



CLIENT SATISFACTION SURVEY

1. CULTURAL INFORMATION

Race/Ethnicity:

Gender:

Age:

Time in Program:

2. OPTIONAL INFORMATION

Name:

Location:

Completed Survey With:

3. ACCESS/ADMISSION/ORIENTATION

I was admitted to the program in a reasonable amount of time.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

If there was a Waiting List, appropriate contact was made to me so that admittance into the program occurred seamlessly.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

The staff who admitted and oriented me to available services were knowledgeable and professional.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

I reviewed and was provided a Handbook (Guide to Services) that explained the program rules, program limitations, as well as financial responsibilities including billing, no show policy, and insurance information.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

The Mission, Values, and Goals of the Program were explained to me.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

4. REFERRALS, TRANSITION AND/OR DISCHARGE

I was provided with relevant community referrals when I asked for them or as the staff became aware of my need.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

If a level of care change or other type of Transition occurred, I was informed and participated in this change.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

Upon Discharge, I was consulted and participated in reviewing my progress.

Strongly Disagree Disagree Agree Strongly Agree Undecided

Upon Discharge, the need or availability for additional services was discussed with me.

Strongly Disagree Disagree Agree Strongly Agree Undecided

Upon Discharge, I was provided with a copy of my Discharge Summary.

Strongly Disagree Disagree Agree Strongly Agree Undecided

After Discharge, follow up contact was performed within 30 days.

Strongly Disagree Disagree Agree Strongly Agree Undecided

5. INPUT FROM PERSONS SERVED

People who work here seem interested in my progress and services provided.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I am encouraged to give my opinion about my treatment, the staff, as well as the program and services.

Strongly Disagree Disagree Agree Strongly Agree Undecided

There are several different ways to offer feedback about the program (suggestion box, satisfaction survey, online survey, etc.)

Strongly Disagree Disagree Agree Strongly Agree Undecided

I understand how my opinion is used to improve business practices including the program and services.

Strongly Disagree Disagree Agree Strongly Agree Undecided

6. RIGHTS AND RESPONSIBILITIES

I am treated with dignity and respect.

Strongly Disagree Disagree Agree Strongly Agree Undecided

My rights and responsibilities were clearly explained to me and I was offered a copy for my records.

Strongly Disagree Disagree Agree Strongly Agree Undecided

If something happens that I don't like or I feel like my rights have been violated, I know how to file a complaint or a grievance.

Strongly Disagree Disagree Agree Strongly Agree Undecided



Duty to Warn and Limits to Confidentiality were explained to me.

Strongly Disagree Disagree Agree Strongly Agree Undecided

My rights regarding privacy and confidentiality was explained to me.

Strongly Disagree Disagree Agree Strongly Agree Undecided

7. THE ASSESSMENT PROCESS

My needs were identified and discussed with an educated and respectful staff member.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I felt heard, listened to, and safe when disclosing my reasons for seeking services.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I understand why I am asked questions about my history, goals, and preferences.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I felt respected when sharing my history and developing a plan for services.

Strongly Disagree Disagree Agree Strongly Agree Undecided

8. TREATMENT PLANNING

I participated in the development of my treatment plan.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I have a copy of my treatment plan or was offered a copy.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I signed and reviewed my treatment goals and objectives on a regular basis.

Strongly Disagree Disagree Agree Strongly Agree Undecided

My treatment plan is revised or updated when things change or at my request.

Strongly Disagree Disagree Agree Strongly Agree Undecided

9. QUALITY OF CARE

I would recommend the services I was provided to my family and friends.

Strongly Disagree Disagree Agree Strongly Agree Undecided

The staff seem educated and competent when providing care.

Strongly Disagree Disagree Agree Strongly Agree Undecided

The staff discussed with me and provided me with relevant and current therapeutic interventions while I was receiving services.

Strongly Disagree Disagree Agree Strongly Agree Undecided

The environment and energy of the facility felt welcoming, professional, private, and safe.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I am encouraged to include family and/or my other support systems when engaging in services.

Strongly Disagree Disagree Agree Strongly Agree Undecided

10. QUALITY OF LIFE

My overall Quality of Life has improved since beginning services.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I am doing better in school, work, and/or other daily activities.

Strongly Disagree Disagree Agree Strongly Agree Undecided

My personal relationships, family relationships, and/or support system dynamic has improved.

Strongly Disagree Disagree Agree Strongly Agree Undecided

My social interaction is healthier and I feel more confident with my life situations.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I am more self-aware and better at managing my Mental Health needs.

Strongly Disagree Disagree Agree Strongly Agree Undecided

11. CULTURAL COMPETENCY

My religious or spiritual beliefs and/or practices are respected.

Strongly Disagree Disagree Agree Strongly Agree Undecided

The staff has a professional understanding of my educational, social, socioeconomic, and family background.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I can easily understand the staff when they are speaking to me.

Strongly Disagree Disagree Agree Strongly Agree Undecided

Other Complementary Health Approaches such as Yoga, Nutrition Management, Chiropractic Care, Acupuncture, Exercise, and Meditation were discussed.

Strongly Disagree Disagree Agree Strongly Agree Undecided

The staff seemed self-aware, displayed an open attitude including knowledge and skills, and appeared open toward others.

Strongly Disagree Disagree Agree Strongly Agree Undecided

12. ACCESSIBILITY AND TECHNOLOGY

The building and location are easily accessible for my needs.

Strongly Disagree Disagree Agree Strongly Agree Undecided

My request for Reasonable Accommodations was taken seriously and met my needs.

Strongly Disagree Disagree Agree Strongly Agree Undecided

Utilizing community transportation to and from my appointments fit my needs

Strongly Disagree Disagree Agree Strongly Agree Undecided

Utilizing available Technology Systems such as the client portal to submit or access relevant medical information was simple and straightforward.

Strongly Disagree Disagree Agree Strongly Agree Undecided

Telehealth Services were simple to understand and use.

Strongly Disagree Disagree Agree Strongly Agree Undecided

Technology support was available to me if there were technology system issues.

Strongly Disagree Disagree Agree Strongly Agree Undecided

Using the Phone System including Voicemail or ability to contact staff was simple and current with common technology standards.

Strongly Disagree Disagree Agree Strongly Agree Undecided

Searching the website for location, contact information, services available, hours of operation, or performance outcome measures was easily accessible.

Strongly Disagree Disagree Agree Strongly Agree Undecided

13. HEALTH AND SAFETY

The organization provides services in a safe setting.

Strongly Disagree Disagree Agree Strongly Agree Undecided

Services are provided in a clean and sanitary facility.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I feel safe in the neighborhood and parking areas around the business location.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I believe the organization values my personal health and safety by implementing policies that do NOT permit weapons, tobacco, alcohol, and other illicit or illegal drugs on the premises, at agency sponsored events, or on agency owned property.

Strongly Disagree Disagree Agree Strongly Agree Undecided

In the event of an emergency while receiving services or while at the facility, I can access health and safety information for safe evacuation or other emergency situations.

Strongly Disagree Disagree Agree Strongly Agree Undecided

14. COMMENTS AND FEEDBACK

What do we do best?

What is the one area we could most improve?

Additional comments: