

# Thank you for participating in our Client Satisfaction Survey!

Thank you for taking the time to help us improve our services, as our team is always striving to become better. Your opinions matter to us so please feel free to be completely honest in your feedback to us.

\* Required

Client Satisfaction Survey

We appreciate your feedback on your experience with us. Please take the time to let us know your thoughts on the program, what you thought worked for you, and how you think we can improve.

1. At which facility did you receive treatment? If you received treatment at multiple facilities please check all that apply.

Mark only one oval.

- Discovery Point Retreat-Dallas
- Discovery Point Retreat-Ennis
- Discovery Point Retreat-Waxahachie
- Eating Disorder Solutions
- Golden Peak Recovery-Fenton
- Golden Peak Recovery-Balsam
- Golden Peak Recovery-Kentucky
- Harbor Village
- Hope Canyon
- Paradise Detox
- Safe Landing

2. Discharge date (NOT Date of Birth)

Example: January 7, 2019

3. Name (optional)

\_\_\_\_\_

4. Email address (optional)

\_\_\_\_\_

Intake Process

Assessment of your Intake Experience

5. How would you rate your experience with the Admissions phone counselors before arriving? \*

Mark only one oval.

	1	2	3	4	5	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highest Quality

6. How would you rate your orientation process? \*

Mark only one oval.

	1	2	3	4	5	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highest Quality

7. How would you rate your overall intake process? \*

Mark only one oval.

	1	2	3	4	5	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highest Quality

8. Please explain why you chose these scores regarding the Intake Process.

---



---



---



---



---

Clinical Programs

Assessment of the Clinical Programs

9. How would you rate your experience with the individual and group sessions you participated in? \*

Mark only one oval.

	1	2	3	4	5	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highest Quality

10. Were you asked about your treatment goals?

Mark only one oval.

- Yes
- No

11. How well do you feel your treatment goals were met?

Mark only one oval.

	1	2	3	4	5	
Not Met at All	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completely Met

12. Please explain why you chose those responses for this section.

---



---



---



---

Staff

Assessment of Employees

13. How would you rate your experience with our Therapists? \*

Mark only one oval.

	1	2	3	4	5	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highest Quality

14. Who was your main therapist?

---

15. How would you rate your experience with our Case Managers? \*

Mark only one oval.

- 0: Not Applicable
- 1: Needs Improvement
- 2
- 3
- 4
- 5: Highest Quality

16. How would you rate your experience with our Nursing Staff? \*

Mark only one oval.

	1	2	3	4	5	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highest Quality

17. How would you rate your experience with our doctors? \*

Mark only one oval.

	1	2	3	4	5	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highest Quality

18. How would you rate your experience with our Behavioral Health Technicians/ Recovery Coaches? \*

Mark only one oval.

	1	2	3	4	5	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highest Quality

19. Please explain why you chose these scores regarding our Staff.

---



---



---



---



---

Facilities

Assessment of Facilities

20. How would you rate the facilities during your treatment? \*

Mark only one oval.

	1	2	3	4	5	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highest Quality

21. Did you feel safe during your treatment?

Mark only one oval.

Yes

No

22. How would you rate the dining services during your treatment? \*

Mark only one oval.

	1	2	3	4	5	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highest Quality

23. Please explain why you chose these scores regarding our facilities and dining services.

---



---



---



---

Discharge

Assessment of Discharge Process

24. How would you rate your discharge process? \*

Mark only one oval.

	1	2	3	4	5	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highest Quality

25. Please explain why you chose these scores regarding the discharge process.

---



---



---



---

Overall Experience

Assessment of Overall Experience

26. How would you rate your overall experience? \*

Mark only one oval.

	1	2	3	4	5	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highest Quality

27. Please explain why you chose these scores regarding your overall experience.

---



---



---



---

28. How likely are you to recommend our treatment services to another person in need? \*

Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
Not at all likely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely Likely

29. Please explain why you chose these scores regarding your willingness to recommend us.

---



---



---



---

Google Forms