



COURTESY • INTEGRITY • ACHIEVEMENT

Network Community Questionnaire

Please return to: COA, 120 Wall Street, 11th Floor, New York, NY 10005

Organization ID#:

Date: - -

Organization Name:

City:

State:

Instructions: Please answer each question by marking the circle under or next to your response. Your individual answers will be treated confidentially. Use only a black or blue pen.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT SURE/NOT APPLICABLE
1. The network is responsive to the needs of the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The network collaborates with the community to advocate for issues of mutual concern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The network conducts ongoing, community public education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The network seeks input and participation from the community to improve the quality of services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The network provides opportunities for community stakeholders to express satisfaction with services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The network shares its quality improvement activities with the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The network has formal mechanisms through which community members can express and resolve grievances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The network responds to the unique, cultural needs of individuals and families served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The network prohibits preferential treatment in applying for and receiving services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The network's service providers are sufficiently diverse and representative of the communities they serve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The network governing body enhances and promotes community-network relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The network's service providers know how to access needed services in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Which statement best describes your knowledge and frequency of interaction with the network:

- Very familiar with and have regular contact with the network
- Somewhat familiar with and have some contact with the network
- Unfamiliar with and have had little or no contact with the network

14. What best describes your relationship to the network (*check only one*):

- 01 Purchaser of service
- 02 Referral source (provides consumers)
- 03 Referral source (receives consumers)
- 04 Service provider
- 05 Regulatory body
- 06 Managed care plan/HMO
- 07 Funding source
- 08 Other (*please specify*):

15. Please use the space below to make additional comments about the NME and the services it provides.

Thank you for taking time to complete the survey.

I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit.

Your name: _____ Your title: _____

Phone: (___) _____ Ext.: _____ Best time to call: _____