

**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                      Yes        No        N/A  
 on short notice?

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                      Yes        No        N/A  
 cultural background (i.e., race, ethnicity, country of origin, sexual  
 orientation, religion, etc.)

Comments: \_\_\_\_\_  
 \_\_\_\_\_

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THANK YOU**

Revised: July 2014