

Name: _____
Date: _____

CONSUMER SURVEY-SFILP

Please rate your overall satisfaction with the service received on the scale of 1-5 below.

Not at all Satisfied		Satisfied		Very Satisfied
1	2	3	4	5

Written Answers:

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

1a. What has been the least helpful?

2. With regards to COVID-19, what would improve the services offered by this program?

3. Have you seen your provider or received services other than in-person in the last year? (ie. telephone, video, email/secure messaging?)

- Yes
- No

3a. Do you **prefer** to receive services or speak with your provider using telephone, video or email/secure messaging?

- Yes
- No
- Sometimes

If sometimes, please explain below:

4. Did you have other support services available to you during COVID-19?

5. If you have been accessing our virtual services, how do you access this service? (circle one)

- Smart Phone
- Computer
- Tablet

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- Public Access Computer
- Other: _____

8. Any other comments/suggestions?