department of
MENTAL HEALTH &
SUBSTANCE ABUSE

Consumer Satisfaction Survey

"Who I Am Makes A Difference with the Can Do Spirit"

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Ethnicity: (*choose one*)

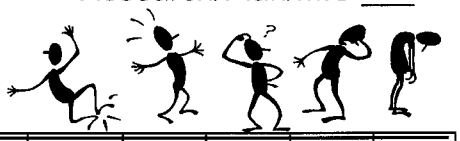
___ Asian
___ American Indian/Alaska Native
___ Black/African American
___ Caucasian (White Not Hispanic)
___ Chamorro
___ Chuukese
___ Filipino
___ Hispanic or Latino (All Races)
___ Kosraen
___ Marshallese
___ Palauan
___ Pohnpeian
___ Yapese
___ Other, Please Specify_____

Your Age: _____ Your Sex: Male ____ Female ____ Provider/Staff Name: _____

Outpatient:
Adult Counseling ___
Child/Adolescent ___
Case Management ___
Crisis Hotline ___
Day Treatment ___
Healing Hearts ___
I'Famagu-on'ta ___
Medication Clinic ___
New Beginnings ___

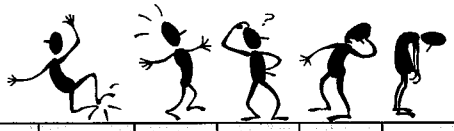
Inpatient:
Adult I ____
Adult II ____
Children's ___
Guma Ifil ____

Child/Adolescent Admin _
Clinical Administration ___
Director's Office ___
Facility Operations ___
Medical Records ___
Nursing Admin ___
Peace ___
Personnel ___
Prevention & Training ___
Research/Plan/MIS ___



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours Department is open	5	4	3	2	1
Convenience of Department location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1

Please continue on back page.



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Staff:					
Provider: (Physician, Psychiatrist, Psychologist, Counselor, Social Worker)					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Nurses and Assistants: (Psychiatric Technicians, Community Aides)					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
All Others:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Facility:					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
Confidentiality:					
Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1
Do you consider this Department your regular source of care?	**Yes** ____		**No** ____		

What do you like best about our services? _____

_____

_____

What do you like least about our services? _____

_____

_____

Suggestions for improvement? _____

Thank you for completing our Survey!