NY Connects Program Satisfaction Survey

Instructions: Please use a blue/black pen to shade the circle corresponding to your answer.

Section A: Experience with NY Connects Staff

1. Which county NY Connects program did you most recently contact?
   Print county name: ____________________________________________

2. How did you contact NY Connects?
   ○ Telephone  ○ Office visit  ○ Email  ○ Other (Please specify) _____________

Do you "agree" or "disagree" with the following statements? Use scale below to indicate answer.

3. When I recently contacted NY Connects, the staff provided a prompt response to my request.
   (If staff did not respond promptly, please describe below)
   Strongly Agree   Agree   Not Sure/Not Applicable   Disagree   Strongly Disagree

4. The NY Connects staff person was courteous.
   ○ ○ ○ ○ ○ ○

5. Overall, the information I received from NY Connects staff was helpful.
   ○ ○ ○ ○ ○

6. Staff provided me with information on the program that I contacted NY Connects about.
   ○ ○ ○ ○ ○

7. Staff asked me questions so that they could better assist me with my request.
   ○ ○ ○ ○ ○

8. Staff provided me with information on more than one program or service.
   ○ ○ ○ ○ ○

9. Staff provided me with information on a program or service that I did not know about.
   ○ ○ ○ ○ ○

10. Staff provided follow-up contact to assist me (telephone call, mailed information, home visit).
    ○ ○ ○ ○ ○

You're almost done! Please turn to the back of the page. Answering this last set of questions will help us learn more about the people who contact their local NY Connects. Like your other answers, this information will remain anonymous.

ID number ____________________________________________

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11. I would contact *NY Connects* again.

12. I would recommend *NY Connects* to others.

13. Overall, I think that *NY Connects* is a good program to have in the community.

**Section B: Demographic Information**

The following questions refer to the person you contacted *NY Connects* about. Please note that you may be answering about yourself.

1. Did you contact *NY Connects* for yourself or someone else?
   - ○ Myself
   - ○ Relative
   - ○ Friend
   - ○ Client
   - ○ Other (please specify) _______________

2. What is the age of that person?
   - ○ Birth to 18 years
   - ○ 19-59 years
   - ○ 60 years or older
   - ○ Not Sure/Don't Remember

3. What is the gender?
   - ○ Male
   - ○ Female
   - ○ Not Sure/Don't Remember

4. What is the best description of the person's race/ethnicity? (shade all that apply)
   - ○ White
   - ○ Hispanic or Latino
   - ○ Black or African-American
   - ○ Not Sure/Don't Remember
   - ○ Asian
   - ○ Other: _______________
   - ○ American Indian or Alaska native

Are there any comments you would like to share about your experience with *NY Connects*?

You're finished - Thank you very much for helping make our program better!

This instrument was developed by the Research Foundation of SUNY/BSC/CDHS and NYSOFA under a training and administrative services agreement with the NYSDOH