



EXIT SURVEY

1. CULTURAL INFORMATION

Race/Ethnicity:

Gender:

Age:

Time in Program:

2. OPTIONAL INFORMATION

Name:

Location:

Completed Survey With:

3. EXIT SURVEY QUESTIONS

I am satisfied with the services I received.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

I am satisfied with the agencies ongoing customer service.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

The staff helped me improve my quality of life.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

I received feedback from the discharge coordinator in a timely manner.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

All of my questions were answered during discharge.

Strongly Disagree

Disagree

Agree

Strongly Agree

Undecided

I felt safe in the environment during treatment.

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 would return to the organization for treatment if needed.

Strongly Disagree Disagree Agree Strongly Agree Undecided

I believe the program was a benefit to me.

Strongly Disagree Disagree Agree Strongly Agree Undecided

4. COMMENTS AND FEEDBACK

Additional Comments