POST DISCHARGE SURVEY

1. I have received the following services at You Turn Behavioral Health Services.

- ☐ **Therapy**
- ☐ **Medication Management**
- ☐ **Psychiatric Rehabilitation Services**

2. Services are easily accessible.

Accessibility	Poor	Below Average	Above Average	Excellent
Office location	☐	☐	☐	☐
Convenience of appointments	☐	☐	☐	☐
Time gap between calling us and being seen for first therapy appointment	☐	☐	☐	☐
Ease of reaching us by phone	☐	☐	☐	☐
Length of time spent in our waiting room before your appointment	☐	☐	☐	☐

3. Staff Effectiveness (how well staff listened, understood your concerns, included you in treatment planning, helped you address your problems and how helpful staff was at assisting you in obtaining other care as needed).

Staff	Poor	Below Average	Above Average	Excellent
Therapist	☐	☐	☐	☐
Psychiatrist	☐	☐	☐	☐
Psychiatric Rehabilitation Counselor	☐	☐	☐	☐

4. Staff are sensitive to my cultural background (race, religion, language, etc.)

Poor	Below Average	Above Average	Excellent
☐	☐	☐	☐

5. I am satisfied with my progress in terms of growth, change and recovery.

Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
☐	☐	☐	☐

6. How likely are you to refer a friend or family member to You Turn Behavioral Health Services?

Highly Unlikely	Unlikely	Likely	Highly Likely
☐	☐	☐	☐

7. What program or services would you like to see offered by You Turn Behavioral Health Services?

8. Please leave any additional comments that may help You Turn Behavioral Health Services better tailor our services to the needs of our persons served.