

**This survey is the product of the
CONSUMER ADVISORY COUNCIL (CAC)
of the ENDEPENDENCE CENTER, INC. (ECI)**

*The CAC is a committee of active ECI participants who are
appointed by ECI's Board of Directors. CAC members
conduct an annual survey to get feedback from all of ECI's
active participants on ECI activities and services.*

PLEASE CALL THE ENDEPENDENCE CENTER

AT 461-8007 Ext. 329 OR VIA E-MAIL AT

ECICAC@ENDEPENDENCE.ORG IF YOU NEED HELP

FILLING OUT THE SURVEY AND ONE OF THE

CONSUMER ADVISORY COMMITTEE (CAC)

PARTICIPANTS WILL ASSIST YOU!

**ENDEPENDENCE CENTER, INC.
PARTICIPANT SATISFACTION SURVEY 2009**

1. Rate your quality of service.
(Circle One)

	<u>High</u>		<u>Medium</u>		<u>Low</u>	
a. Quality of service you received	5	4	3	2	1	0
b. How well did staff help you	5	4	3	2	1	0
c. The services met all your needs	5	4	3	2	1	0
d. Services were provided on time	5	4	3	2	1	0
e. On what level were you treated with respect?	5	4	3	2	1	0

2. Circle how long you have been coming to ECI?

- a. 0 – 5 years
- b. More than 5 years
- c. More than 10 years

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3. What best describes your disability? You may circle more than one.

a. Visual disability (Low eyesight, moderate eyesight, legally blind)

b. Hearing disability (hard of hearing, deaf)

c. Mobility disability (wheelchair users, canes and walkers)

d. Cognitive disability (learning disabilities, brain injury, intellectual disabilities)

e. Other _____

4a. Looking at what ECI has to offer, did you set any goals for yourself?

Yes _____ No _____

4b. How many goals have you set and met?
(Check One)

_____ 1 - 5 goals

_____ 5 - 10 goals

_____ More than 10 goals

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5a. For each goal you set, has ECI helped you with training and information?

Yes _____ No _____

5b. Did you ask for help on a goal and NOT receive it?

Yes _____ No _____

5c. If yes, what goals did you NOT receive help with?

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6a. How helpful do you find information you receive from
(Check One for each Item)

	Very Helpful	Helpful	Not Very Helpful	Do Not Use
ECI's Website				
ECI's Calendar				
ECI's Bulletin Board				
ECI's Newsletter				

6b. Do you use a computer to view ECI's calendar of events, website (www.endependence.org) or newsletter?

Yes _____ No _____

6c. Would you be willing to fill out this survey from ECI's website in the future?

Yes _____ No _____

7. Do you feel you are well informed about ECI services?

Yes _____ No _____

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8. For each of the following that was a goal you worked on, please rate how well ECI helped you. (Circle One Number or place check in the box for each option)

	<u>High</u>		<u>Medium</u>			<u>Low</u>	<u>Does Not Apply</u>
	5	4	3	2	1	0	<input type="checkbox"/>
a. Housing	5	4	3	2	1	0	<input type="checkbox"/>
b. Transportation	5	4	3	2	1	0	<input type="checkbox"/>
c. Self-Advocacy	5	4	3	2	1	0	<input type="checkbox"/>
d. Employment	5	4	3	2	1	0	<input type="checkbox"/>
e. Social Security Work Incentives	5	4	3	2	1	0	<input type="checkbox"/>
f. Advocacy for others	5	4	3	2	1	0	<input type="checkbox"/>

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9. For each service you received below, please rate the importance of the service to you. (Circle One Number or place check in the box for each option)

	<u>High</u>		<u>Medium</u>		<u>Low</u>		<u>Does Not Apply</u>
a. Peer Counseling	5	4	3	2	1	0	<input type="checkbox"/>
b. Advocacy	5	4	3	2	1	0	<input type="checkbox"/>
c. Information and Referral	5	4	3	2	1	0	<input type="checkbox"/>
d. Independent Living Skills Training	5	4	3	2	1	0	<input type="checkbox"/>
e. Support Groups	5	4	3	2	1	0	<input type="checkbox"/>
f. Workshops	5	4	3	2	1	0	<input type="checkbox"/>

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10. How is ECI different than other activities, groups and organizations?

11. Would you tell others about ECI?

Yes _____ No _____

12. What new and different things would you like to see at ECI?

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13. Any additional comments?

If mailing the survey to the Consumer Advisory Committee,
address to the following:

Consumer Advisory Committee
Endeppendence Center, Inc.
6300 East Virginia Beach Boulevard
Norfolk, VA 23502

Thank you!

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PARTICIPANT SATISFACTION SURVEY 2009**

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- Need the survey in Braille or large print? Need someone to help you fill it out? Just leave a message in the CAC voicemail by calling 461-8007 Ext. 329 or e-mail the CAC at ecicac@endependence.org.
 - The purpose of this survey is to gather information and feedback about your experience at the Endependence Center.
 - **IMPORTANT!** This survey is to be completed by Endependence Center participants only.
 - This survey is different than last year's survey. Even if you filled one out last year, please also fill one out this year. However, once is enough! We only need one survey from you for 2009, so if you fill it out online, at an ECI event, or in the mail, you're done!
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Thank you for completing this survey!

The information you provide will be helpful to ECI in both planning needed services and assuring the quality of current services.

Deadline for submitting the Survey in November 30, 2009

All Information Provided Will Be Kept Confidential.

