

Date ____ / ____ Southern Choices Staff
Mo Yr

Southern Choices Satisfaction Surveys

Please help our agency make services better by answering some questions about the services you received **OVER THE LAST 6 MONTHS**. Your answers are confidential and will not influence the services.

Please answer the following statements about Southern Choices as an administration.

Answer the following statements with YES or NO.

It is easy to communicate with administration.	Yes	No
Instructions about policies are presented clearly.	Yes	No
Policies and procedures are respected and followed.	Yes	No
The communication system of the company is adequate.	Yes	No
I feel informed when changes need to take place.	Yes	No
Southern Choices advocates for the consumers.	Yes	No
Southern Choices has answered questions.	Yes	No
Administration addresses questions and concerns promptly.	Yes	No
The administration cares about its employees.	Yes	No
Southern Choices follows through on plans they establish.	Yes	No
The administration keeps me informed of changes.	Yes	No
I feel comfortable expressing my feelings.	Yes	No
Southern Choices respects me.	Yes	No
I was educated on proper documentation.	Yes	No
I can express myself to Southern Choices administration.	Yes	No
The overall quality of care meets/exceeds my standards.	Yes	No