Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
| **The services and supports received from Na Hoaloha have…** |  |  |  |  |  |
| helped me do as much as I can on my own (I am able to maintain my independence). |  |  |  |  |  |
| helped me remain living at home (meet my needs living in the community). |  |  |  |  |  |
| helped me with daily living tasks. |  |  |  |  |  |
| helped me maintain/improve my overall health. |  |  |  |  |  |
| helped me maintain/improve my physical health. |  |  |  |  |  |
| helped me maintain/improve my nutritional health. |  |  |  |  |  |
| helped me maintain/improve my mental health. |  |  |  |  |  |
| helped me be a happier person |  |  |  |  |  |
| made me feel safe and respected. |  |  |  |  |  |
| I am satisfied with the services I receive from  **Na Hoaloha** |  |  |  |  |  |
| **We are interested in finding out if you provide care for a loved one:** | | | | **YES** | **NO** |

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

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