DO NOT STAPLE!

SANTA CLARA COUNTY Behavioral Health Services

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6299314

# Client Feedback Survey (Youth)

*County / Provider Use Only*

**L-Code** L - 0 0 0

**Unicare ID**

**Treatment Setting (required):** ○ **OP/IOP** ○ **Residential** ○ **OTP/NTP** ○ **Detox/WM (standalone)** ○ **Partial hospitalization**

**Todays Date** M M / D D / Y Y Y Y

- **Please answer these questions about your experience at this program.**
- If the question is about something you have not experienced, fill in the circle for "Not Applicable."
- **DO NOT WRITE YOUR NAME ON THIS FORM.**
- Your answers must be able to be read by a computer. Therefore, please use a pen, fill in the circle completely, and choose only one answer for each question.

| | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. The location of services was convenient for me. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. Services were available at times that were convenient for me. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I had a good experience enrolling in treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. My counselor and I worked on treatment goals together. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I received services that were right for me. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. Staff treated me with respect. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. I feel my counselor took the time to listen to what I had to say. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. I developed a positive, trusting relationship with my counselor. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.). | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. I feel my counselor was sincerely interested in me and understood me. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. I liked my counselor here. | ○ | ○ | ○ | ○ | ○ | ○ |
| 12. My counselor is capable of helping me. | ○ | ○ | ○ | ○ | ○ | ○ |
| 13. Staff here make sure that my health and emotional health needs are being met (physical exams, depressed mood, etc.). | ○ | ○ | ○ | ○ | ○ | ○ |
| 14. Staff here helped me with other issues and concerns I had related to legal/probation, family and educational systems. | ○ | ○ | ○ | ○ | ○ | ○ |
| 15. My counselor provided necessary services for my family. | ○ | ○ | ○ | ○ | ○ | ○ |
| 16. As a result of the services I received, I am better able to do things I want to do. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. Overall, I am satisfied with the services I received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. I would recommend the services to a friend who is in need of similar help. | ○ | ○ | ○ | ○ | ○ | ○ |

**Let us know your comments. What was most helpful about this program? What would you change about this program?**
*Please do not write any information that may identify you, including but not limited to your name and/or phone number.*

**Please answer the following questions.**

1. How long have you received services here? ○ Less than 1 month ○ 1 - 5 months ○ 6 months or more
2. Gender Identity (Please mark all that apply): ○ Female ○ Male ○ Transgender ○ Other gender identity ○ Decline to answer
3. Race/Ethnicity (Please mark all that apply): ○ American Indian/Alaskan Native ○ Black/African American ○ Latino ○ Other ○ Native Hawaiian/Pacific Islander ○ White/Caucasian ○ Asian ○ Unknown
4. Age: ☐☐

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

**Email**

**Thank you for taking the time to answer these questions!**