



Race
<input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Other

Person Completing Survey
<input type="radio"/> Client <input type="radio"/> Parent/Guardian of Client <input type="radio"/> Client Representative

You Are
<input type="radio"/> Male <input type="radio"/> Female

Your Age

Date Completed

Client Satisfaction Survey

This survey is *confidential!* Please do not show it to anyone including your counselor, caseworker, probation officer or any other staff after completing it. Please do not allow staff to complete it for you, unless you need special assistance. Please place the survey into an envelope provided to you and seal it. You may return the sealed envelope to staff. Thank you!

Note: If the child is too young to be able to properly understand the items on this survey, then a parent or caregiver may complete the form or assist the child in completing it.

Please help us by answering some questions about the services you have received. We really want to know what you think of this program – whether positive or negative. For each statement please fill in the circle that best describes your opinion. Your answers will be kept confidential. Thanks for your help.		RATINGS (fill in circles completely)						Comments or Suggestions please explain low ratings of 2 or less (use back of sheet if needed)
		Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1	N/A	
1.	The office staff is helpful when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2.	The location of my appointments is convenient and nice-looking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3.	My invoices/bills are received in a timely fashion and easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4.	I am seen for services on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5.	I receive services that are very helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6.	I am able to talk with staff when I need to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7.	I am treated with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8.	The services focus on my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9.	Staff speaks with me in a way that I understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10.	If I have a complaint, it is handled well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11.	I help to choose my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12.	I feel comfortable asking questions about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13.	The staff cares about whether I achieve my treatment goals and if I get better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14.	I receive all the treatment services I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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