Client Experience Survey

Visits with Your Provider

Thinking about the visit specified in the survey, please indicate the type of practitioner you saw:

1. Please pick all that applies:

☐ **Therapist** ☐ **Rehabilitation Counselor** ☐ **Prescriber**

Thinking about practitioner whom you saw on the visit indicated in the survey, how you would rate:

	Excellent	**Very Good**	**Good**	**Fair**	**Poor**	**N/A**
2. How prepared this practitioner was for your visits?	☐	☐	☐	☐	☐	☐
3. Attention this practitioner paid to what you had to say.	☐	☐	☐	☐	☐	☐
4. How well this practitioner understood your concerns?	☐	☐	☐	☐	☐	☐
5. Thoroughness and competence of this practitioner	☐	☐	☐	☐	☐	☐
6. Length of time between visits with this practitioner (if you've only seen this practitioner once, mark Not Applicable).	☐	☐	☐	☐	☐	☐

Continuing to think about the visit(s) you've had with the practitioner on the date identified in the survey, please rate your agreement with the following statements:

	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**N/A**
7. This practitioner focused on achieving the goals for my counseling or services.	☐	☐	☐	☐	☐	☐
8. This practitioner gave me as much information as I wanted about what I could do to manage my condition	☐	☐	☐	☐	☐	☐
9. This practitioner and other behavioral health practitioners, if any, worked as a team in coordinating my care	☐	☐	☐	☐	☐	☐
10. This practitioner and my primary medical doctor, if involved, worked as a team in coordinating my care	☐	☐	☐	☐	☐	☐

11. How likely would you recommend this practitioner to a friend or family member?

<Would definitely NOT recommend Would definitely recommend>

1	2	3	4	5	6	7	8	9
☐	☐	☐	☐	☐	☐	☐	☐	☐

Calling to Arrange for a Referral

Your first call to You Turn Behavioral Health Services (before you had been matched with a practitioner) was for staff employed by You Turn Behavioral Health Services. Thinking back to that PHONE CALL you made to You Turn Behavioral Health Services to get a referral, please rate your agreement with the following statements:

	SA	A	N	SD	D	N/A
12. The person I talked with was friendly and helpful.						
13. The person I talked with matched me with a practitioner who was right for my needs and preferences.						
14. The first appointment was as soon as I wanted it.						

You Turn Behavioral Health Services in General

Thinking about the counseling or services you may have received through You Turn Behavioral Health Services **over the last 12 months** (this would include care received from the practitioner, please respond to the following questions:

15. Friendliness and helpfulness of staff when you checked in.

Excellent Very Good Good Fair Poor

16. Ease of getting the counseling or services you believe is necessary.

Excellent Very Good Good Fair Poor

17. The information I received (materials, what staff/practitioners told me, etc.) was consistent. Strongly

Strongly Agree Agree Neutral Strongly Disagree Disagree

18. All things considered, how satisfied are you with You Turn Behavioral Health Services for counseling or services.

Very Satisfied Somewhat Satisfied Neither satisfied nor Dissatisfied Somewhat Somewhat Dissatisfied Very Dissatisfied

Comments: This is a new survey. We would value any suggestions for improvement to the survey itself. Additionally, if you would like to make comments about your care, please use the space provided on the back page.

_____

_____

_____