



WarmLine Family Resource Center
 2035 Hurley Way #250, Sacramento, Ca. 95825
 916-922-9276 / 800-660-7995 Fax: 916-922-9341
www.warmlinefrc.org/email: warmline@warmlinefrc.org

Satisfaction Survey

At WarmLine Family Resource Center, our mission is to serve families who have children with special needs, and the community of professionals that provide support and services for them. We care what you think about the quality of services you receive from the WarmLine. Please help us by taking a moment to fill this out and mail it or fax it back to us. Your opinion is very important to us!

1. How did you hear about the WarmLine Family Resource Center?

- Family Member/Friend Alta Regional Center Infant Development Program
 Doctor/Nurse Service Provider School Staff Newspaper/TV/Radio
 Website Other: _____

Yes No N/A

2. Was the representative with whom you spoke:

- | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| a. Caring/Empathetic/Supportive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Courteous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Knowledgeable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Able to make you feel comfortable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. When you talked with the representative about your needs or concerns, did the representative:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| a. Answer your questions satisfactorily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Ask more specific questions about your needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Suggest appropriate sources of information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Give specific information about your issues in understandable terms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Offer to research questions and call you back | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. If the representative mailed you information, did you receive it in a timely manner?

5. Were you able to follow through on contacting the referrals give to you?

If no, please explain: _____

Yes No N/A

6. If you left a message on our voicemail, was your call returned in a reasonable amount of time?

7. Would you refer friends/family to the WarmLine?

8. Would you call the WarmLine again?

9. Using the bar below, please circle the number which reflects your overall satisfaction with our service.

1 (Excellent)	2	3 (Satisfactory)	4	5 (Unsatisfactory)
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(For Families:)

10. Has the information and/or support you have received from the WarmLine increased your ability to access services for your child with special health care needs?

1 (Not at all)	2	3	4	5 (Greatly)
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11. Have the workshop(s) and/or listservs you participated in increased your knowledge of systems and/or resources for your child with special health care needs?

1 (Not at all)	2	3	4	5 (Greatly)
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What workshop(s) have you attended in the past 6 months? _____

(For Professionals:)

12. Has your knowledge about family centered care increased as a result of information you received from the WarmLine or from a workshop offered?

1 (Not at all)	2	3	4	5 (Greatly)
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13. Has your knowledge about resources for families of children with special health care needs increased as a result of information you received from the WarmLine or from a workshop offered?

1 (Not at all)	2	3	4	5 (Greatly)
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Please share any additional comments with us: _____

THANK YOU FOR YOUR ASSISTANCE!