

CLIENT SATISFACTION SURVEY

Our organization wants to provide you and your family with the highest quality care possible. To help us evaluate and improve our services we would like your opinion about us. The information you provide is confidential. Thinking about the services you receive, **please rate the following by circling the option that best represents your opinion.** If you have not experienced the specific item asked in a question, please select the “N/A” option.

	N/A	Poor	Fair	Good	Very Good	Excellent
1. Overall Experience						
Overall, how would you evaluate the quality of service you received?	0	1	2	3	4	5
2. Interaction						
Professionalism and courtesy shown to you by staff	0	1	2	3	4	5
Attention to privacy and confidentiality	0	1	2	3	4	5
3. Clinical Program						
Extent to which your individual needs were addressed	0	1	2	3	4	5
Organization of program schedule	0	1	2	3	4	5
Availability of treatment staff to talk with you	0	1	2	3	4	5
Ease of completing paperwork	0	1	2	3	4	5
4. Access						
Convenience and ease of finding location of facilities or offices	0	1	2	3	4	5
Hours that staff and facilities are available	0	1	2	3	4	5
Length of time spent waiting for your appointment in the waiting area	0	1	2	3	4	5
5. Environment						
Safety and comfort of the environment	0	1	2	3	4	5
Attractiveness and cleanliness of the facility	0	1	2	3	4	5
Desirability of food, refreshments or snacks	0	1	2	3	4	5
6. Finance/Business office						
Ability to help accommodate you paying your bill without unnecessary hardship	0	1	2	3	4	5
7. Outcome and Reputation						
Degree to which treatment helped you deal with your problem/complaint	0	1	2	3	4	5

The following questions are asked for the purpose of demographic or statistical information. Your response cannot be identified.

	Yes	No	I do not wish to answer this question
Would you recommend our organization to others?	1	2	0
Have you completed treatment?	1	2	0
Was your treatment voluntary?	1	2	0

	Worse	Somewhat Worse	No Change	Somewhat Better	A Great Deal Better	I do not wish to answer this question
You came to our program with certain problems. How are those problems now?	1	2	3	4	5	0

	0-5	6-12	13-17	18-44	45-64	65+
Age	1	2	3	4	5	6

	Male	Female	I do not wish to answer this question
Are you:	1	2	0

	White	Asian	Black/African American	Mexican	Hispanic	Other	I do not wish to answer this question
Which best describes your ethnic background?	1	2	3	4	5	6	0

	Less than 8 th grade	Some high school	High school graduate	Some college	College graduate	I do not wish to answer this question
What was the last grade you completed in school?	1	2	3	4	5	0

	Employed full-time	Employed part-time	Unemployed	Retired	Other (specify)	I do not wish to answer this question
Employment status	1	2	3	4	5	0
If other selected, please specify:						

	Health insurance	Medicaid	Medicare	Self-pay	Other (specify)	I do not wish to answer this question
How do you pay for services?	1	3	4	5	6	0
If other selected, please specify:						

Comments:

Thank You!

Thank you for taking our survey. Your response is very important to us.

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