

**CWC  
Consumer Satisfaction Survey Results  
1997-2013**

Individuals were asked to circle a number between 1 and 5, with 1 being not satisfied, 3 being mostly satisfied, and 5 being very satisfied.

YEAR OF SURVEY: NUMBER OF SURVEYS:	1997 22	1998 43	1999 35	2001 24	2002 30	2003 46	2004 38	2005 33	2006 32	2007 28	2008 24	2009 23	2010 32	2011 38	2012 32	2013 21	ALL 501
1. Did you receive services at this program when you needed them?	Average of Responses																
2. Were you seen as promptly as you felt necessary?	4.05	4.28	4.31	4.22	4.38	4.33	4.35	4.29	4.16	4.23	4.29	4.43	4.39	4.32	4.42	4.14	4.29
3. Did you like the services provided by this program?	4.19	4.13	4.26	4.36	4.40	4.20	4.24	4.32	4.13	4.22	4.33	4.17	4.35	4.30	4.35	4.10	4.25
4. Did the staff include you when planning your treatment or services?	4.09	4.51	4.38	4.55	4.57	4.46	4.38	4.22	4.23	4.41	4.17	4.39	4.48	4.19	4.52	4.24	4.36
6. Did you feel respected by the staff?	3.82	4.00	3.63	3.90	3.86	4.16	4.11	4.21	4.06	4.26	4.04	4.04	4.27	4.24	4.43	3.83	4.05
7. Did the staff respect your culture, values, and traditions?	3.81	4.51	4.53	4.35	4.50	4.38	4.47	4.55	4.28	4.41	4.48	4.48	4.50	4.49	4.67	4.24	4.42
8. Did the staff speak with you in your preferred language?	4.21	4.44	4.41	4.29	4.57	4.39	4.27	4.35	4.17	4.37	4.25	4.22	4.44	4.39	4.68	4.14	4.35
9. Did you agree with the services or treatment provided?	4.5	4.55	4.71	4.64	4.75	4.57	4.57	4.56	4.50	4.54	4.67	4.57	4.61	4.69	4.57	4.52	4.60
10. Do you understand more about your health problems than before coming to this program?	3.95	4.30	4.32	4.14	4.17	4.34	4.50	4.35	4.10	4.52	4.17	4.39	4.39	4.35	4.47	4.29	4.30
11. Do you understand more about your medication than before coming to this program?	3.95	4.00	3.82	3.91	4.04	3.91	4.32	3.84	3.94	4.00	3.96	4.00	4.13	4.11	4.10	4.10	4.01
12. Are you satisfied with the follow-up services provided for you?	3.33	3.54	3.40	4.05	3.63	3.95	3.97	3.87	3.43	3.56	3.75	3.48	3.55	3.59	3.97	3.52	3.66
13. Overall, are you satisfied with the quality of services you received?	3.6	4.33	3.50	No Value	No Value	4.15	4.34	4.27	3.36	4.04	3.69	4.37	4.00	4.09	4.26	3.68	3.48
14. Do you feel that the program kept your problems confidential?	4.05	4.60	4.33	4.41	4.43	4.43	4.39	4.47	4.19	4.54	4.42	4.50	4.42	4.32	4.65	4.40	4.41
15. Did you seek mental health services to become																	
a. more independent and self sufficient	Definitely Yes = 5																
b. in better control of your life	4.24	4.26	4.32	4.50	4.25	4.32	4.21	4.07	4.00	4.39	4.19	4.10	3.86	4.21	4.35	3.78	4.19
c. less troubled and distressed	4.29	4.37	4.32	4.31	4.37	4.34	4.47	4.17	3.83	4.40	4.05	3.94	4.10	3.84	4.23	4.21	4.20
d. less confused	4.44	4.59	4.24	4.60	4.33	4.15	4.36	4.25	4.38	4.42	4.35	3.83	4.10	4.03	4.31	4.28	4.29
16. After completing the treatment program, do you feel:	4.07	4.04	3.96	4.33	4.13	4.00	4.00	3.82	3.75	4.17	4.15	3.50	3.59	3.83	4.19	3.78	3.96
a. more independent and self sufficient	Definitely Yes = 5																
b. in better control of life	3.58	4.21	No Value	No Value	4.04	3.43	4.07	4.10	4.10	3.91	4.11	4.06	4.14	3.94	4.26	3.73	3.48
c. less troubled and distressed	3.67	4.10	No Value	No Value	3.81	3.88	4.19	3.89	3.90	3.95	4.00	4.12	4.04	3.97	4.00	3.80	3.46
d. less confused	3.79	3.89	No Value	No Value	3.85	3.71	4.21	3.75	3.71	3.80	4.24	4.13	4.07	3.68	4.26	3.88	3.44
	4.18	3.84	No Value	No Value	3.88	3.14	4.12	3.76	3.67	3.60	4.32	3.81	3.96	3.70	4.26	3.53	3.36