

CLIENT SURVEY

Date: _____

Please answer the following questions using the responses below. You do not need to put your name on this form. All information will be kept private.

- A. Strongly Agree
- B. Agree
- C. Disagree
- D. Strongly Disagree

My court program case manager was: _____

Type of services received: (Check all boxes that apply) Agency Name: _____

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Education II
<input type="checkbox"/> Alcohol Education III
<input type="checkbox"/> Marijuana Education
<input type="checkbox"/> AA/NA/CA
<input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Group Counseling
<input type="checkbox"/> Education/Group Counseling
<input type="checkbox"/> Intensive Outpatient (IOP)
<input type="checkbox"/> Education/IOP
<input type="checkbox"/> Inpatient Treatment |
|--|---|

- _____ I feel that the court program staff were courteous and professional.
- _____ During orientation, the staff explained my rights, responsibilities, and the issue of confidentiality.
- _____ I feel the assessment process was adequate to determine my needs.
- _____ I feel that the level of education or treatment required was appropriate.
- _____ I understood what was expected for a successful completion of the program.
- _____ I feel that the staff provided adequate monitoring of my progress.
- _____ I feel the facility housing the court program was safe and provided an adequate amount of privacy for my appointments.

Education only

- _____ I feel the instructor(s) were knowledgeable.
- _____ I feel the instructor(s) helped me understand the information.
- _____ I feel the instructor(s) were courteous and professional.
- _____ I feel the class size was appropriate. My class had about _____ clients.
- _____ I feel overall that the education material was valuable information to help me change my drinking/using behavior.
- _____ I feel that the handouts were helpful in my understanding of the material presented.
- _____ I feel the activities and exercises were helpful in my understanding of the material presented.
- _____ I feel the videos were helpful in my understanding of the material presented.

Treatment only

- _____ I feel my counselor was knowledgeable.
- _____ I feel my counselor was helpful.
- _____ I feel the treatment agency staff were courteous and professional.
- _____ I feel the treatment staff followed the rules of confidentiality in my case.
- _____ I feel the cost of the treatment was appropriate for what I received.
- _____ I paid about \$_____ to my treatment agency.
- _____ I feel the treatment I received will help me stay clean/sober in the future.

Discharge

- _____ I completed my program requirements and was discharged **Successfully**.
- _____ I did not complete my program requirements and I was discharged **Unsuccessfully**.

Please write any comments on the back of this form and return to:

7/2011

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Name of Program
Address of Program
Attn: Director/Designee