

Client satisfaction Survey

1. If you participated in phone appointments, how satisfied were you with the services provided?
 - Very satisfied
 - Satisfied
 - Neutral
 - Unsatisfied
 - Very unsatisfied
 - Not applicable
2. If you were able to attend in person appointments, how satisfied were you with the services provided?
 - Very satisfied
 - Satisfied
 - Neutral
 - Unsatisfied
 - Very unsatisfied
 - Not applicable
3. If you participated in virtual/OTN appointments, how satisfied were you with the service provided?
 - Very satisfied
 - Satisfied
 - Neutral
 - Unsatisfied
 - Very unsatisfied
 - Not applicable
4. Did you participate in groups? (please check those attended)
 - Virtual
 - In person
 - Combination

5. What feedback would you like to give us regarding groups?

6. Think back to the reasons you were referred to the program and your treatment goals. Do you believe this program is meeting your needs?

Yes No

If yes, how are we meeting these needs?

If no, what changes would you recommend?

7. Is there any additional information you would like to share?