

New York State Center for Independent Living (CIL) 2021 Consumer Satisfaction Survey

This survey gives you a chance to anonymously say what you think about services you received at your local Independent Living Center. Results will help centers understand areas of strength and needed improvement.

Please circle or mark your responses to each question. Toward the end of the survey, there is a place for you to enter comments if you wish. When you are done, please mail the survey back in the enclosed self-addressed stamped envelope. Thank you for your help in making your center the best it can be!

Question #1: What Center for Independent Living (CIL) did you receive services from during the past year?

Question #2: The staff and I were able to communicate about my needs easily and clearly.

Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A

Question # 3: The staff was ready to work with me to solve problems.

Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A

Question # 4: The staff treated me respectfully.

Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A

Question # 5: In most cases, the staff responded back to me in a timely manner.

Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A

Question # 6: The staff helped me develop a plan to meet my goals.

Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A

Question # 7: I was able to make decisions about the services I received.

Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A

Question # 8: The services I received helped me feel more confident.

Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A

Question # 9: The staff helped me understand the choices and services available to me.

Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A

Question # 10: I am satisfied with the support and services I received.

Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree

Question # 11: I would recommend my Center to others.

Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree

Question # 12: Provide any additional comments below:

Demographics (optional): Please let us know about your background to help us better understand the people we serve.

13. What is your gender? (Select one)

- Male
- Female
- Choose not to answer
- Other (please self-identify) _____

14. What age group are you in? (Select one)

- Under 5
- 5-19 years
- 20-24 years
- 25-59 years
- 60-older
- Unavailable
- Choose not to answer

15. What ethnic group do you belong to or identify with? (Select one)

- Asian
- Black/African American
- Hispanic/Latinx
- Native American
- Native Hawaiian or Other Pacific Islander
- Multiracial (Two or more races)
- Unknown
- White/Caucasian
- Other
- Choose not to answer

16. Which of these unserved/ underserved community groups do you identify with? (Select all that apply)

- Minorities with disabilities

- LGBTQIA with disabilities
- Veterans with disabilities
- Youth/young adults with disabilities
- Seniors with disabilities
- Immigrants with disabilities
- Deaf/blind individuals
- Rural residents with disabilities
- Other (please identify below)

17. What type of disability or disabilities do you experience? (Select all that apply)

- Cognitive:
 - Autism
 - Epilepsy
 - Intellectual Disability
 - Learning disability
 - Other cognitive disabilities
 - Traumatic and other brain injuries

- Physical:
 - Amputation
 - Back injury
 - Cerebral palsy
 - Environmental and other related illnesses
 - HIV/AIDS
 - Muscular dystrophy
 - Neuromuscular
 - Other congenital birth anomaly
 - Other physical disabilities
 - Orthopedic
 - Spina bifida
 - Spinal cord injury

- Mental:
 - Emotional/behavioral disabilities
 - Mental health diagnosis
 - Other mental illnesses
 - Substance abuse

- Sensory:
 - Blindness

- Deaf/blind
- Deafness
- Hard of hearing
- Low vision (partially sighted)
- Other sensory disabilities

- Multiple Disabilities (Two or more)

- Other Disability (please identify below)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY