

Satisfaction Survey 2021

This Satisfaction Survey is conducted annually by Southside Behavioral Health in order to evaluate your satisfaction with the services received from this agency. Our goal is to improve the services that we provide in any way, shape, or form for the betterment of your treatment and experience.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Satisfaction with Quality and Appropriateness:					
Staff treats me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff listens and supports me throughout my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with Participation in Treatment/Service Plan:					
My treatment plan goals are stated in my own words.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff views me as an equal partner in my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with Access:					
Staff returned my calls within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are available at times that are good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can get the services I need when I need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve Functioning (Since Receiving Services):					
I am better able to take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better able to handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction:					
I like the services that I receive here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The services that I receive are beneficial to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

What Services Do You Receive? (check all that apply)		What Location Are You Receiving Services?	
<input type="checkbox"/>	Crisis Stabilization	Alberta Manor	<input type="checkbox"/>
<input type="checkbox"/>	DD Case Management	Ashley Manor	<input type="checkbox"/>
<input type="checkbox"/>	DD Day Support	Brandon Home	<input type="checkbox"/>
<input type="checkbox"/>	DD Residential	Brunswick Behavioral Health Center	<input type="checkbox"/>
<input type="checkbox"/>	DD Supervised Residential Group Home	Brunswick Creative Innovations	<input type="checkbox"/>
<input type="checkbox"/>	Early Intervention	Brunswick Support CC	<input type="checkbox"/>
<input type="checkbox"/>	Emergency Services	Gateway	<input type="checkbox"/>
<input type="checkbox"/>	ICF-DD	Halifax Behavioral Health Center	<input type="checkbox"/>
<input type="checkbox"/>	MH Case Management	Halifax Children and Family Services	<input type="checkbox"/>
<input type="checkbox"/>	MH Community Support	Halifax Community Support Program	<input type="checkbox"/>
<input type="checkbox"/>	MH Outpatient	Halifax Creative Innovations	<input type="checkbox"/>
<input type="checkbox"/>	MH Psychosocial Rehabilitation	Hope House	<input type="checkbox"/>
<input type="checkbox"/>	SA Case Management	King's Manor	<input type="checkbox"/>
<input type="checkbox"/>	SA Outpatient	Marc Manor	<input type="checkbox"/>
		Mecklenburg Creative Innovations (JHNC)	<input type="checkbox"/>
Are you a current or past client?		Mecklenburg Behavioral Health Center	<input type="checkbox"/>
<input type="checkbox"/>	Current	Mecklenburg Children and Family Services	<input type="checkbox"/>
<input type="checkbox"/>	Past	Mecklenburg Community Support Program	<input type="checkbox"/>
<i>Thank You For Participating In Our Survey!</i>			