

MIDAS
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 MIDASWere the services provided to you what you needed? Yes No N/A
 Comments: _____

4. IN MIDASWere 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 MIDAS Program services to others? Yes No N/A
 Comments: _____

6. Overall, were you satisfied with the services you received in the Yes No N/A
 MIDAS Program?
 Comments: _____

Please include suggestions for improving the MIDAS program. Use an additional sheet, if needed.
 Comments: _____

THANK YOU

Revised: July 2014