

15-Day Survey

Admission Date: _____

Please take a few moments to complete this survey. This will assist us in improving services for clients at Stepworks.

(1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree)

I am treated with dignity and respect by the Stepworks staff. 1 2 3 4

My primary therapist and I meet privately at least once weekly. 1 2 3 4

I took an active part in developing my treatment plan. 1 2 3 4

I have made progress toward reaching my treatment goals. 1 2 3 4

I have a better understanding of the recovery process. 1 2 3 4

I can bring problems or concerns to staff without fear of reprisal. 1 2 3 4

I am satisfied with the safety and cleanliness of the environment. 1 2 3 4

The curriculum materials are helpful, and I apply what I'm learning to my own situation. 1 2 3 4

Groups and activities are interesting and helpful to me. 1 2 3 4

At this point in my treatment, I would recommend Stepworks to others who need help. 1 2 3 4

Please write any comments in the box below:

Name (optional) _____