

Agency Name: \_\_\_\_\_ Project Name: \_\_\_\_\_  
Grant Number: CT \_\_\_\_\_

**CT BOS Continuum of Care  
2023 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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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?

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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:

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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...

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17. 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.**