

Canyon Hills Treatment Facility



Client Satisfaction Survey

In order to provide you with the best possible services, Canyon Hills Treatment Facility would like to receive some feedback from you or your family member/advocate regarding our services. By completing this survey we will be able to identify our strengths and weaknesses and make improvements. Please let us know if you need assistance in completing this survey.

Please circle the choice after each question that best fits your answer.

1. I would rate the quality of professional and courteous service that I (my child) currently receives from Canyon Hills Treatment Facility staff as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

2. I would rate the level of courtesy and professionalism shown to me (my child) by the Canyon Hills Treatment Facility staff as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

3. I would rate the orientation to services that (my child) received from Canyon Hills Treatment Facility staff as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

4. I would rate my (my child's) access to Canyon Hills Treatment Facility services, including after hours and emergencies as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

5. I would rate the efficiency of Canyon Hills Treatment Facility staff in meeting my (my child's) needs as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

6. I would rate the evaluation of my (my child's) progress at as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

7. I would rate the quality of clinical/support services that I (my child) receive at Canyon Hills Treatment Facility as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

8. I would rat the effectiveness of clinical/support services that I (my child) receives at Canyon Hills Treatment Facility as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

9. I would tell someone else that the quality of services offered by Canyon Hills Treatment Facility are:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

10. I would rate my overall satisfaction with all services that I (my child) have received at Canyon Hills Treatment Facility as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

Please answer yes or no if applicable. A response line is provided after each question to provide more information.

11. Since receiving services from Canyon Hills Treatment Facility do you notice improvements in your (your child's) social skills and relationships with family and friends? Yes or No

12. Since receiving services from Canyon Hills Treatment Facility do you notice improvements in your (your child's) social skills and relationships with family and friends? Yes or No

13. Since receiving service from Canyon Hills Treatment Facility do you find that you (your child) has been compliant with maintaining support and abstinence from substances? Yes or No

14. Do you find that the staff members of Canyon Hills Treatment Facility are:

Professional yes or no _____

Courteous yes or no _____

Dressed appropriately yes or no _____

Timely with visits yes or no _____

15. Please list 3 strengths that you find are exhibited at Canyon Hills Treatment Facility.

16. Please list 3 areas of improvement that could be made at Canyon Hills Treatment Facility :

Additional Comments: _____
