



DIMENSIONAL BEHAVIORAL HEALTH SERVICES, INC.

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DBHS Client Satisfaction Survey

Hello! We would like to know how you feel about the services provided by DBHS. With your input, we aim to ensure we are meeting your needs. Your responses will help us improve our services. There is no right or wrong answer and we are asking for your *honest* opinions. Your responses will, in no way, adversely affect your treatment here. Thank you for your time ... We value it!

Hey there ... *who* did you visit today or during your last visit on ___ / ___ / ___? (Select All That Apply)

___ Psychologist/Psychiatrist ___ Registered Nurse ___ Nurse Practitioner ___ Social Worker
 ___ Professional Counselor ___ Medical Doctor ___ HR Staff/Director/Enrollment

(Please mark the <u>one</u> answer that BEST fits each statement below)	Always	Most of the time	Some of the time	Rarely	Never	N/A
I feel welcomed and comfortable at the DBHS facility						
I feel I am able to access care/assistance when I need it						
I feel respected and listened to by the DBHS staff						
I feel the DBHS staff takes time to explain and educate me						
I feel that I am involved in my care and included in the decision making regarding my treatment plan						
I feel the DBHS staff has an understanding of my health care needs and successfully coordinates care with my other healthcare providers						
I feel the DBHS staff encourages me to develop my mental health or substance abuse recovery goals						
I feel the DBHS staff encourages and welcomes the input and support of my family/friends						
I feel my health information is kept confidential and shared <i>only</i> as necessary with other healthcare providers or entities involved in my care/treatment						
I feel the staff sees me as a whole person and addresses multiple needs when necessary to provide holistic treatment						

“Developing Dimensions in Recovery through Resilience, Wellness & Support”

We would love to hear more from you ... what suggestions do you have for improvement of services provided by DBHS, its management, and staff?

THANK YOU FOR YOUR PARTICIPATION!

PLEASE SUBMIT YOUR SURVEY TO HR WHEN AVAILABLE.

DATE RECEIVED BY HR STAFF: _____