**CUSTOMER SATISFACTION SURVEY**

Please rate how well Wisconsin Family Caregiver Programs met your needs.   
Your confidential responses will be used to improve the quality of our services.

**Return survey to: Wisconsin Office on Aging  
 P.O. Box 2659**

**Madison, WI 53701-2659**

This survey can also be completed online at :  
<https://www.surveygizmo.com/s3/4129124/AFCSP-2018-Customer-Satisfcation-Survey> “

1. What county or tribe provided services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How did you first make contact with the caregiver program about your concerns?
   1. In person at a community event
   2. In person at the aging unit/aging and disability resource center
   3. By telephone
   4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How much time passed between your request for help and your first meeting or discussion with a staff person about your request?
   1. Less than one day
   2. One day to one week
   3. More than one week
5. How would you rate the amount of time that passed until you discussed your situation with the staff person?
   1. Very long
   2. Long
   3. Neutral/Don’t know/No opinion
   4. Short
   5. Very short
6. Rate the following aspects of your interaction with the person who spoke to you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Well | Well | No Opinion | Poorly | Very Poorly |
| 1. How well or poorly did program staff listen to you? |  |  |  |  |  |
| 1. How well or poorly did the staff person understand your situation? |  |  |  |  |  |
| 1. How well or poorly was your privacy respected? |  |  |  |  |  |
| 1. How well or poorly did the information you received meet your needs? |  |  |  |  |  |

1. Would you recommend that a friend or family member with similar needs contact the county aging unit/aging and disability resource center/tribe?
   1. Yes
   2. No
   3. Don’t know
2. Is there anything else you would like to tell us about your experience?

***THANK YOU  
Please return completed survey to the   
Wisconsin Office on Aging at the address at the top of page 1*  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only**

|  |
| --- |
| **Program** |
| **AFCSP** |
| **NFCSP** |
| **Both** |