

**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 annual survey to get feedback from all of ECI's active participants on ECI activities and services.*

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## **PARTICIPANT SATISFACTION SURVEY 2008**

- 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 or e-mail the CAC at [ecicac@endependence.org](mailto: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 2008, 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, 2008

All Information Provided Will Be Kept Confidential.

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

	<u>High</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 - 6 months

b. 6 - 12 months

c. 1 - 5 years

d. 5 - 10 years

e. 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

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 \_\_\_\_\_

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

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

	Very Helpful	Helpful	Not very Helpful	Do not use
Website				
Calendar				
Bulletin Board				
Newsletter				

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

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

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10a. Have you ever been involved with any activities, groups or organizations other than ECI?

Yes \_\_\_\_\_ No \_\_\_\_\_

10b. If yes, what activities, groups or organizations have you been involved in?

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

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11. Do you use a computer to view ECI's calendar of events, web-site ([www.endependence.org](http://www.endependence.org)) or newsletter?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Would you be willing to fill out this survey from ECI's web site in the future?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. Would you tell others about ECI?

Yes \_\_\_\_\_ No \_\_\_\_\_



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

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

Thank you!

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