Date: _____/_____/_____

1. Are you: □ Male   □ Female

2. How old are you? _________

3. Which racial or ethnic group do you most identify with?
   □ Caucasian   □ Native American, Eskimo
   □ African American □ Asian-American
   □ Biracial      □ Pacific Islander
   □ Hispanic-American □ Other: ____________________________

4. How far did you go in school?
   □ Less than 8th Grade □ High School    □ Graduate Degree
   □ 8th Grade           □ Some College
   □ Some High School    □ 4 Year College Degree

5. How long have you part of this program?
   □ 1 to 14 days       □ 1-3 months    □ 6 months-1 year
   □ 14 to 30 days     □ 3-6 months    □ greater than 1 year

Please circle the number below that best matches how you feel about the services you have received from (program name).

1=Definitely Disagree;  2=Disagree Somewhat;  3=Agree Somewhat;  4=Definitely Agree

1. I am satisfied with how quickly I was able to get services from this program.
   1  2  3  4

2. I am satisfied with how I am included in planning for the services I receive and the goals that we set for me.
   1  2  3  4

3. The staff understands, and have treated me with respect, including respect for my ethnic, cultural, and racial background.
   1  2  3  4

4. I would recommend these services to others with the same or a similar need as mine.
   1  2  3  4

5. Overall, I am satisfied with the services I have received from this program.
   1  2  3  4

6. Being in this program has helped improve my life.
   1  2  3  4

Please share any additional comments or suggestions you have regarding this program. You may use the other side if you need additional space.
Thank you for your feedback. All your responses are strictly anonymous and used to improve the quality of the services we provide.

Date: __________ / __________ / ______

1. Are you: □ Male □ Female
2. How old are you? __________
3. Which racial or ethnic group do you most identify with?
   □ Caucasian
   □ Native American, Eskimo
   □ African American
   □ Asian-American
   □ Biracial
   □ Pacific Islander
   □ Hispanic-American
   □ Other: ________________________________

4. What is the highest grade you have completed?
   □ Less than 8th Grade
   □ 8th Grade
   □ Some High School
   □ High School
   □ Some College
   □ 4 Year College Degree
   □ Graduate Degree

5. How long have you been receiving services from this program?
   □ 1 to 14 days
   □ 14 to 30 days
   □ 1-3 months
   □ 3-6 months
   □ 6 months-1 year
   □ greater than 1 year

Please circle the number below that best matches how you feel about the services you have received.

1 = Definitely Disagree; 2 = Disagree Somewhat; 3 = Agree Somewhat; 4 = Definitely Agree

1. I am satisfied with how quickly I was able to get services from this program.
   1 2 3 4

2. I am satisfied with how I am included in planning for the services I receive and the goals that we set for me.
   1 2 3 4

3. The staff understand and have treated me with respect, regarding my ethnic, cultural, and racial background.
   1 2 3 4

4. I would recommend these services to others with the same or a similar need as mine.
   1 2 3 4

5. Overall, I am satisfied with the services I have received from this program.
   1 2 3 4

6. Being in this program has helped improve my life.
   1 2 3 4

___ Check here if you are not currently receiving services from a Talbert House Psychiatrist or Nurse Practitioner.

If you are receiving services received from our Psychiatrist and/or Nurse Practitioner, we are interested in learning about your satisfaction with those services - only respond to services received from a Talbert House Psychiatrist and/or Nurse Practitioner.
1. How satisfied are you that the psychiatrist or nurse spent enough time with you, listened and answered your questions?
   1  2  3  4
2. How satisfied are you that the psychiatrist or nurse was friendly and helpful?
   1  2  3  4
3. How satisfied are you that the psychiatrist or nurse person who took care of you gave you good advice and treatment?
   1  2  3  4

Please share any additional comments or suggestions you have regarding this program. You may use the other side if you need additional space.

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

12.02A: 10/08