



Satisfaction Survey

Please take a few minutes to tell us your experience with OHRS. This is an anonymous survey that can be given to our front desk staff or emailed to ohrs.programintegrity@tmbho.org.

Item #	Satisfaction Survey	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree (neutral) 3	Agree 4	Strongly Agree 5
1	I believe the program addresses my needs.					
2	I understand program goals.					
3	I feel the program is helping me with my treatment goals.					
4	I get respect from staff.					
5	If I have a concern or a problem, I know what to do and who to talk to.					
6	I am able to access program services.					
7	I feel safe.					
8	If I do not feel safe, I know what to do.					
9	Other comments: (use back side if you need more room)					