

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please take a minute to complete the survey below. The purpose of this instrument is to get your opinions about services for Tree of Life Incorporated. We plan to compile this information and use it as input for the development and improvement of future services.

Thank you for your time and interest in helping us to identify our most pressing problems and issues.

**Part I: Services**

1. In the following list, what do you think are **the three most important factors** of how Tree of Life helped you achieve your goals?

**Check only three:**

<input type="checkbox"/> Interview Assistance	<input type="checkbox"/> Financial Assistance
<input type="checkbox"/> Resume Assistance	<input type="checkbox"/> Budget Planning Assistance
<input type="checkbox"/> Work Ethics Assistance	<input type="checkbox"/> Finding Employment (Worksite)
<input type="checkbox"/> Dress for Success Assistance	<input type="checkbox"/> Transportation
<input type="checkbox"/> Supervisor/Coworker Assistance	<input type="checkbox"/> Other _____
<input type="checkbox"/> Job Coach Assistance	
<input type="checkbox"/> Connection to resources	
<input type="checkbox"/> Individual Service Plan Assistance	
<input type="checkbox"/> Emotional/Client Support Assistance	

2. How would you rate the overall experience with Tree Of Life services?

Excellent  Good  Fair  Poor  Very Poor

Comments:

4. Approximately how many hours per month did you train? (e.g., CWAT, Work Evaluation, Job Sampling, etc.)

None  10 - 20 hours  20- 30 hours  Over 30 hours

Comments:

5. Would refer others to Tree of Life services: Yes  No

**Part II: Demographics**

**Please answer questions #7-15 so we can see how different types of people feel about local health issues.**

7. Zip code where you live: \_\_\_\_\_

9. Sex:  Male  Female

8. Age:  25 or less  
 26 - 39  
 40 - 54  
 55 - 64  
 65 or over

10. Ethnic group you most identify with:  
 African American / Black

- Asian / Pacific Islander
- Hispanic / Latino
- Native American
- White / Caucasian
- Other \_\_\_\_\_

11. Marital Status:

- Married / co-habiting
- Not married / Single

12. Education

- Less than high school
- High school diploma or GED
- College degree or higher
- Other \_\_\_\_\_

13. Household income

- Less than \$20,000
- \$20,000 to \$29,999
- \$30,000 to \$49,999
- Over \$50,000

14. How do you pay for your health care? (check all that apply)

- Pay cash (no insurance)
- Health insurance (e.g., private insurance, Blue Shield, HMO)
- Medicaid
- Medicare
- Veterans' Administration
- Indian Health Services
- Other \_\_\_\_\_

15. Where / how you got this survey: (check one)

- Church
- Community Meeting
- Grocery Store / Shopping Mall
- Mail
- Newspaper
- Newsletter
- Personal Contact
- Workplace
- Other \_\_\_\_\_