

## BROWARD BEHAVIORAL HEALTH COALITION DCF Consumer Satisfaction Survey - CHILDREN



	<del></del>									
Date Survey Completed (required):	Provider ID Number ( <b>required</b> ):									
Program Type (select only one-required):	☐ Children ☐ Children Substance				County:					
	Mental Health									
Purpose of Survey: Discharge		☐ Annual ☐ Other				□ Consumer Declined				
Type of Person   Consuleting the Consumer	□ Legal Guardian of consumer			Consumer ID						
Completing the Survey:				(required):						
Demographic Information (Consumer):										
Age:	` ' '		Male		☐ Female					
Race (required):   Black	☐ White		☐ Asian ☐ F				Multiracial			
☐ American Indian or	· Alaskan Asian	an    Native Hawaiian or Pac				der 🗆	Other			
Please respond based on your most recent experiences by			Ratings							
answering some questions about the services you have received.										
	rvices you have re	eceived.								
answering some questions about the ser We want to know what you think of	this program -	whether	Strongly	Agree	Neutral	Disagree	Strongly	N/A		
answering some questions about the sei We want to know what you think of positive or negative. For each statemen	this program -	whether	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A		
answering some questions about the set We want to know what you think of positive or negative. For each statemen that best describes your opinion.	this program -	whether		Agree	Neutral	Disagree		N/A		
answering some questions about the set We want to know what you think of positive or negative. For each statemen that best describes your opinion.  1. I was treated with respect.	this program -	whether		Agree	Neutral	Disagree		N/A		
answering some questions about the set We want to know what you think of positive or negative. For each statemen that best describes your opinion.	this program -	whether	Agree	_		_	Disagree			
answering some questions about the set We want to know what you think of positive or negative. For each statemen that best describes your opinion.  1. I was treated with respect.	this program - v t, please fill in th	whether	Agree	0	O	O	Disagree	•		
answering some questions about the set We want to know what you think of positive or negative. For each statemen that best describes your opinion.  1. I was treated with respect.  2. I was seen for services on time.	this program - v t, please fill in th to.	whether	Agree O	<u>O</u>	<u>O</u>	<u>O</u>	Disagree O	<u>О</u>		
answering some questions about the set We want to know what you think of positive or negative. For each statemen that best describes your opinion.  1. I was treated with respect. 2. I was seen for services on time. 3. I was able to talk to staff when I needed	this program - v t, please fill in th to.	whether	Agree O	) )	) )	) )	Disagree O O O	) )		
answering some questions about the set We want to know what you think of positive or negative. For each statemen that best describes your opinion.  1. I was treated with respect. 2. I was seen for services on time. 3. I was able to talk to staff when I needed 4. I received services when I needed them	this program - v t, please fill in th to.	whether	Agree	0	0	0	Disagree O O O O	) ) )		
answering some questions about the set We want to know what you think of positive or negative. For each statemen that best describes your opinion.  1. I was treated with respect. 2. I was seen for services on time. 3. I was able to talk to staff when I needed 4. I received services when I needed them 5. It was easy for me to get to the office.	this program - v t, please fill in th to.	whether	Agree O	) ) )	) ) ) )	) ) )	Disagree O O O O O O	) ) )		
answering some questions about the set We want to know what you think of positive or negative. For each statemen that best describes your opinion.  1. I was treated with respect. 2. I was seen for services on time. 3. I was able to talk to staff when I needed 4. I received services when I needed them 5. It was easy for me to get to the office. 6. If I had a complaint(s), it was handled w	this program - v t, please fill in th to.	whether	Agree O O O O O O O O O	) ) ) )	) ) ) ) )	O O O O	Disagree  O O O O O O O O O O O O O O O O O O	) ) ) ) )		
answering some questions about the set We want to know what you think of positive or negative. For each statemen that best describes your opinion.  1. I was treated with respect. 2. I was seen for services on time. 3. I was able to talk to staff when I needed 4. I received services when I needed them 5. It was easy for me to get to the office. 6. If I had a complaint(s), it was handled w 7. I received services that were very helpful	this program – vit, please fill in the to.  to.  ell.  ul. that I needed.	whether	Agree				Disagree  O O O O O O O O O	) ) ) )		
answering some questions about the set We want to know what you think of positive or negative. For each statemen that best describes your opinion.  1. I was treated with respect. 2. I was seen for services on time. 3. I was able to talk to staff when I needed 4. I received services when I needed them 5. It was easy for me to get to the office. 6. If I had a complaint(s), it was handled w 7. I received services that were very helpfu 8. The staff helped me find other services	this program – vit, please fill in the to.  to.  ell.  ul. that I needed. that I received.	whether	Agree O O O O O O O O O	) ) ) )	) ) ) ) )		Disagree  O O O O O O O O O O O O O O O O O O	) ) ) ) )		
answering some questions about the set We want to know what you think of positive or negative. For each statemen that best describes your opinion.  1. I was treated with respect. 2. I was seen for services on time. 3. I was able to talk to staff when I needed 4. I received services when I needed them 5. It was easy for me to get to the office. 6. If I had a complaint(s), it was handled w 7. I received services that were very helpfu 8. The staff helped me find other services 9. Overall, I am satisfied with the services	this program – v.t, please fill in the to.  to.  ell. ul. that I needed. that I received. s troubled.	whether	Agree O O O O O O O O O O O O O O O O O O			O O O O O O O O O O O O O O O O O O O	Disagree  O O O O O O O O O O O O O O O O O O	) ) ) ) ) )		





## **DCF Consumer Satisfaction Survey - CHILDREN**

Please respond based on your most recent experiences by answering some questions about the services you have received. We want to know what you think of this program – whether positive or negative. For each statement, please fill in the circle that best describes your opinion.		Ratings							
		Agree	Neutral	Disagree	Strongly Disagree	N/A			
13. I get along better with friends and other people.	0	O	O	O	O	O			
14. I got as much help as I needed	O	O	O	O	O	O			
15. Staff respected my ethnic background.	O	O	O	O	O	O			
16. I helped choose my services.	O	0	O	O	O	O			
17. I get along better with family members.	0	O	O	O	O	O			
18. Staff spoke with me in a way that I understood.	0	O	O	O	O	O			
19. I got the help I wanted.	0	O	O	O	O	O			
20. I was free to practice my religion.	O	O	O	O	0	0			
21. I am better able to do things I want to do.	O	0	O	O	O	O			
22. I am better at handling daily life.	0	O	O	O	O	O			
23. I am doing better in school and/or work.	0	O	O	O	O	O			
24. I know people who will listen and understand me when I need to talk.	0	•	•	•	0	•			
25. I have people I am comfortable talking with about my problems.	0	O	O	O	O	O			
26. In a crisis, I would have the support I need from family and friends.	O	O	O	O	O	O			
27. I have people with whom I can do enjoyable things.	O	O	O	C	O	O			

## Thank you for completing this survey.