CONSUMER/GUARDIAN/FAMILY MEMBER SATISFACTION SURVEY

(1) PRIMARY SERVICE/PROVIDER:_____ **(2) COUNTY:**_____

DEMOGRAPHICS

(3) Gender: _____Male _____Female **(4)Age of person receiving services: _____** **(5)Person completing the form is:**
_____ Receiving services
_____ Guardian/Family Member

(6)Race: _____ American Indian, Alaskan Native **_____ Hispanic, Latino**
_____Asian **_____ White**
_____Black, African American **_____ Other (Please Specify): _____**

(7) QUESTIONS	Strongly agree	Agree	Neutral or Unsure	Disagree	Strongly disagree	Don't know
I am satisfied with the services I receive.						
I am able to get answers to my questions.						
I am able to get the services I need quickly.						
I can reach staff easily.						
The services I receive have helped me.						
Staff are respectful and polite to me.						
Staff do what they say they are going to do.						
My service plan reflects my needs and choices.						
I am involved as much as I want to be in decisions about my services.						
I am given help and education in understanding and accessing services.						
My privacy and confidentiality are respected by staff.						
Overall, I am satisfied with the services I receive.						

(8) Barriers to services - Check any barriers you have in getting the services you want from Piedmont.
_____Transportation _____Location _____Office Hours _____Telephone access
_____ Cost _____ Language _____Waiting time (please indicate how long you waited for services _____)
_____Other: (Please specify) _____

Additional Comments:

(If additional space is needed, continue on the back.)

***If you would like our Quality Management Department to call you about this survey please give us the information below:*

Name of person to call: _____Phone #:_____
Reason you would like to talk to someone: _____

Return completed survey to Quality Management 245 LePhillip Court Concord NC 28025