

## ACCESS TO RECOVERY IV Satisfaction Survey

Today's Date \_\_\_\_\_

Provider/s: \_\_\_\_\_

I began receiving services through the ATR program in \_\_\_\_\_ 20\_\_\_\_\_.

Questions	Strongly Agree	Agree	Neutral	Strongly Disagree	Not Applicable
I had a choice as to which providers I could go to.					
I helped to choose my treatment services.					
The locations of services were convenient.					
Services were available at a time convenient for me.					
I received services that were right for me.					
My benefits coordinator seemed genuinely interested in helping me.					
I feel that the services I received have helped me in becoming alcohol and/or drug free.					
My benefits coordinator contacted me monthly to see how I was doing.					
I received services that specifically addressed my language/culture.					
Overall, I am satisfied with the services I received.					

I was referred to ATR services by:  Adult Parole Authority     Municipal and Common Pleas Court  
 Drug Courts     Treatment Agency  
 Probation Officers     Other: \_\_\_\_\_  
 Community Provider

Age: \_\_\_\_\_

Gender:  Male     Female

Ethnicity:  Caucasian     African-American     Asian     Hispanic/Latino     Native American     Other

What services were the most helpful to you in achieving your recovery? \_\_\_\_\_

What changes could be made to make ATR more effective? \_\_\_\_\_

\_\_\_\_\_

Client Signature: \_\_\_\_\_