

1410
Client Satisfaction Survey Results
1998-2013

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:	1998	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	ALL
NUMBER OF SURVEYS:	22	15	6	12	13	14	32	27	25	14	47	42	25	26	32	352
	Average of Responses															
1. Did you receive services at this program when you needed them?	3.86	4.20	4	3.75	4.31	3.07	4.25	3.93	4.28	4.57	4.53	4.24	3.96	4.12	4.13	4.08
2. Were you seen as promptly as you felt necessary?	3.45	4.13	4.33	3.75	4.15	2.93	4.00	4.11	4.38	4.57	4.51	4.32	3.63	4.07	4.22	4.04
3. Did you like the services provided by this program?	3.62	4.36	4.5	3.92	4.46	2.93	4.22	3.96	4.60	4.64	4.49	4.38	3.92	4.04	4.22	4.15
4. Did the staff include you when planning your treatment or services?	3.68	4.40	4.5	3.92	4.38	3.07	4.19	4.07	4.64	4.64	4.57	4.49	3.96	4.04	4.38	4.20
6. Did you feel respected by the staff?	3.18	4.33	4.83	3.31	4.38	3.00	4.22	4.07	4.36	4.71	4.33	4.17	3.52	4.27	4.19	4.06
7. Did the staff respect your culture, values, and traditions?	3.95	4.47	4.67	3.54	4.25	3.36	4.44	4.33	4.40	4.71	4.51	4.52	3.75	4.58	4.53	4.27
8. Did the staff speak with you in your preferred language?	4.38	4.33	4.67	3.83	4.92	3.46	4.34	4.63	4.72	4.79	4.81	4.74	4.24	4.77	4.50	4.48
9. Did you agree with the services or treatment provided?	3.67	4.29	4.67	3.92	4.30	2.71	3.97	4.11	4.52	4.64	4.34	4.19	3.68	3.85	4.38	4.08
10. Do you understand more about your health problems than before coming to this program?	3.50	4.13	4.83	3.83	3.85	3.21	3.88	3.89	4.36	4.07	4.35	4.34	3.79	3.76	4.34	4.01
11. Do you understand more about your medication than before coming to this program?	3.67	4.00	4.67	4.08	3.85	3.14	3.71	3.67	4.21	4.00	4.30	4.18	3.52	3.35	4.19	3.90
12. Are you satisfied with the follow-up services provided for you?	3.70	4.07	4.16	3.92	4.20	3.38	4.10	3.91	4.67	4.62	4.31	3.94	3.77	3.30	4.16	4.01
13. Overall, are you satisfied with the quality of services you received?	3.73	4.27	4.67	4.08	4.54	3.07	4.34	4.30	4.68	4.71	4.64	4.29	3.88	3.81	4.38	4.23
14. Do you feel that the program kept your problems confidential?	3.62	4.13	3.83	3.92	4.23	3.21	4.31	4.12	4.44	4.36	4.30	4.50	3.79	4.04	4.44	4.08
15. Did you seek mental health services to become:				Definitely Yes = 5												
a. more independent and self sufficient	4.15	4.25	5	4.25	4.38	4.21	3.90	4.12	4.42	4.43	4.33	4.40	4.08	4.32	4.25	4.30
b. in better control of your life	4.24	4.33	4.83	4.55	4.54	4.36	4.17	4.28	4.27	4.83	4.55	4.68	4.26	4.48	4.48	4.46
c. less troubled and distressed	4.05	3.75	4.83	4.18	4.38	4.45	3.97	4.48	4.23	4.50	4.55	4.69	4.04	4.40	4.52	4.33
d. less confused	3.95	3.82	4.83	4.00	4.62	4.09	3.97	4.16	4.36	4.50	4.43	4.50	4.00	4.24	4.26	4.25
16. After completing the treatment program, do you feel:				Definitely Yes = 5												
a. more independent and self sufficient	4.26	3.85	4.5	4.18	4.43	3.45	3.66	4.06	4.50	4.54	4.45	4.32	4.18	4.05	3.77	4.15
b. in better control of life	4.35	3.67	4.5	4.30	4.29	3.42	3.86	3.83	4.65	4.08	4.49	4.33	4.18	3.91	3.97	4.12
c. less troubled and distressed	4.21	3.36	4.33	4.30	4.00	3.00	3.81	4.11	4.65	4.17	4.44	4.19	4.05	4.05	3.90	4.04
d. less confused	4.16	3.45	4.33	4.22	4.57	3.36	3.88	4.06	4.65	4.42	4.35	4.24	3.90	3.95	3.97	4.10