



# 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<br>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?

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What are the areas we could most improve?

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Additional comments:

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