

- Medicaid
- BG & Other Funded

**MID-SOUTH SUBSTANCE ABUSE COMMISSION  
FY08/09 CLIENT SATISFACTION SURVEY  
(Originals Required)**

In order to assist Mid-South Substance Abuse Commission to improve our services, we would like your opinion. Answers to this survey are kept confidential. Please check each appropriate box below:

County I live in:	<input type="checkbox"/> Clinton	<input type="checkbox"/> Eaton	<input type="checkbox"/> Gratiot	<input type="checkbox"/> Hillsdale	<input type="checkbox"/> Ingham
	<input type="checkbox"/> Ionia	<input type="checkbox"/> Jackson	<input type="checkbox"/> Lenawee	<input type="checkbox"/> Newaygo	Other _____
I am:	<input type="checkbox"/> Female	<input type="checkbox"/> Male			
My age group is:	<input type="checkbox"/> 0 – 17	<input type="checkbox"/> 18 – 30	<input type="checkbox"/> 31– 40		
	<input type="checkbox"/> 41– 50	<input type="checkbox"/> 51– 60	<input type="checkbox"/> 61+		
The type of treatment I receive is:					
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Intensive Outpatient	<input type="checkbox"/> Residential	<input type="checkbox"/> Methadone		

**Please circle how much you agree or disagree with the following statements:**  
(Please circle only one answer for each statement.)

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. Getting into counseling treatment is hassle free.	4	3	2	1
2. I would recommend this agency to others.	4	3	2	1
3. I know how to reach the Recipient Rights Advisor.	4	3	2	1
4. My cultural/ethnic background is respected.	4	3	2	1
5. Information about me is given only with my permission.	4	3	2	1
6. I am satisfied with my counseling.	4	3	2	1
7. My life is improving because of my counseling/treatment.	4	3	2	1
8. Agency staff help me find other community services when I need them.	4	3	2	1
9. I am continually involved in writing my Treatment Plan(s).	4	3	2	1

I am interested in participating in a **Focus Group** to talk about my satisfaction with services. If interested, please provide your name and phone number: \_\_\_\_\_

I would like to discuss my treatment experience. If so, please call the Recipient Rights Regional Consultant at (517) 853-0495, extension 111 or 1(888) 230-7629.

What can make our services better? \_\_\_\_\_

Thank you for your comments.