



ENTRANCE SURVEY

1. CULTURAL INFORMATION

Race/Ethnicity:

Gender:

Age:

Time in Program:

2. OPTIONAL INFORMATION

Name:

Location:

Completed Survey With:

3. ENTRANCE SURVEY QUESTIONS

I am satisfied with the referral process (locating treatment).

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

It was easy to find the facility.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

The staff did a good job in reference to customer service.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

I received feedback from staff regarding services quickly.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

All of my questions were answered during intake.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

I feel safe in the environment.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

I am likely to recommend your organization to someone needing services.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided



I have been treated with dignity and respect.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I am satisfied with the program orientation.

Strongly Disagree Disagree Agree Strongly Agree Undecided

My expectations in reference to admissions were fully met.

Strongly Disagree Disagree Agree Strongly Agree Undecided

4. COMMENTS AND FEEDBACK

Additional Comments