



PERSON SERVED SATISFACTION SURVEY

Name (Optional): _____ **Service Location:** _____

To provide you with the best possible PRP services, we need to know what you think about the services offered at BrightPoint Wellness Center (BPWC). By completing this survey, we will be able to identify our strengths and weaknesses and make improvements. Please take a moment to help us improve your experience with BPWC.

Please circle the choice after each question that best fits your answer.					
I would rate the quality of the professional and courteous services that I (my child) currently receives from BPWC staff as:	Poor	Below Average	Average	Above Average	Excellent
I would rate the level of courtesy and professionalism shown to me (my child) by the BPWC staff as:	Poor	Below Average	Average	Above Average	Excellent
I would rate the orientation to services that I (my child) received from the BPWC staff as:	Poor	Below Average	Average	Above Average	Excellent
I would rate my (my child's) access to BPWC services, including after hours and emergencies as:	Poor	Below Average	Average	Above Average	Excellent
I would rate the evaluations of my (my child's) progress at BPWC as:	Poor	Below Average	Average	Above Average	Excellent
I would rate the efficiency of the BPWC staff in meeting my needs as:	Poor	Below Average	Average	Above Average	Excellent
I would rate the quality of clinical services that I receive at BPWC as:	Poor	Below Average	Average	Above Average	Excellent
I would rate the effectiveness of clinical services that I receive at BPWC as:	Poor	Below Average	Average	Above Average	Excellent
I would tell someone else that the quality of services offered by BPWC are:	Poor	Below Average	Average	Above Average	Excellent
I would rate my overall satisfaction with all services that I have received at BPWC as:	Poor	Below Average	Average	Above Average	Excellent

Please check the choice after each question that best fits your answer.	Yes	No
Since receiving services from BPWC have you been able to maintain gainful employment?		
Since receiving services from BPWC do you notice improvements in your social skills and relationships with family and friends?		
Since receiving services from BPWC do you find that you have been compliant with maintaining support and abstinence from substances?		
Do you find that the staff members of BPWC are:		
Professional		

Courteous		
Dressed appropriately		
Timely with visits		

Please list 3 strengths that you find are exhibited at BPWC:

Please list 3 areas of improvement that could be made at BPWC:

Please tell us how much you agree or disagree with each statement below by clicking appropriate box after each statement.

General Satisfaction

<p>I like the services that I received from BPWC</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly Disagree</p>	<p>I would recommend BPWC to a friend or family member</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly Disagree</p>
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Treatment Access

<p>BPWC staff were willing to see me as often as I felt it was necessary</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly Disagree</p>	<p>I was able to get all services I thought I needed</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly Disagree</p>
<p>I was able to see a rehabilitation coordinator when I wanted to</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly Disagree</p>	<p>Services were available at times that were good for me</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly Disagree</p>

Quality/Appropriateness

<p>I feel comfortable asking questions about my rehabilitation services and medication</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly Disagree</p>	<p>BPWC staff told me what side effects to watch out for</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly Disagree</p>
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Thank you for your participation!

