

Program: _____
Date: _____

Customer Satisfaction Survey - Child Version -

Please help us make our program better by answering these questions about the services.
Circle the number that best fits your answer.

1. Did staff explain things in a way you could understand? ① Never ② Sometimes ③ Usually ④ Always
2. Did staff include your ideas in decisions? ① Never ② Sometimes ③ Usually ④ Always
3. Did staff involve your family in your care? ① More than I wanted ② Less than I wanted ③ About the right amount ④ No involvement, which is what I wanted
4. Did the staff listen to you? ① Never ② Sometimes ③ Usually ④ Always
5. Did the staff work well together? ① Never ② Sometimes ③ Usually ④ Always
6. Did the staff spend enough time with you? ① Never ② Sometimes ③ Usually ④ Always
7. Did the staff treat you with respect?..... ① Never ② Sometimes ③ Usually ④ Always
8. Did the staff give you support?..... ① Never ② Sometimes ③ Usually ④ Always
9. Was the service helpful for you? ① Never ② Sometimes ③ Usually ④ Always
10. Would you recommend this program to someone else who needed similar help? ① Yes ② Don't know ③ No
11. On a scale of 1 to 10, how would you grade the care you received? ⑩ A ⑨ B ⑧ C ⑦ D ⑥ F ⑤ ④ ③ ② ①

Please turn the page!

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12. Is there a staff or worker who worked especially well with you? If yes, can you explain why?

Please tell us something about who you are.

13. My gender is: ① Male ② Female

14. My race is: ① Caucasian/White ② African-American/Black ③ Biracial/Multiracial
 ④ American Indian ⑤ Asian ⑥ Alaskan Native ⑦ Other:

15. Are you Hispanic or Latino? ① Yes ② No

16. My year of birth is: _____

YOUR OPINIONS ARE IMPORTANT TO US.

THANK YOU VERY MUCH.