

Captioned Telephone Service (CTS) Survey

If you use Washington Relay Captioned Telephone Service (CTS) or communicate with individuals who use CTS, we would appreciate a few moments of your time in completing the survey below. Your feedback is valuable and will be used to evaluate the quality of services provided.



For each of the following items, please select the answer which most clearly reflects your experience. In some instances, more than one selection may be applicable. If a question does not apply, simply check N/A.

Once completed, please fold this sheet into thirds, secure the open sides with clear tape and mail by April 30, 2017. The survey is self-addressed and postage is prepaid. You may also scan and email your completed survey to warelay@hamiltonrelay.com. To complete this survey online, www.HamiltonRelay.com/wasurvey.

Be sure to include your address so we can send you a free stylus pen!

Information collected through this survey will be combined and reviewed in an overall summary of results and will not be used to identify specific individuals.

1. In which city do you reside? _____

2. Which Captioned Telephone do you presently have in your home?

- CapTel 200 CapTel 800 CapTel 840
 N/A Other: _____

3. Have you since transitioned from an analog-based Captioned Telephone to an Internet-based Captioned Telephone? If so, which one?

- CapTel 800i CapTel 840i CapTel 880i
 CapTel 2400i N/A Other: _____

4. Do you have a cell phone or tablet with a Captioned Telephone app?

- Yes No
If yes, which one? _____

5. Do you use your Captioned Telephone on a regular basis?

- Yes No

6. Are you comfortable using your Captioned Telephone without assistance?

- Yes No

7. If you answered no to question 6, do you need additional training on how to use your Captioned Telephone?

- Yes No

8. I would rate my level of satisfaction with Washington Relay Captioned Telephone Service as being:

- Very Satisfied Somewhat Satisfied Dissatisfied
 Satisfied Somewhat Dissatisfied N/A

9. I would like to see more outreach and education about Relay and CTS services provided to these kinds of businesses:

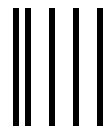
- Financial Institutions
- Educational Settings
- Retailers
- Government
- Health Facilities
- Others: _____

10. Please share any additional feedback or experiences you may have regarding Relay or CTS service or any suggestions you may have for future products:

11. To receive your free stylus pen, please include your name and address here:

12. Would you like to be added to the Washington Relay and Hamilton Relay newsletter mailing lists?

- Yes
- No



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 5 AURORA, NE

POSTAGE WILL BE PAID BY ADDRESSEE

HAMILTON RELAY
1006 12TH STREET
AURORA NE 68818-9903

