

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?

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.