

Agency Name: _____ Project Name: _____
Grant Number: CT _____

**CT BOS Continuum of Care
2021 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?

3. 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?

4. Are you treated with dignity and respect by the staff of this program?
 Always Most of the Time Some of the Time Never

5. 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

6. 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

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8. Is the program's facility clean and well maintained?
 Always Most of the Time Some of the Time Never

9. 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

10. Has the quality of your life improved since you entered this facility or program?
 Greatly Somewhat Stayed the same Gotten worse

Please Explain:

11. Is your personal information kept private?

Yes No

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

Yes No N/A

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

Yes No

14. Choose the answer that best describes your race:

Black White Asian American Indian or Alaska Native Native Hawaiian or Pacific Islander
 Multiple Races

15. Choose the answer that best describes your ethnicity:

Hispanic/Latino Non-Hispanic/Non-Latino

16. This is what I like about the program / facility...

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

Any other comments?

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