

CONSUMER EXIT SURVEY

Name – Consumer (Last, First, Middle Initial)	Rehab Office Location
Date of Exit Survey (mm/dd/yyyy)	Agency Representative Name
Survey Status	
Completed	Person Not Available
Refused	

The Office for the Blind and Visually Impaired collects information from our consumers to help improve our services. These services can include a home visit and consultation, recommending adaptive equipment, teaching the use of equipment, providing instruction, etc. Please help us by completing this short survey about the services you received. All of your answers will be kept confidential.

- A1 Did you get help choosing any equipment or learning how to use it?
Yes No
- A2 Do you feel these services were helpful?
Yes No Not Applicable
- B1 Did you receive any services to help you walk safely, use a cane or use public transportation?
Yes No
- B2 Do you feel these services help you travel more safely and independently?
Yes No Not Applicable
- C1 Did you get help accessing information such as reading and writing, taking notes, telling time, using a computer or using a phone?
Yes No
- C2 Do you feel these services were helpful?
Yes No Not Applicable
- D1 Did you get help learning skills for grooming, hobbies or everyday tasks, such as cooking, cleaning, etc.?
Yes No
- D2 Do you feel these services were helpful?
Yes No Not Applicable
- E1-3 After receiving services from RS, RSA or vendor, do you feel you have more confidence, less confidence, or no change in confidence?
More Confidence Less Confidence No Change in Confidence
- E4 Other than vision loss, have you had any major changes in your life recently?
Yes No

Comments

Thank you for taking this survey. It will help us improve the services we provide.