



## North Carolina Council on Developmental Disabilities (NCCDD)

3081 Lake Boone Trail, Suite 250 - Raleigh, NC 27607

1-800-357-6916 – FAX: (919) 420-7917

### Consumer Opinion Survey

(Submission accepted January 1, 2008 through December 20, 2008)

We want your opinion!

If you are or have been directly involved in or affected by a **Council on Developmental Disabilities (NCCDD)** funded or sponsored activity, your participation in this survey would be appreciated.

This Consumer Satisfaction Survey will give us some idea of the impact NCCDD funded or sponsored activities has on individuals with developmental disabilities, their family members and others involved in or affected by NCCDD efforts.

So, if you have been involved in or affected by an NCCDD funded or sponsored activity, please help us explore the effectiveness of our activities and efforts by taking this survey.

### Thank you for taking our survey.

Upon request, these survey materials available in Braille, large print, and Spanish.

If you would like assistance filling out the survey form and/or would like to complete it over the telephone, please contact:

Melissa Swartz, Quality Improvement Coordinator, NCCDD

[Melissa.Swartz@ncmail.net](mailto:Melissa.Swartz@ncmail.net)

or

John McCallum, Assistant Director for Quality Management, NCCDD

Toll Free: 1-800-357-6916 TTY: (919) 420-7901

[John.McCallum@ncmail.net](mailto:John.McCallum@ncmail.net)

Submission accepted January 1, 2008 through December 20, 2008



## Consumer Opinion Survey

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I am:

- an Individual with a disability
- a Family member
- Other (please specify) \_\_\_\_\_

What is the Council activity you are providing your opinion for?

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**Answer all questions with the above activity in mind.**

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

- Yes    No

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

- Yes    No

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

- Yes    No

I am satisfied with this activity.

- Yes    No

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

- Yes    No

My life is better because of this activity.

- Yes    No

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

- Yes    No

What has been helpful or not helpful about this activity?

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To complete survey over the telephone, **Call** 1-800-357-6916 or (919) 420-7901  
Ask for Melissa Swartz or John McCallum  
Or

**Mail to:** NCCDD Consumer Survey  
3081 Lake Boone Trail, Suite 250 - Raleigh, NC 27607

**FAX to:** (919) 420-7917

3/1/07