

# Customer Service Survey



14807324

UNICARE ID

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AGENCY L-Code

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DATE

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(Staff: Please fill in the UNICARE ID, Date & Agency Name before giving the survey to the client.)

LAST NAME USE CAPS

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FIRST NAME USE CAPS

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Please tell us about your experience with treatment services provided by our agency. Your responses will help us improve our services.

Please shade in the circles for the response that best represents your experience.

Shade Circles Like This-->

Not Like This-->

1 How long did you have to wait for an appointment for your most recent admission to a treatment program?  Same day     1-14 days     15-30 days     30 or more days

2 How would you describe your experience with Gateway? (when you called in)

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
It took little time to get someone on the line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone staff was helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone staff explained things well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the Gateway experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 How would you describe your experience with the admission process?

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Staff was welcoming and helpful during the intake process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff explained each step of the admission process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a good experience during my first appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4 How would you rate the facilities at the treatment location?

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The facility was clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The facility was safe and secure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The facility was open at convenient times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of the meals were good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The location was easy to get to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Please shade in the circles for the response that best represents your experience.

Shade Circles Like This--> ●  
 Not Like This--> ⊗ ⊙

5 How would you rate your counselor on each of these items?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
My counselor worked with me to develop my treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My treatment plan focused on problems and goals I needed to work on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My counselor explained the program rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My counselor was ready for my visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My counselor paid attention to what I had to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My counselor understood where I was coming from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My counselor responded to my concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My counselor helped me to identify my relapse triggers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group counseling worked for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6 How would you rate each of the following statements about your treatment?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
My treatment was specific to my needs and issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to reduce my substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participated in creating my discharge plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ability to cope with my relapse triggers improved due to the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am committed to my recovery due to the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My counselors helped me to achieve my treatment goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I saw my counselor as often as I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you were to seek help again, would you come back to our program?  Yes  No  Maybe

Please write in the box below any other feedback or comments you would like to provide to help us improve services.

**THANK YOU!**