

















MIDAS Program Client Satisfaction Survey





Please take a few moments to tell us how we're doing so that we can improve our services for others. Place an "X" in the box that best describes how you feel. In addition, feel free to make any comments regarding what you liked or disliked about our services.





Timeliness of appointments at the MIDAS Program				
Very Dissatisfie 	Somewhat Dissatisfie 	Somewhat Satisfie 	Very Satisfie 	Comments:

Helpfulness of services at the MIDAS Program				
Very Dissatisfie 	Somewhat Dissatisfie 	Somewhat Satisfie 	Very Satisfie 	Comments:

Staff's respect of your cultural background (i.e., race, ethnicity, country of origin, sexual orientation, religion, etc.) at the MIDAS Program				
Very Dissatisfie 	Somewhat Dissatisfie 	Somewhat Satisfie 	Very Satisfie 	Comments:

Treatment planning and goal setting at the MIDAS Program				
Very Dissatisfie 	Somewhat Dissatisfie 	Somewhat Satisfie 	Very Satisfie 	Comments:

Overall satisfaction with services at the MIDAS Program				
Very Dissatisfie 	Somewhat Dissatisfie 	Somewhat Satisfie 	Very Satisfie 	Comments:

Would you recommend services at the MIDAS Program to others?				
No, Never! 	No, probably not 	Yes, I probably would 	Yes, Definitely! 	Comments:

Are you: Male _____ Female _____ What is your age? _____

Are you in treatment because you want to be? Yes _____ No _____

Race (Please mark all that apply):

Asian	Black / African American	Hispanic / Latino	Native American /Pacific Islander	White	Other

How long have you been receiving services at the **MIDAS Program**

Less than 1 month	1 to 3 months	3 to 6 months	6 months to 1 year	1 to 2 years	2 to 3 years	3 years or more

Please provide us with any additional comments that you would like to make about the services you received at the **MIDAS Program**: _____

Thanks for your input! Please return the completed survey to one of the agency workers.