S.T.E.P.S.
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