



Satisfaction Survey

We want to hear from you. This program is YOUR program, and we want to continue to grow and help you succeed!
Your honest and confidential responses mean a lot to us.

1. Do you like attending BluMoon? A. Yes B. No C. Sometimes

If no or sometimes, Please tell us why :

2. Do you feel like your needs are met? A. Yes B. No C. Sometimes

If no or sometimes, Please tell us why :

3. Are you working on your outcome? A. Yes B. No C. Sometimes

If no or sometimes, Please tell us why :

4. Are the staff members helpful and available to you? A. Yes B. No C. Sometimes

If no or sometimes, Please tell us why :

5. Do you want to get out into the community? A. Yes B. No C. Sometimes

If no or sometimes, Please tell us why :

6. Do you get to go out into the community while attending BluMoon Program? A. Yes B. No C. Sometimes

If no or sometimes, Please tell us why :

7. What is your favorite thing to do?

8. Is there anything you'd like to have changed?

Overall BluMoon makes me feel: (One Word)
