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		**Strongly Agree** 4	**Agree** 3	**Disagree** 2	**Strongly Disagree** 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