

**PARI INDEPENDENT LIVING**  
**500 Prospect St. Pawtucket, RI 02860**

**2009 Consumer Services Survey**

***PARI values your feedback!*** Our Center wants to provide the highest possible quality services. Please take a few moments to provide your feedback on our Center.

Mail, fax, or deliver to our office by October 31, 2008. Our fax number is (401) 725-2104. You can also access the survey on our website at [www.pari-ilc.org](http://www.pari-ilc.org).

***Please circle the response below that best describes your opinion of the services you have received from PARI by using the following:***

1. As a result of my involvement with PARI, I am more independent in my home, or apartment/residence.

0 = Not applicable    1 = Strongly Disagree    2 = Disagree    3 = Agree    4 = Strongly Agree

2. As a result of my involvement with PARI, I am less dependent on others.

0 = Not applicable    1 = Strongly Disagree    2 = Disagree    3 = Agree    4 = Strongly Agree

3. As a result of my involvement with PARI, I am better able to move confidently around my house/apartment and/or community.

0 = Not applicable    1 = Strongly Disagree    2 = Disagree    3 = Agree    4 = Strongly Agree

4. As a result of my involvement with PARI, I am better able to manage housekeeping tasks and maintain my house/apartment.

0 = Not applicable    1 = Strongly Disagree    2 = Disagree    3 = Agree    4 = Strongly Agree

5. As a result of my involvement with PARI, I am better able to care for my children and family.

0 = Not applicable    1 = Strongly Disagree    2 = Disagree    3 = Agree    4 = Strongly Agree

6. As a result of my involvement with PARI, I am better able to participate in the life of my family, friends and community.

0 = Not applicable    1 = Strongly Disagree    2 = Disagree    3 = Agree    4 = Strongly Agree

7. As a result of my involvement with PARI, I am no longer considering having to go into a nursing home.

0 = Not applicable    1 = Strongly Disagree    2 = Disagree    3 = Agree    4 = Strongly Agree

8. As a result of my involvement with PARI, I am better able to advocate for myself for what I need.

0 = Not applicable    1 = Strongly Disagree    2 = Disagree    3 = Agree    4 = Strongly Agree

9. What is your disability?	(check box)	10. How did you hear about us?	(check box)
(1) Cognitive		(1) Family/friend	
(2) Mental/Emotional		(2) State Agency	
(3) Physical		(3) Media	
(4) Hearing		(4) Consumer	
(5) Vision		(5) Met at conference	
(6) Multiple Disabilities		(6) Other _____	

11. Why did you call or come in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. What is the greatest difference PARI has made in your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Have you attended a PARI event in the last year? \_\_\_\_\_

What event did you attend: \_\_\_\_\_

If you did not attend, what factor kept you from attending, i.e. time of day; date; transportation; other?

\_\_\_\_\_

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14. What topics would you like to see addressed in the coming year?

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15. What is the greatest barrier you face in achieving your goals?

Transportation \_\_\_\_\_

Health Care \_\_\_\_\_

Finding a PCA \_\_\_\_\_

Other \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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Thank you for your input.