

Hope Enterprises Consumer Satisfaction Survey

You are invited to participate in our Consumer Satisfaction Survey. As a consumer, family member or guardian who receives services from Hope Enterprises, please take a few moments to fill out this survey. Your comment and insight can help us to improve our services to better meet your needs. The survey will only take 10 minutes to complete. Once completed, please return the survey to the Compliance Department. You can also participate in our Consumer Satisfaction Survey Online at www.hopeability.org. Click on "SURVEY" located at the top left of the website.

Please circle the response that most closely reflects your experience.

1 Dissatisfied 2 Neutral 3 Satisfied
n/a Does not apply

1. My phone calls, emails and other communication are returned in a reasonable amount of time.	1	2	3	n/a
2. My provider has a very high quality of care.	1	2	3	n/a
3. My provider has up to date equipment and facilities.	1	2	3	n/a
4. Before I chose the provider, I expected the provider to meet my needs.	1	2	3	n/a
5. Before I came to the provider, I expected quality care.	1	2	3	n/a
6. Appointments and meetings are scheduled when needed and my availability is considered.	1	2	3	n/a
7. Medications and health care issues are explained to me in a way I can follow.	1	2	3	n/a
8. Compared to other local providers, this provider provides the best care.	1	2	3	n/a
9. The staff try their best to help me if there is a problem.	1	2	3	n/a
10. I can usually get my questions answered when I call the provider.	1	2	3	n/a
11. I was given the chance by my provider to provide input in decision making.	1	2	3	n/a
12. I feel safe in the facility.	1	2	3	n/a
13. I would recommend this provider without hesitation.	1	2	3	n/a
14. I am satisfied where I live.	1	2	3	n/a
15. I am satisfied who I live with.	1	2	3	n/a
16. I am satisfied with my day program choices.	1	2	3	n/a
17. I have no significant complaints or dissatisfaction with my provider.	1	2	3	n/a

continued on other side

Your feedback is vital to maximizing our quality of care for future individuals like you. Please use this space for additional comments.

If you are not satisfied with our services and would like to be contacted, please provide your contact information.

Name _____

Address _____

Phone Number _____

Email _____