

# CONSUMER SATISFACTION

**Project Activity:**

We want to know what you think about this project activity by asking the following questions. To place an X in the correct box: right click next to the box, click on properties, click checked and click on ok.

**Directions** – Please check the category that best describes you.

Individual with a disability       Family member       other

**Directions-** Please check either **Yes** or **No** to tell us your opinion about the following statements.

1. I (or my family member) was treated with respect during this project activity.

Yes       No

2. I (or my family member) have more choice and control as a result of this project activity.

Yes       No

3. I (or my family member) can do more things in my community as a result of this project activity.

Yes       No

**Directions-** Please check the number that best describes your opinion.

4. I am satisfied with this project activity.

4   
Strongly  
Agree

3   
Agree

2   
Disagree

1   
Strongly  
Disagree

5. My life is better because of this project activity.

4   
Strongly  
Agree

3   
Agree

2   
Disagree

1   
Strongly  
Disagree

What has been **helpful** or not helpful about this project activity?

**Questions 6 & 7** (Answer these questions if the project activity included rights and/or protection issues.)

6. Because of this project activity, I (or my family member) know my rights.

Yes       No

7. I (or my family member) am more able to be safe and protect myself from harm as a result of this project activity.

Yes       No