

## Satisfaction Survey

*In order to help us provide quality services to our clients, we regularly conduct the **Client Satisfaction Survey**. The information is used to increase our strengths and learn what needs improvement. Your cooperation is extremely helpful and appreciated. You do not have to identify yourself.*

Primary type of services received. *(check only one)*

Marriage/Family     Adult mental health     Child/Adolescent     Substance abuse  
 Other *(describe)* \_\_\_\_\_

**Circle the most fitting responses on a 1–5 scale.**    *1= Strongly Agree with statement*  
*5= Strongly Disagree with statement*  
*NA=Not applicable*

***Implications of Response:***    *“1” is very positive, “2” is positive, “3” is neutral, “4” is negative, “5” is very negative*

### Circle the most fitting response

1) **“I (or client, if child) feel satisfied with the services I received.”**    NA (Agree)    1   2   3   4   5 (Disagree)

2) **“If later, there is a need, I (or client, if child) would reenter treatment.”**    NA (Agree)    1   2   3   4   5 (Disagree)

3) **“I have experienced a reduction in the problems that I was experiencing before entering treatment.”**    NA (Agree)    1   2   3   4   5 (Disagree)

4) **“Transportation and/or scheduling problems influenced my decision to terminate.”**    NA (Agree)    1   2   3   4   5 (Disagree)

5) **“Treatment goals and objectives were clear throughout treatment”** NA (Agree)    1   2   3   4   5 (Disagree)

6) **“The therapist addressed issues related to my problems”**    NA (Agree)    1   2   3   4   5 (Disagree)

7) **What were the most and least helpful methods utilized in your treatment?** \_\_\_\_\_

**Staff use:** Date information received \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_