

CONSUMER SATISFACTION SURVEY

Thank you for taking the time to complete this consumer satisfaction survey! This survey is administered as a part of our commitment to improving our services in this program. It is completely anonymous and optional.

Program Name	Did staff assist with completion of this survey? <input type="checkbox"/> Y <input type="checkbox"/> N (If Yes, please give staff name below.)
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Today's Date ____/____/____

How long have you been receiving services from this program?

- Less than One Month
 1-6 Months
 6-12 Months
 1-3 Years
 3 or More Years

SECTION ONE: RATING SCALE

Please use the scale below to indicate your level of satisfaction by circling the number that best reflects your rating for each item.

5 – Strongly Agree 4 – Agree 3 – Neutral 2 – Disagree 1 – Strongly Disagree

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

Please turn over to complete section two.

SECTION TWO: QUESTION & ANSWER

10. What two things did you like most about the services that you received? _____

11. What two things did you like least about the services that you received? _____

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

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

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

15. For any item(s) for which you selected Strongly Disagree (5) in section one, please provide feedback to help us identify areas for improvement.

16. For any item(s) for which you selected Strongly Agree (1) in section one, please provide feedback to help us identify the program's strengths.

We appreciate your comments and the opportunity to serve you!