



Canyon Hills Treatment Facility

CONSUMER FOLLOW-UP SURVEY

As part of Community Helps Network ongoing commitment to quality service, we would like to obtain some feedback regarding your current status since leaving our program. Please take a moment to complete this survey and return it to us as soon as possible in the self-addressed/stamped envelope.

Please answer Yes or No for the following. A response line is provided after each question to provide more information.

1. Since leaving the program at Canyon Hills Treatment Facility, have you been hospitalized/incarcerated? Yes No. If yes, Why and When?

2. Since leaving the program at Canyon Hills Treatment Facility, do you find that you have remained compliant in taking your medications? Yes or No. If no, Why?

3. Since leaving that program at Canyon Hills Treatment Facility, do you feel that you have continued to make progress? Yes or No. If no, Why?

4. Since leaving the program at Canyon Hills Treatment Facility, have you felt the need to return to the program or had a relapse? Yes or No. If no Why?

5. Would you tell someone else about the services offered by Canyon Hills Treatment Facility? Yes or No. If no Why?

Office Use Only:

Date of Survey: _____

Method: Mail or Phone: _____

Follow Up:

