



Behavioral Health Participant Satisfaction Survey

Please complete the following information prior to completing the survey

Gender:

Male Female Other

Therapist: _____

Program: _____

Race:

African American Caucasian
 Hispanic Asian
 Native American Indian
 Arabic Other: _____

Time In Program/treatment:

Less than 2 months
 More than 2 months

Age:

11 and under: 12-17
 18-21 22-29
 30-39 40-49
 50-59 60+

Survey Was Completed With Help From:

Help from No One
 Help from staff member
 Help with friend
 Help from Family Member

****Please circle the number under each item that represents your opinion****

Access/Admission/Orientation

1. I was seen within 48 business hours of my initial phone call.

1 2 3 4 N/A
Strongly Disagree Disagree Agree Strongly Agree Don't Know
Does Not Apply

2. Getting into the program/treatment was easy.

1 2 3 4 N/A

3. I understand the program/treatment rules and what happens if I don't follow them.

1 2 3 4 N/A



Input

1. I am encouraged to give my opinion about my treatment.

1	2	3	4	N/A
Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know Does Not Apply

2. My counselor is interested in what I think about the program/treatment.

1	2	3	4	N/A
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Rights

1. If something happens that I don't like, I know how to file a complaint.

1	2	3	4	N/A
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2. I feel safe when I am in group.

1	2	3	4	N/A
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Assessment

1. My problems and needs are understood.

1	2	3	4	N/A
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2. If I have a new problem or need, there are ways to communicate it to staff.

1	2	3	4	N/A
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Treatment Plan

1. I was involved in developing my treatment goals.

1	2	3	4	N/A
Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know Does Not Apply

Quality of Care

1. I would recommend this program/treatment to my family and friends.

1	2	3	4	N/A
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2. I feel cared about in the program.

1	2	3	4	N/A
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3. I feel understood in the program.

1 2 3 4 N/A

Quality of Life

1. I have been using skills to improve my quality of life.

1 2 3 4 N/A

2. I am involved in social situations that support my treatment.

1 2 3 4 N/A

3. I am better at handling stress.

1 2 3 4 N/A

Cultural Competency

1. My religious and spiritual beliefs/practices are respected.

1 2 3 4 N/A

2. My beliefs and differences are respected.

1 2 3 4 N/A
Strongly Disagree Disagree Agree Strongly Agree Don't Know
Does Not Apply

Accessibility/Safety

1. I feel safe in the building and office setting.

1 2 3 4 N/A

Please provide us with comments and feedback about this program/treatment.

What do we do best?



What are the areas we could most improve?

Additional comments:

Do we have your approval to put your comments on our website using only your first name's initial as an identifier? Yes No