

# ON-GOING CLIENT SATISFACTION SURVEY

(1) PRIMARY SERVICE/PROVIDER: \_\_\_\_\_

(2) COUNTY: \_\_\_\_\_

## DEMOGRAPHICS

(3) Gender:  Male  Female      (4) Age of person receiving services: \_\_\_\_\_      (5) Person completing the form is:  
 Receiving services  
 Guardian/Family Member

(6) Race:  American Indian, Alaskan Native       Hispanic, Latino  
 Asian       White  
 Black, African American       Other (Please Specify): \_\_\_\_\_

Questions:	Strongly Agree	Agree	Neutral/ Unsure	Disagree	Strongly Disagree	Don't know
I am involved in making decisions about my service plan.						
The things that are most important to me are included in the service plan.						
I trust staff and am certain that my well-being is most important.						
I am making progress in my goals as a result of the services received.						
Staff respect client rights and assist me in learning my responsibilities.						
Staff are aware of client rights and helped me learn how to exercise these rights.						
I actively participate in at least one agency/provider committee.						
I am satisfied with the services that are being received.						
I feel very comfortable with the ability of staff to take care of my needs.						
Staff interact with me in a positive manner.						
If a friend asked me to recommend a provider, I would recommend this provider/agency.						
Staff/provider respects my confidentiality and right to privacy.						
Staff/provider gets answers to my questions.						
I can reach staff quickly and easily.						
Staff are respectful and polite to me.						
Staff have helped me in understanding and accessing my services.						

**Please list any strengths the provider/agency demonstrates:**

**Please list any weaknesses the provider/agency has:**

**Please list any other information you would like to share in the comments section below.**

### Comments:

(If additional space is needed, continue on the back.)

*\*\*If you would like our Quality Management Department to call you about this survey please give us the information below:*

Name of person to call: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason you would like to talk to someone: \_\_\_\_\_

**Return completed survey to Quality Management 245 LePhillip Court Concord, NC 28025**