



**CLIENT SATISFACTION SURVEY**

**Thank you for choosing JSSA.** We make every effort to be responsive to our clients, and are interested in knowing about your experience at JSSA. Please take a minute to answer this brief survey. Thank you!

**1. Please indicate who is completing this questionnaire.**

- Person who received the service
- Parent of person who received the service
- Adult child of person who received service
- Other \_\_\_\_\_

**2. At which location were services received?**

- Rockville
- Fallsgrove
- Fairfax
- Silver Spring

**3. What services were received at JSSA? (please check all that apply)**

- Individual Therapy
- Family Therapy
- Group Therapy
- Case Management
- Couples Therapy
- Collaborative Divorce
- Medication Management/Psychiatrist
- Supported Employment
- Other \_\_\_\_\_

**4. Please rate the courtesy of our: (Please check one box per row)**

	Very Courteous	Somewhat Courteous	Not too Courteous	Not at all Courteous	Not Applicable
Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supported Employment Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Please rate the helpfulness of our: (Please check one box per row)**

	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	Not Applicable
Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supported Employment Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. What was your or your family member's reason for ending services at JSSA?**

- Services no longer needed
- Group ended
- Insurance difficulties
- Moved out of the area
- Dissatisfaction with the service
- Other: \_\_\_\_\_

**7. To what extent have the services received at JSSA been beneficial to you or your family member?**

- Considerably beneficial
- Somewhat beneficial
- Not too beneficial
- Not at all beneficial

**Please Turn Over**



**8. Please rate the extent to which you or your family member made progress at JSSA in the following areas:**

*(Please check one box for each row)*

	Considerable Progress	Some Progress	Not Much Progress	No Progress	Not Applicable
a. Dealing with everyday problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dealing with crises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Getting along with spouse or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting along in social situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Making new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Performing in school and/or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Finding a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Feeling better overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. Overall, how satisfied were you or your family member with the quality of the services received at JSSA?**

- Very Satisfied       Somewhat Satisfied       Not too satisfied       Not at all satisfied

**10. How likely would you or your family member be to use JSSA services in the future?**

- Very likely       Somewhat likely       Not too likely       Not at all likely

**11. If you or your family member checked 'not too likely' or 'not at all likely' to use services in the future, please choose the reason why below:**

- Dissatisfaction with service provider     Not enough progress       Cost       Location  
 Other \_\_\_\_\_

**12. How likely would you or your family member be to recommend JSSA services to others?**

- Very likely       Somewhat likely       Not too likely       Not at all likely

**13. If you or your family member checked 'not too likely' or 'not at all likely' to use services in the future, please choose the reason why below:**

- Dissatisfaction with service provider     Not enough progress       Cost       Location  
 Other \_\_\_\_\_

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 Thank you for taking the time to complete this survey!

**If your JSSA experience was a positive one, would you be willing to share your story with a member of our Fundraising Staff to encourage donations to JSSA?**  Yes  No    If Yes, please provide your contact information:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Your feedback is much appreciated and is critical in helping us to best serve the community.*

Please return this survey in the enclosed postage-paid envelope.