

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.

- | | Strongly Agree | Agree | Not Sure/
Not Applicable | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-----------------------------|-----------------------|-----------------------|
| 3. When I recently contacted <i>NY Connects</i> , the staff provided a prompt response to my request.
(If staff did not respond promptly, please describe below) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. The <i>NY Connects</i> staff person was courteous. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Overall, the information I received from <i>NY Connects</i> staff was helpful. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Staff provided me with information on the program that I contacted <i>NY Connects</i> about. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Staff asked me questions so that they could better assist me with my request. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Staff provided me with information on more than one program or service. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Staff provided me with information on a program or service that I did not know about. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Staff provided follow-up contact to assist me (telephone call, mailed information, home visit). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

	Strongly Agree	Agree	Not Sure/ Not Applicable	Disagree	Strongly Disagree
11. I would contact <i>NY Connects</i> again.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I would recommend <i>NY Connects</i> to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Overall, I think that <i>NY Connects</i> is a good program to have in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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!