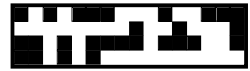


DO NOT STAPLE!



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Print PDF as needed.
Do not photocopy!

Client Feedback Survey

FOR OFFICE USE ONLY	L-Code	Unicare ID	Modality (Check one)
	L - 0 0 0		OP/IOP <input type="radio"/> RES <input type="radio"/> OTP/NTP <input type="radio"/> WM <input type="radio"/> PHP <input type="radio"/> RS <input type="radio"/>
Counselor First Name		Counselor Last Name	

Dear client,

We want to help you in the best way and we want to find out how well we actually did in helping you. Please tell us what you think.

Your answers will help us to make changes to treatment services to better help valued clients like you. This survey should only take 4 – 5 minutes to complete. Be assured that all answers will NOT be shared with your counselor.

*** Please use a black pen. No markers please.**

*** Use CAPITAL letters. Do not let the writing touch the edges of the boxes:** **A B C D**

*** Write numerals like this:** **1 2 3 4 5 6 7 8 9 0**

Today's Date / / **2 0 1 8**

Your first name M M D D Y Y Y Y

Your date of birth / /

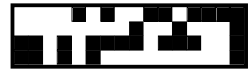
Your last name M M D D Y Y Y Y

Shade circles like this → ●

		Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1	I felt welcomed here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Overall, I am satisfied with the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Services were available when I needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Staff spoke to me in a way I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Staff gave me enough time in my treatment sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I chose the treatment goals with my provider's help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Staff were sensitive to my cultural background (race, religion, language, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go to the next page →

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1 2 3 4 5 6 7 8 9 0 ← Write numerals like this

Shade circles like this --> ●

Client Feedback Survey, Page 2

		Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
10	I was able to get all the help/services that I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	The location was convenient (public transportation, distance, parking, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	As a direct result of the services I am receiving, I am better able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Staff here work with my physical health care providers to support my wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Staff here communicate well with my mental health care providers to coordinate my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	How long have you received treatment services at this location (Select only one)?	First visit/day <input type="radio"/>	Two weeks or less <input type="radio"/>	Longer than two weeks <input type="radio"/>		
16	Gender Identity <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Transgender <input type="radio"/> Other gender identity <input type="radio"/> Decline to answer					
17	Race/Ethnicity (Please mark all) <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Latino <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Black/African American <input type="radio"/> White/Caucasian <input type="radio"/> Unknown <input type="radio"/> Other					
18	Age Range: <input type="radio"/> 18-25 <input type="radio"/> 26-35 <input type="radio"/> 36-45 <input type="radio"/> 46-55 <input type="radio"/> 56+					

Go to the next page →

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Shade circles like this --> ●

Client Feedback Survey, Page 3

19. CHANGES IN INCOME	NO income.	A little income and/or subsidies (General Assistance, CalFresh) but not enough income to meet my basic needs.	Enough income without any subsidies to meet my basic needs and pay most of my monthly bills..
BEFORE entering treatment I had...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AFTER participating in treatment I have...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. CHANGES IN HOUSING	Homeless or was going to be evicted.	Couch-surfing or living in substandard housing or unstable housing.	Living in stable housing.
BEFORE entering treatment I was...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AFTER participating in treatment I am...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. CHANGES IN LEGAL SITUATION	Legal issues NOT being taken care of such as outstanding tickets, warrants, pending trial, noncompliance with probation or parole .	Legal issues that I was/am taking care of.	Had no active or pending legal issues or no felony criminal history ever
BEFORE entering treatment I had...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AFTER participating in treatment I have...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. CHANGES IN DAILY LIVING ACTIVITIES	Unable to manage my own basic needs such as hygiene or activities of daily living	In need of some assistance to manage my own basic needs such as hygiene or activities of daily living	Able to manage most of my own basic needs of daily living with little or no assistance.
BEFORE entering treatment I was...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AFTER participating in treatment I am...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. If you are willing to take a follow-up survey, please provide your email address:

Email

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24. Is there anything else you would like us to know?

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