

Community Person Served Satisfaction – Adult Survey

Introduction: Note: Age, Gender Identity, Race and Hispanic Ethnicity refer to the individual receiving services, not person assisting completing the survey.

This survey is CONFIDENTIAL! Please do not show it to your caseworker or any other staff after completing it. Please do not allow staff to complete it for you unless you need special assistance.

Person Completing Survey

- Individual receiving services
- Parent of individual receiving services
- Representative of individual receiving services

Gender Identity

- Male
- Female
- Transgender- Male to Female
- Prefer not to say
- Transgender- Female to Male

County *

Race

- American Indian/Alaskan Native
- Asian
- Black/African America
- Native Hawaiian/Pacific Islander
- White/ Caucasian
- Multi- Racial

Service Provider Name

Hispanic

- Yes
- No
- Prefer not to say

Program Area

Is the person receiving services 18 or older?

- Yes
- No

Program Name *

Please type any comments you might have.

*Questions excluded from some CPSSS.

Please respond based on your most recent experiences	RATINGS (fill in circles completely)				
	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
1. Staff helped connect me with friends, family, and/or others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel I am a part of my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Staff helped me to make better decisions. (e.g., where to live, when to work, with whom to be friends, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The services I received have helped me feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff asked me about my culture and beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Staff use language that empowers me and is not judgmental.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have been linked to services and supports needed to maintain my wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels welcoming, and comfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I received services that were right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff asked me about my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I helped choose my services and treatment plan goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff listened to me and respected my decisions about my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>