

Client Name or Anonymous:

Program/Location:

Date of contact:

Primary Counselor Name:

**Client Satisfaction Survey**

**On a scale of 1-10 (10 being the best) how would you rate overall the services you receive?**

**Are your personal expectations for what PRP services were supposed to be being met?**

**Could you please tell us about the strongest or most valuable parts of our services, for you?**

**How about some areas of service that are not so strong, or that you would like more of?**

Please touch on activities in this section. Do you participate, why? How could they be improved?

**How would describe your relationship with your individual counselor? (Old/New if applicable)**

Please consider:

* How often does your counselor visit with you?
* How long do your visits usually last?
* Would you describe the meetings as productive?

**Do you know your individual rehabilitation goals? The ones that appear in your treatment plan?**

List if applicable:

**If yes, are they appropriate for your current needs? If no, what are some personal goals that you would like to work on in the PRP moving forward?**

**What is the 1 most important thing that you are working on in your personal life today, that will make the rest of your life productive and enjoyable?**