



2015-17 CLIENT SURVEY

Please help us improve our program by answering some questions about the services you or your family received. This is an anonymous survey. Your responses cannot be linked to you or affect your receipt of services in any way. We are interested in your honest opinions, whether they are positive or negative. We also welcome your comments and suggestions. Thank you very much for your time and help.

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1. How satisfied were you with the services you received?	Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Mostly Satisfied <input type="checkbox"/>	Very Satisfied <input type="checkbox"/>
2. Were the services respectful of your personal background (language, ethnicity, culture, gender, religion, etc.)?	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes, Very <input type="checkbox"/>
3. How could the program be improved?				
4. Other comments:				