

Satisfaction Survey - Please let us know how we're doing!

Location: _____

Today's Date: ___ / ___ / ___ Age: _____

Please circle the response which best describes your experience.

(All answers are confidential-Please do NOT include your name)

Information about my rights was given to me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff were friendly.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff were helpful.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff were sensitive to my cultural background (language, ethnicity, religion, etc).	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff helped me get the information I needed about treatment and/or services.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff here believe that I can grow, change, and recover.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I felt that the services I need were made available to me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff spoke to me in a way that I understood.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The location of services was convenient.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I felt comfortable asking questions.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I felt free to complain.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I would recommend this agency to a friend or family member.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with my visit today.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
As a result of the services I received, I am doing better.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Please identify any barriers to your recovery: _____

In the future I would like more information about: _____

Comments/Suggestions: _____

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