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| **Substance Abuse Services/Substance Use Disorder Services Client Satisfaction Survey Questionnaire** |
| **Child Protective Services - Purchased Client Services** |



Date: \_\_\_\_\_\_\_\_\_\_\_\_ Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Put an X in the box for your answer to each question. If the question does not apply to you, mark NA for Not Applicable. | Strongly Agree | Agree | Disagree | Strongly Disagree | NA |
| 1. My therapist believes that I can change and grow and manage my addiction.  |  |  |  |  |  |
| 2. My therapist encourages me to be responsible for the safety of my kids and make plans for their care if I relapse.  |  |  |  |  |  |
| 3. My therapist makes me feel comfortable talking about my addiction and how it affects my life and my family. |  |  |  |  |  |
| 4. I understand the problems that caused CPS to open a case and I am trying to take better care of my kid(s).  |  |  |  |  |  |
| 5. My therapist encourages me to attend other classes or join other support groups or participate in community activities. I found other agencies or groups that could help me with my addiction and with other areas of my life.  |  |  |  |  |  |
| 6. If I had other choices, I would still get services from this therapist.  |  |  |  |  |  |
| 7. This therapy made positive changes in my life and in how I parent my kids and I would tell someone to try this kind of therapy if they had problems with addiction.  |  |  |  |  |  |

Comments (What did you like most about therapy? Like least? Is there anything you wanted that was not part of the therapy?)

Thank you. We value your feedback