S.T.E.P.S.

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: