



# Program Evaluation Cool\Warm Centers

Please take a moment to share your opinions with us. Thank you!

Optional First Name _____ Last Name _____ Tel: (____) _____ Your City _____ Your Zip Code _____	Date of visit: /__/__/__ Name of Center: _____ Email: _____
--	---

Please circle the number which best reflects your evaluation:

- |   | Excellent | Average | Need to Improve |
|---|-----------|---------|-----------------|
| 1. How satisfied are you with your overall Cool/Warm Center experience?<br>Comments _____   | 5 4       | 3 2     | 1 0             |
| 2. Were the supplies and materials you got at the Cool/Warm Center helpful?<br>Comments _____   | 5 4       | 3 2     | 1 0             |
| 3. Were the Cool/Warm Center volunteer(s) and staff courteous and professional?<br>Comments _____   | 5 4       | 3 2     | 1 0             |
| 4. Was the room temperature comfortable?<br>Comments _____  | 5 4       | 3 2     | 1 0             |
| 5. How did you hear about the Cool/Warm Center? <input type="checkbox"/> Television <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Saw the Cool/Warm Center Banner/Sandwich sign <input type="checkbox"/> Other Explain _____  |           |         |                 |
| 6. How did you get to the Cool/Warm Center? <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Bike <input type="checkbox"/> Other _____  |           |         |                 |
| 7. Was the Cool/Warm Center banner or street sign visible during a Heat/Cold Warning? <input type="checkbox"/> Yes <input type="checkbox"/> NO  |           |         |                 |
| 8. Did the Cool/Warm Center give you water and snacks? <input type="checkbox"/> Yes <input type="checkbox"/> NO   |           |         |                 |
| 9. Were there any special presentations conducted at the Cool/Warm Center? <input type="checkbox"/> Yes <input type="checkbox"/> NO<br>(If yes, check box (s) <input type="checkbox"/> Money Management <input type="checkbox"/> Energy Consumer Tips <input type="checkbox"/> Disaster Preparedness<br>What services were most valuable or helpful to you? _____<br><input type="checkbox"/> Other Explain _____ |           |         |                 |
| 10. How long did you stay at the Cool/Warm Center? <input type="checkbox"/> 0-1 hr <input type="checkbox"/> 1-3 hrs <input type="checkbox"/> 4-5 hrs <input type="checkbox"/> 5-10 hrs  |           |         |                 |

**Other Comments:** \_\_\_\_\_

Give your survey to your Cool/Warm Center staff/volunteer or fax survey to 951.955.1399 or mail to:  
 Community Action Partnership of Riverside County  
 2038 Iowa Ave Ste B-102  
 Riverside, CA 92507  
 Attention: Planning Department