DO NOT STAPLE!

SANTA CLARA COUNTY Behavioral Health Services

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[redacted]
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 [ ][ ] / [ ][ ] / 2 0 1 8
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 have 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!