Attachment D

Consumer Interview Format

Reviewers develop a profile of responses based on each consumer interview. The feedback remains anonymous.

Reviewer's Name: _____________________________________

Date of Interview:____________________

Consumer's Name: ____________________________________

1. How long have you been a consumer at the Center?

2. How did you originally hear about the Center?

3. Can you tell me about the services you have received at the Center?

4. Please describe ways you may have benefited from the services you received?
5. How would you describe the level of skills and knowledge of staff you have worked with at the Center?

6. Did you always feel in charge of your services at the Center?

7. Are you aware of services that the Center provides in addition to the services you have received?

8. Would you or have you recommended the Center to others?

REVIEWERS COMMENTS: