

**CONSUMER SATISFACTION SURVEY
ADDICTION AND PREVENTION SERVICES**

Provider/Agency: _____ County Where You Live: _____

This survey asks for your opinions about the alcohol and other drug services that you receive. Your feedback will be used to help improve the services that are available to you and others. No names are attached to the survey forms, so the information you provide is strictly confidential. Your answers will **not** be shown to staff at the agency where you receive your services.

Below are listed age, gender, and race/ethnic group categories. Please place a check mark by the categories that fit you. (Note: You may leave this section blank if you prefer not to give this information.)

<u>Age:</u>	<u>Gender:</u>	<u>Race or Ethnic group:</u>
<input type="checkbox"/> 16-25	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> 26-35	<input type="checkbox"/> Male	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> 36-45		<input type="checkbox"/> Black/African American
<input type="checkbox"/> 46-55		<input type="checkbox"/> Hispanic
<input type="checkbox"/> 56-65		<input type="checkbox"/> White
<input type="checkbox"/> Over 65		

Some services offered by the Provider/Agency are listed below. Please make a check mark by the services that you have used:

<input type="checkbox"/> Case Management	<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Group Counseling
<input type="checkbox"/> Educational Groups	<input type="checkbox"/> Vocational Services	<input type="checkbox"/> Self Help Groups
<input type="checkbox"/> Detox	<input type="checkbox"/> Other	

INSTRUCTIONS: There are no right or wrong answers. Please answer each question by **CIRCLING** the number of the choice which matches your opinion at the present time. (Note: The response, “Does Not Apply”, means that you have not used this service or the service is not available where you live.)

<i>Please circle the one choice that best describes your opinion for each statement.</i>	<i>5 Strongly Agree</i>	<i>4 Agree</i>	<i>3 In Between</i>	<i>2 Disagree</i>	<i>1 Strongly Disagree</i>	<i>0 Does Not Apply</i>
1. I have good access to the program (transportation, hours of service, etc.)	5	4	3	2	1	0
2. As a result of the services I have received here, I deal more effectively with daily living.	5	4	3	2	1	0
3. I believe that the staff have my best interest in mind.	5	4	3	2	1	0
4. If I am having a problem with my counselor or case manager, the program will make staff changes.	5	4	3	2	1	0
5. I am rarely lonely or bored.	5	4	3	2	1	0
6. As a result of the services I have received here, I am better able to deal with crisis.	5	4	3	2	1	0
7. I am free to make choices about my life without fear of losing the help I get from the program.	5	4	3	2	1	0
8. Staff do a good job of telling me about my rights as a consumer.	5	4	3	2	1	0
9. My opinions and ideas are included in my treatment plan.	5	4	3	2	1	0

Please circle the one choice that best describes your opinion for each statement.

	5 Strongly Agree	4 Agree	3 In Between	2 Disagree	1 Strongly Disagree	0 Does Not Apply
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10. To the best of my knowledge, staff have kept my personal information confidential.	5	4	3	2	1	0
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11. As a result of the services I have received here, I do better with my leisure time.	5	4	3	2	1	0
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12. Overall, I am satisfied with the services I receive.	5	4	3	2	1	0
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13. If I don't want the services the staff recommend, they will give me other choices.	5	4	3	2	1	0
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14. The staff I work with are competent and knowledgeable.	5	4	3	2	1	0
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15. As a result of the services I have received here, I do better in social situations.	5	4	3	2	1	0
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16. Staff are willing to see me as often as I feel it is necessary.	5	4	3	2	1	0
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17. Staff are willing to help me access services that I need.	5	4	3	2	1	0
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18. It is difficult for me to get to treatment because of transportation.	5	4	3	2	1	0
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Please list any comments that you would like to make in regards to the services that you receive or any of the topics listed above.