**Client Satisfaction Survey**

**Please answer the following questions about your level of satisfaction for the service you are provided.**

**On a scale of 1-5 (1=very unsatisfied ; 2=somewhat unsatisfied; 3=neither satisfied nor unsatisfied ; 4=somewhat satisfied**️**; 5=very satisfied) how would you rate the following statements:**

1. I am satisfied that the staff gives me the attention that I need.

1=very unsatisfied 😡

2=somewhat unsatisfied😣

3=neither satisfied/unsatisfied 😐

4=somewhat satisfied☺️

5=very satisfied😁

1. I am satisfied with the timeliness of the staff.

1=very unsatisfied 😡

2=somewhat unsatisfied😣

3=neither satisfied/unsatisfied 😐

4=somewhat satisfied☺️

5=very satisfied😁

1. I am satisfied with how often my treatment plan is reviewed with me.

1=very unsatisfied 😡

2=somewhat unsatisfied😣

3=neither satisfied/unsatisfied 😐

4=somewhat satisfied☺️

5=very satisfied😁

1. I feel like my goals are being met.

1=very unsatisfied 😡

2=somewhat unsatisfied😣

3=neither satisfied/unsatisfied 😐

4=somewhat satisfied☺️

5=very satisfied😁

 5 I feel that I am a part of my community.

1=very unsatisfied 😡

2=somewhat unsatisfied😣

3=neither satisfied/unsatisfied 😐

4=somewhat satisfied☺️

5=very satisfied😁

1. I feel like my symptoms are getting easier to manage/cope with.

1=very unsatisfied 😡

2=somewhat unsatisfied😣

3=neither satisfied/unsatisfied 😐

4=somewhat satisfied☺️

5=very satisfied😁

 Comments:

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Client/Guardian Signature and Date