

**ATTACHMENT 3:**  
**COUNTY OF SAN DIEGO ALCOHOL AND DRUG SERVICES**  
**CLIENT SATISFACTION SURVEY**

Program: \_\_\_\_\_ Date: \_\_\_\_\_

How long have you been the program?	What is your age?
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PLEASE MARK THE APPROPRIATE BOXES. THANK YOU FOR PARTICIPATION:

GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female	TYPE OF SERVICE	Non-residential <input type="checkbox"/>	Residential <input type="checkbox"/>
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ETHNICITY	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian/PI	<input type="checkbox"/> Native American	<input type="checkbox"/> Other
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Services received:	How do you rate those services:				
How would you rate the level of service that the program staff provided you with during your time in this program?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
During your time in the program how would you rate the staff courteousness, knowledge and ability to help you to understand and follow program rules?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the staff's ability to be supportive, receptive & available to you?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the facility in terms of cleanliness, comfort and accessibility?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the program's ability to provide services that were adequate and assist you to learn about yourself and to get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
Please rate how attending the program has improved your situation and allowed you to work more effectively with your issues of concern?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
Please rate the program staff's ability to provide you with the adequate information and the support?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the staff's sensitivity to understand and support diverse beliefs & cultural backgrounds of all clients?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the program staff's ability to learn about and respect your needs as an individual?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
In an overall sense how would you rate the services you received?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
If you were to seek help again, how would you rate your feelings to come back to the same program or agency?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
If a friend or family member were in need of similar help how would you rate the program?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA

Additional comments or suggestions: \_\_\_\_\_

**FOR OFFICE USE ONLY**

# of Excellent answers:		# of Poor answers:	
# of Good answers:		# of NA answers:	
# of Fair answers:			