

## SERVICE SATISFACTION QUESTIONNAIRE

I would like you to complete this sheet on your own (with my help if necessary). Please answer all of the questions by placing a **X** on the line which best suits your response.

1. How would you rate the quality of service you receive at XXXX?

Excellent	Good	Fair	Poor
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2. How satisfied are you with the service you have received?

No, definitely not	Mostly satisfied	Yes, generally	Yes, definitely
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3. To what extent has our program met your needs?

Almost all my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met
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4. If a friend were in need of similar help, would you recommend our program to him/her?

No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely
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5. How satisfied are you with the amount of support you receive?

Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Yes, definitely
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6. Have the services you received helped you access the local community?

Yes, they have helped a great deal	Yes, they have helped somewhat	No, they really haven't helped	No, they have seemed to make things worse
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7. If you were to seek support again, would you come back to our program?

No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely
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**As a group we will answer these questions. I would like your comments and examples!**

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1. Give examples of how you are treated like an individual. Please make any suggestions for improvements:

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2. Give some examples of when you get to make choices and decisions: Please make any suggestions for improvements:

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3. Do the staff treat you with respect and dignity? Please give examples and any suggestions for improvements:

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4. Is your personal information kept confidential? Please give examples and any suggestions for improvements:

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5. Do you have the opportunity to participate in activities in the community? Please give examples and any suggestions for improvements:

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6. Do you know how to make a complaint? Would you feel comfortable to do so?

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**ANY ADDITIONAL COMMENTS**

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