### CTF Residential

**ANONYMOUS CLIENT SATISFACTION SURVEY**

2-1-04 (D) (9)

DIRECTIONS: Please circle “yes” “no” or “n/a” for each of the following questions about the services you received. The information will be used to improve the quality of services provided by our agency. Please add comments about any question in the spaces provided.

1. If applicable, were appointments made at times convenient for you?
   - Yes
   - No
   - N/A
   
   **Comments:**

2. If applicable, were appointments cancelled or re-scheduled by our staff on short notice?
   - Yes
   - No
   - N/A
   
   **Comments:**

3. IN CTF ….Were the services provided to you what you needed?
   - Yes
   - No
   - N/A
   
   **Comments:**

4. IN CTF ….Were you satisfied that staff showed respect toward your cultural background (i.e., race, ethnicity, country of origin, sexual orientation, religion, etc.)
   - Yes
   - No
   - N/A
   
   **Comments:**

5. Would you recommend the CTF **Residential** Program services to others?
   - Yes
   - No
   - N/A
   
   **Comments:**

6. Overall, were you satisfied with the services you received in the CTF **Residential** Program?
   - Yes
   - No
   - N/A
   
   **Comments:**

Please include suggestions for improving the CTF **Residential** program. Use an additional sheet, if needed.

**THANK YOU**

Revised: July 2014