

**Consumer Satisfaction Survey for:           (Insert Provider Name)**

**Type of Service Provided: Psychosocial Rehab**

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

| <b><u>Question</u></b> |  | <b><u>Strongly Agree</u></b><br>4 | <b><u>Agree</u></b><br>3 | <b><u>Disagree</u></b><br>2 | <b><u>Strongly Disagree</u></b><br>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 at the clubhouse.                      |                                   |                          |                             |                                      |
| 6                      | I feel that I have enough control over how I spend my time at the clubhouse.               |                                   |                          |                             |                                      |
| 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 clubhouse services. |                                   |                          |                             |                                      |
| 9                      | Overall, I am satisfied with the services I receive from this provider.                    |                                   |                          |                             |                                      |

Things I like best about this provider are:

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Things that I'd like to see improved are:

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Any additional comments:

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