

13.6 PROGRAM EVALUATION

13.6.1 CLIENT SATISFACTION SURVEY

It is important to us to find out how you feel about your services at the Montrose Center. If you will answer the questions below, it will help us improve our services. Both positive and negative comments about your experiences will be helpful. Please take a few minutes to complete this survey and return it to the box in the lobby. Thanks for your help!

How long have you received services at the Center? _____ Age: _____

Why did you choose the Center for your services? _____

Which of the following services have you used? (check all that apply)

_____ Individual Counseling _____ Group Counseling
_____ Couples Counseling _____ Case Management
_____ Other Services: _____

Individual or Couples Counselor's Name: _____

Group Counselor's Name: _____

Case Manager's Name: _____

Did you have any problems scheduling an intake or your first session? Yes No
If yes, please explain: _____

1. How would you rate the quality of services you have received?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the kind of service you wanted?

1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes, definitely

3. To what extent has our program met your needs?

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. If a friend were in need of some help, would you recommend our program to him or her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

5. How satisfied are you with the amount of help you have received?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

6. Have the services you received helped you to deal more effectively with your problems?

4	3	2	1
Yes, they helped me a great deal	Yes, they helped somewhat	No, they really didn't help	No, they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the service you have received?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

8. If you were to seek help again, would you come back to our program?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

9. How involved do you feel you were in the development of your treatment or service plan?

1	2	3	4
Not at all	Somewhat	Pretty much	Very much

10. Do you feel physically safe at the Center?

1	2	3	4
Not at all	Somewhat	Pretty much	Very much

Tell us your story. What were you experiencing that made you call the Center? How did we help you?

Are there any services or groups that you think we should add? Yes No

Comments:

Is there anything we should change? Yes No

Comments:

The Montrose Center is considering forming a panel of consumers to meet on a regular basis to provide input and feedback about clinical and wellness needs and services. If you are interested in issues concerning the LGBTQIA and/or HIV+ communities of Houston and would like to be contacted regarding the formation of the panel please provide your name and contact information. As we move forward, you will be contacted regarding application and participation in the panel.

Optional: If you like someone to contact you to follow-up on your comments, please give us your name and contact information.

Name: _____ Phone: ____/____-_____