

Consumer Satisfaction Survey for: (Insert Provider Name)_____

Type of Service Provided: Case Management/Outpatient

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

<u>Question</u>		<u>Strongly Agree</u> 4	<u>Agree</u> 3	<u>Disagree</u> 2	<u>Strongly Disagree</u> 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 feel that I have enough control over how I spend my time.				
7	I am given opportunities to make choices by this provider.				
8	I would recommend this provider to a friend or family member who needs this service.				
9	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