

Disability Access Intake Feedback

1. 1) Please indicate on a scale of 1-5, with 1 being the lowest (not easy at all) and 5 being the highest (very easy), how easy was it to make your initial/first appointment with Disability Access?

Mark only one oval.

	1	2	3	4	5	
Impossible!	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	So easy I could do it in my sleep!

2. 2) Please indicate on a scale of 1-5 with 1 being the lowest (not helpful at all) and 5 being the highest (very helpful), how helpful/useful was your initial/first appointment for you?

Mark only one oval.

	1	2	3	4	5	
Totally useless!	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very, very, very helpful!

3. 3) Please check all that apply to show us the areas where you think we can improve our intake process:

Check all that apply.


- ☐ I wish the time it took to get the initial appointment was shorter.
- ☐ I wish I could have made an appointment online.
- ☐ I wish I would have known what items to bring with me.
- ☐ I did not know what to do after my initial appointment.
- ☐ My visit to the Disability Access office did not feel welcoming.
- ☐ The location of my initial appointment was hard to find/access.
- ☐ I wish the length of my initial appointment had been longer.
- ☐ I wish the length of my initial appointment had been shorter.
- ☐ Other: _____

4. 4) Please indicate on a scale of 1-5, with 1 being the lowest (Not likely at all) and 5 being the highest (very likely) how likely would you be to recommend our services to someone else?

Mark only one oval.

	1	2	3	4	5	
I definitely would NOT recommend this service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I am going to recommend this service to everyone I meet!

5. 5) Please use the box provided below to share any other feedback that you have regarding getting started with services from Disability Access.

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