**CT BOS Continuum of Care**

**2020 Consumer Satisfaction Survey**

**Your answers are anonymous and your individual responses will not be shared with anyone.**

**There is a comments section at the end. Please feel free to comment on any of the questions.**

1. How long have you been in the program? (Check one)

[ ]  Less than 1 month [ ]  1 to 6 months [ ]  7-12 months [ ]  13 months to 1 ½ years

[ ]  More than 1 ½ years

2. These are the services I receive:

[ ]  Employment [ ]  Substance Abuse [ ]  Medical [ ]  Mental Health Services [ ]  Educational

[ ]  Case Management Services [ ]  HIV Prevention Education [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2a. Are your service needs being met in this program? (Check one)

[ ]  Always [ ]  Most of the Time [ ]  Some of the Time [ ]  Never

2b. These are the services I need but I don’t receive:

[ ]  Employment [ ]  Substance Abuse [ ]  Medical [ ]  Mental Health Services [ ]  Educational

[ ]  Case Management Services [ ]  HIV Prevention Education [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2c. How is this program meeting or not meeting your needs?

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1. If you have requested a referral to other programs/services, did you receive the referral requested?

[ ]  Yes [ ]  No [ ]  N/A

3a. If you did not receive a referral, why didn’t you get it?

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1. Are you treated with dignity and respect by the staff of this program?

[ ]  Always [ ]  Most of the Time [ ]  Some of the Time [ ]  Never

1. Do you feel that you can make decisions about what happens to you in this program?

[ ]  Always [ ]  Most of the Time [ ]  Some of the Time [ ]  Never

1. Have you had the chance to give input into how the program is run (for example: consumer advisory board or tenants’ council, grievance procedure, suggestion boxes, consumer involvement in agency/board membership)?

[ ]  Yes [ ]  No

7. Do you feel safe in this program/facility?

[ ]  Always [ ]  Most of the Time [ ]  Some of the Time [ ]  Never

1. Is the program's facility clean and well maintained?

[ ]  Always [ ]  Most of the Time [ ]  Some of the Time [ ]  Never

1. When you have a problem or complaint, is a staff person available to help you?

[ ]  Always [ ]  Most of the Time [ ]  Some of the Time [ ]  Never

1. Has the quality of your life improved since you entered this facility or program?

 [ ]  Greatly [ ]  Somewhat [ ]  Stayed the same [ ]  Gotten worse

Please Explain:

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1. Is your personal information kept private?

[ ]  Yes [ ]  No

1. Does staff in the program speak your language or has the program provided translators who speak your language?

[ ]  Yes [ ]  No [ ]  N/A

1. Is there sensitivity to your cultural needs (for example: accommodating food habits, dress, other beliefs and practices)?

[ ]  Yes [ ]  No

1. This is what I like about the program / facility…

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1. This is what I wish were different about the program / facility …

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**Any other comments?**

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**Thank you for participating in this survey! Your opinion matters.**