPLETE BOTH SIDES

This box to be completed by staff Program being rated: _____
 Check the box if staff assisted in the completion of this survey
 Staff name: _____

We are committed to improving our services in this program. To help us do this, we survey customers about the services they receive in our program. You do not have to fill out this survey. If you choose to complete it the information you provide cannot be associated with you because we will never ask for your name. THANK YOU for your participation.

Today's date: _____

How long have you been receiving services from this program? *Please check one below.*

- Less than a month 1-6months 6-12 months 1-3 years 3 or more years

Please indicate your agreement with each of the following statements by circling the number that best represents your opinion. Please answer all questions. If the question asks about something you have not experienced circle number 0, indicating "N/A", Not Applicable. Thank You.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I am satisfied with the quality of services I've received in this program.	5	4	3	2	1	0
2. I was able to get the services I thought I needed.	5	4	3	2	1	0
3. The staff showed sensitivity to my background (cultural, racial, special needs, sexual orientation).	5	4	3	2	1	0
4. The staff treated me with respect and dignity.	5	4	3	2	1	0
5. The staff had the knowledge and ability to help me.	5	4	3	2	1	0
6. The resources/information provided to me by this program were helpful/useful.	5	4	3	2	1	0
7. I was involved in the development of my own service goals.	5	4	3	2	1	0
8. The services I've received in this program have helped me to deal more effectively with my need(s).	5	4	3	2	1	0
9. It was easy to access the program and program services.	5	4	3	2	1	0

SATISFACTION SURVEY CONTINUED

10. What two things do you like the *most* about the services you received?

11. What two things do you like the *least* about the services you received?

12. How would you change services to better meet your needs?

13. What has changed in your life because of this program?

14. Is there anything else you would like us to know?

15. If you rated anything “Strongly Disagree” on the first page, please explain why.

16. If you rated anything “Strongly Agree” on the first page, please explain why.

THANK YOU!