

WCHO SUBSTANCE ABUSE SATISFACTION SURVEY

PROVIDER AGENCY NAME: _____

- Service Provided
(check one): Detoxification Outpatient
 Residential Intensive Outpatient
 Methadone

- Age (check one): Under age 18 Age 18 or over

- Gender (check one): Male Female

Please mark one box for each question below that best describes how you feel about
(Insert name of Provider) _____.

Question		<u>Strongly</u>	Agree	Disagree	<u>Strongly</u>
		<u>Agree</u>			<u>Disagree</u>
		4	3	2	1
1	This provider is helping me to achieve my goals.				
2	Provider staff help me learn new skills.				
3	Provider staff are sensitive to my ethnic, religious, and cultural back ground.				
4	I am treated with dignity and respect by provider staff.				
5	This provider helps me to feel safe and comfortable.				
6	I am given opportunities to make choices by this provider.				
7	I would recommend this provider to a friend or family member who needs this service.				
8	Overall, I am satisfied with the services I receive from this provider.				

Things I like best about this provider are:

Things that I'd like to see improved are:

Any additional comments:

Completed by: Consumer Guardian / Parent Other Family / Friend Staff Assisted