CONSUMER SURVEY – SFILP

Instructions: Think about the services that you have received from Wendat's Support for Independent Living Program. Please indicate your agreement/disagreement with each of the following statements by checking the box which best represents your opinion.

	Strongly	Agree	Neutral	Disagree	Strongly	Not
	Agree				Disagree	Applicable
I like the services						
that I receive here.						
I feel I have a say						
about what kind of						
care I receive.						
I am treated with						
dignity & respect by staff.						
If I had other						
choices, I would still						
get services from						
this agency.						
I would recommend						
this agency to a						
friend or family						
member.						
The location of						
services is						
convenient.						
Services are						
available at times						
that are good for me.						
Staff here believe						
that I can grow,						
change & recover.						
I am given						
information about						
my rights.						
Staff return my calls						
in a timely fashion.						
I feel comfortable						
asking questions						
I, not staff, decide						
my rehabilitation						
goals.						

Name:

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	<u>Strongly</u>	Agree	<u>Neutral</u>	Disagree	<u>Strongly</u>	Not				
	Agree				Disagree	Applicable				
	_									
I am encouraged to										
use or become										
involved with other										
services.										
Staff help me to										
obtain information I										
need so that I can										
take charge of										
managing my illness										
Staff encourage me										
to take responsibility										
for how I live my										
life.										
Staff respect my										
wishes about who is										
& who is not to be										
given information										
about my treatment.										
As a Direct Result of Services I received:										
I deal more										
effectively with										
daily problems.										
I am better able to										
deal with crisis.										
I do better in social										
situations.										
I do better in school										
&/or work.										
My housing										
situation has										
improved.										

Name:

CONSUMER SURVEY – SFILP

1. What has been the most helpful thing about the services you have received through the Support for Independent Living Program?

2. What has been the least helpful?

3. What would improve the services offered by this program?

4. Any other comments/suggestions?

Thank-you for your time

Date: