

# CONSUMER SATISFACTION SURVEY

*Please answer all questions that apply to you.*

1. How would you rate your first contact with Options.  
Great                      Good                      Fair                      Poor
2. How did you learn about Options?  
Friend                      Family Member                      Agency                      Other \_\_\_\_\_
3. Did Options return your telephone calls) in a timely manner?                      Yes                      No
4. Did you receive the information and/or service you requested?                      Yes                      No
5. Which service did you request? \_\_\_\_\_
6. Was the staff courteous?                      Yes                      No
7. Was the information/service you received helpful to you?                      Yes                      No
8. Were you informed of other services offered at Options?                      Yes                      No
9. We're you part of the decision malting process?                      Yes                      No
10. After working with Option's staff, do you feel that you would be able to advocate for yourself should a similar issue arise?                      Yes                      No
11. Would you recommend Option's services to a friend or relative?                      Yes                      No
12. Has your life changed since coming to Options?                      Yes                      No
13. Would you like to share with us how it has changed?                      Yes                      No

*Your additional comments are welcome below*

---

---

---

---

---

---

---

*Your comments are important to us –  
Options is here for you; lets make it better together!!!*