

In order to provide the best services possible, we'd like to know what you think about the services you have received **during the last six (6) months**, the people who provided these services to you, and the results you have achieved. Please indicate your agreement or disagreement with each of the following statements by circling the answer that best represents your opinion. If a question does not apply to you, then circle "NA" for "Not Applicable." There are no right or wrong answers to the questions in this survey. Your answers will remain strictly confidential and anonymous.

What program/services are you receiving or have you received?						
<input type="radio"/> Outpatient/Intensive Outpatient <input type="radio"/> Medication Assisted Treatment (MAT)		<input type="radio"/> Withdrawal Management <input type="radio"/> Case management		<input type="radio"/> Residential <input type="radio"/> Other:		
Select the way in which you received this survey:		<input type="radio"/> Mail	<input type="radio"/> Electronic Survey	<input type="radio"/> Phone	<input type="radio"/> Face to Face	
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received.	①	②	③	④	⑤	NA
2. If I had other choices, I would still choose to get services from this agency.	①	②	③	④	⑤	NA
3. I would recommend this agency to a friend or family member.	①	②	③	④	⑤	NA
4. The location of service(s) was convenient.	①	②	③	④	⑤	NA
5. Staff were willing to see me as often as I felt it was necessary.	①	②	③	④	⑤	NA
6. Staff returned my calls within 24 hours.	①	②	③	④	⑤	NA
7. Services were available at times that were good for me.	①	②	③	④	⑤	NA
8. I was able to get all the services I thought I needed.	①	②	③	④	⑤	NA
9. I was able to see a psychiatrist/prescriber when I wanted to.	①	②	③	④	⑤	NA
10. Staff believed that I could grow, change, and recover.	①	②	③	④	⑤	NA
11. I felt comfortable asking questions about my treatment, services, and medication.	①	②	③	④	⑤	NA
12. I felt free to complain.	①	②	③	④	⑤	NA
13. I was given information about my rights.	①	②	③	④	⑤	NA
14. Staff encouraged me to take responsibility for how I live my life.	①	②	③	④	⑤	NA
15. Staff told me what side effects to watch for (choose NA if you are not prescribed medication)	①	②	③	④	⑤	NA
16. Staff respected my wishes about who is and who is not to be given information about my treatment services.	①	②	③	④	⑤	NA
17. I, not staff, decided my treatment goals.	①	②	③	④	⑤	NA
18. Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language, etc.).	①	②	③	④	⑤	NA
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness/disability.	①	②	③	④	⑤	NA
20. I was encouraged to use consumer run programs (support groups, drop-in centers, crisis line, etc.).	①	②	③	④	⑤	NA

As a direct result of the services I received:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
21. I deal effectively with daily problems.	①	②	③	④	⑤	NA
22. I am able to manage my life.	①	②	③	④	⑤	NA
23. I am able to deal with crisis.	①	②	③	④	⑤	NA
24. I am getting along with my family.	①	②	③	④	⑤	NA
25. I am able to get along in social situations.	①	②	③	④	⑤	NA
26. I do better in school and/or work. (Choose NA if you are not working or attending school)	①	②	③	④	⑤	NA
27. I am satisfied with my housing situation.	①	②	③	④	⑤	NA
28. My symptoms are not bothering me as much.	①	②	③	④	⑤	NA
29. I do things that are meaningful to me.	①	②	③	④	⑤	NA
30. I am able to take care of my needs.	①	②	③	④	⑤	NA
31. I am able to handle things when they go wrong.	①	②	③	④	⑤	NA
32. I am able to do things that I want to do.	①	②	③	④	⑤	NA
For questions 33-36 please answer for relationships with persons other than your provider(s).	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
33. I am happy with the friendships I have.	①	②	③	④	⑤	NA
34. I have people with who I can do enjoyable things.	①	②	③	④	⑤	NA
35. I feel I belong in my community.	①	②	③	④	⑤	NA
36. In a crisis, I have the support I need from family or friends.	①	②	③	④	⑤	NA
37. How long have you been receiving services?						
① Less than 6 months		③ More than 12 months				
② 6-12 months		④ No longer Receiving Services				
38. Which of the following best describes your ethnicity?						
① Hispanic or Latino			② Not Hispanic or Latino			
39. Which of the following best describes your race?						
① American Indian or Alaska Native		③ Asian		⑤ Black or African American		⑦ Other
② Native Hawaiian or other Pacific Islander		④ White		⑥ More than one race		
40. Sex Assigned at Birth						
① Male			② Female			
41. Did someone assist you in completing this survey?						
① Yes			② No			
42. Additional Comments:						
43. Do you wish to be contacted to follow up on any of your survey responses?						
① Yes			② No			
Contact Name: _____						
Contact Number: _____						