

CLIENT SATISFACTION SURVEY

1. Your perception of the outcome of services received.

(Please Circle one) Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

If you are dissatisfied for any reason, please take the time to let us know what we can do to improve:

2. Your perception of the quality of the therapeutic alliance (ability to talk to staff).

(Please Circle one) Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

If you are dissatisfied for any reason, please take the time to let us know what we can do to improve:

3. Access to care. (The admission/intake process)

(Please Circle one) Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

If you are dissatisfied for any reason, please take the time to let us know what we can do to improve:

4. Knowledge of program information. (Welcome, Orientation, Client handbook)

(Please Circle one) Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

If you are dissatisfied for any reason, please take the time to let us know what we can do to improve:

5. Staff helpfulness.

(Please Circle one) Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

If you are dissatisfied for any reason, please take the time to let us know what we can do to improve:
