



Rebuilding Together would appreciate your help in improving our services. Please complete the following questions with regards to your project. If any of the questions do not apply to your project, please indicate this as well.

Thank you for your help, and we look forward to working with you again.

In thinking about the repair services you received from Rebuilding Together East Bay-North this year, please answer the following questions:

1. **I am Satisfied with the repair services I have received from Rebuilding Together:**
__ Strongly Disagree __ Disagree __ Neutral __ Strongly Agree __ Does Not Apply
2. **Rebuilding Together Staff and volunteers treated me with respect:**
__ Strongly Disagree __ Disagree __ Neutral __ Strongly Agree __ Does Not Apply
3. **(If applicable) Rebuilding Together staff helped me make progress towards my goals.**
__ Strongly Disagree __ Disagree __ Neutral __ Strongly Agree __ Does Not Apply
4. **(If applicable) Rebuilding Together's repair services met my needs.**
__ Strongly Disagree __ Disagree __ Neutral __ Strongly Agree __ Does Not Apply

Check all that apply:

As a direct result of participating in this program:

- | | |
|---|---|
| <input type="checkbox"/> I have what I need to maintain my independence | <input type="checkbox"/> I feel more connected to my community |
| <input type="checkbox"/> My overall health and wellness have improved. | <input type="checkbox"/> I feel less isolated. |
| <input type="checkbox"/> I have what I need to remain housed. | <input type="checkbox"/> I am better able to take care of my own needs. |
| <input type="checkbox"/> My housing situation has improved. | |

Contact or Homeowner Name: _____ Phone: ____/____/____