



CLIENT EVALUATION OF COMMUNITY REFERRAL PROGRAMS AND SERVICES

Please complete this questionnaire and help us to improve the quality of our programs.

This questionnaire is *anonymous and confidential*; do not hesitate to give sincere responses.

Today's Date: ____/____/____

Facility			
RIP	SHARP	TMRC	Non-Residential
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Referral Agency		
Community Health Center	UMADAOP	Morley Health Center
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please fill in only **ONE BUBBLE** for each question like this ●

Age:	25 & Under	26-35	36-45	46-55	Over 55	Gender:	Male	Female	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
Race:	Caucasian (White)	African American (Black)	Multiracial	Other (Specify) _____			Yes	No	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hispanic/Latino:	<input type="radio"/>	<input type="radio"/>	
Number of Times you were referred to this community referral agency?				0-2	3-5	6-8	Over 8	Veteran:	
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
Highest Level of Education Completed:				Less than High School		GED	High School Degree	College Degree	
				<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Services you received at your OHI facility regarding your referral:	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
1. Staff at OHI encouraged me to use support programs.	?	✓	<input type="radio"/>	?	●
2. Staff at OHI believes I can change/recover.	?	✓	<input type="radio"/>	?	●
3. Staff at OHI gave me information about my substance abuse treatment choices.	?	✓	<input type="radio"/>	?	●
4. I was satisfied with how quickly I was able to receive treatment.	?	✓	<input type="radio"/>	?	●
Services you received at your community referral:					
5. Meetings with my counselor were available at times that were good for me.	?	✓	<input type="radio"/>	?	●
6. My counselor helped me with my substance abuse issue.	?	✓	<input type="radio"/>	?	●
7. My counselor understood my problems and concerns.	?	✓	<input type="radio"/>	?	●
8. Social skills were taught/practiced.	?	✓	<input type="radio"/>	?	●
9. My goals for treatment were met.	?	✓	<input type="radio"/>	?	●
10. I was given written assignments to complete between sessions.	?	✓	<input type="radio"/>	?	●
11. I felt respected by the counseling staff.	?	✓	<input type="radio"/>	?	●
12. I would recommend the treatment services I received to others.	?	✓	<input type="radio"/>	?	●
13. Role playing was practiced during my treatment sessions.	?	✓	<input type="radio"/>	?	●
14. My treatment counselor discussed treatment recommendations with me.	?	✓	<input type="radio"/>	?	●

Why would you recommend or not recommend this community referral to others?
