

2024 CoC & YHDP Consumer Satisfaction Survey

| | | | | | |
|--|---------------------------|-------------------------|--------------------|---------------------|------------------------------|
| Agency: | Program: | Today's Date: | | | |
| Did staff help you complete this survey? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, who helped you? | | | |
| <i>Please circle how much you agree with each statement:</i> | Strongly Agree (5) | Agree (4) | Neutral (3) | Disagree (2) | Strongly Disagree (1) |
| I am satisfied with this program overall. | 5 | 4 | 3 | 2 | 1 |
| I am satisfied with the housing where I live. | 5 | 4 | 3 | 2 | 1 |
| I am satisfied with the services that I receive through this program. | 5 | 4 | 3 | 2 | 1 |
| It is easy to get the services that I need through this program. | 5 | 4 | 3 | 2 | 1 |
| The staff are respectful to me and my background (race, religion, special needs, sexual orientation, gender, etc.) | 5 | 4 | 3 | 2 | 1 |
| The staff have the knowledge and ability to help me live better. | 5 | 4 | 3 | 2 | 1 |
| I am involved in developing goals for myself after having accessed services through this program. | 5 | 4 | 3 | 2 | 1 |
| The services I have received have helped me live better and deal with my needs. | 5 | 4 | 3 | 2 | 1 |

Please answer the following questions. If you need more room, you can write on the back of this page.

| |
|---|
| What do you like the most about this program and the services you receive? |
| What do you like the least about this program and the services you receive? |
| What would you like changed about this program? |
| Is there anything else you would like for us to know? |

| |
|---|
| Demographic Questions |
| The following questions are optional. We ask these questions to ensure that programs and services are accessible and affirming for all individuals. |

| | |
|--------------------------|--|
| What is your age? | |
|--------------------------|--|

| | |
|---|--|
| Which of the following best represents your gender identity? | |
| | 1. Female |
| | 2. Male |
| | 3. Non-binary |
| | 4. Genderqueer or Genderfluid |
| | 5. Gender nonconforming |
| | 6. Questioning or unsure |
| | 7. Prefer not to answer |
| | 8. Additional gender category/identity not listed: |

| | |
|--|----------------------|
| Do you identify as transgender? | |
| | Yes |
| | No |
| | Prefer not to answer |

| | |
|--|--|
| Which of the following best represents your sexual orientation? | |
| | Asexual |
| | Bisexual |
| | Fluid |
| | Gay |
| | Lesbian |
| | Pansexual |
| | Queer |
| | Questioning or unsure |
| | Heterosexual or straight |
| | Prefer not to answer |
| | Additional category/identity not listed: |

| | |
|--|---|
| What race do you identify with? | |
| | American Indian or Alaska Native |
| | Asian or Asian American |
| | Black or African American |
| | Hispanic or Latino/a/x |
| | Middle Eastern or North African |
| | Native Hawai’ian or Pacific Islander |
| | White or European |
| | My race/ethnicity is best described as: |