



**Area IV Agency on Aging and Community Action Programs, Inc.
Customer Satisfaction Survey**

Please help us continually improve our services by letting us know what you think. At **Area IV Agency** we are constantly striving to provide excellent services and to contribute to our mission to *“inspire hope and spark positive change in the lives of those we serve and the communities where we live.”*

1. How long have you been a client with Area IV?

- Less than one year
- 1-2 years
- 2-5 years
- 5-10 years
- Over 10 years

2. How did you first hear about Area IV?

- Referred by Friend/Family Member
- Doctor
- Other Health Care Professional (Counselor, Nurse, Therapist)
- Other Social Service Agency
- Area IV Agency Website
- Area IV Pamphlet
- Internet, please indicate which site if possible _____
- Other, please specify if possible _____

3. Please indicate how much you agree with the following statements:

| | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A (not applicable) |
|---------------------------------------------------------------|----------------|-------|----------|-------------------|----------------------|
| I would recommend Area IV to others | | | | | |
| I feel welcome and respected at Area IV | | | | | |
| I feel comfortable asking questions about Area IV services | | | | | |
| I feel my feedback about services is valued | | | | | |
| I worry that people will see me accessing services at Area IV | | | | | |
| I need the services that Area IV offers | | | | | |

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4. What services do you or did you receive from Area IV?

5. Please tell us about your experience using Area IV services:

6. When you contact Area IV, do you get an answer within a satisfactory amount of time?

- Yes, all of the time
- Most of the time
- Some of the time
- Rarely
- Not applicable, I don't contact anyone

7. Based on your experience, what services are missing at Area IV Agency? What additional services would you like to see offered?

(Note: This doesn't mean we will be able to offer these services, but we want to hear your ideas!)

8. Do you receive Area IV Agency's monthly agency newsletter?

- Yes
- Yes, but I no longer wish to receive it
- No, but I would like to get it (please list your contact information below)
- No, I do not want it

9. If you would like someone to follow up with you regarding your experience with Area IV services or would like to receive our newsletter, please provide your contact information below:

Name: _____

Phone: _____

Email (Newsletter): _____

***Thank you for your time and input.
Your feedback will help us with our programs and our growth!***