



## CUSTOMER SATISFACTION SURVEY Q1 2022

Please complete this questionnaire and deposit into the suggestion box.  
Your honest feedback will help us to improve the quality of services we provide.

Thank you for taking the time to complete this survey.



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Person receiving services: \_\_\_ Self \_\_\_ Family Member \_\_\_ Guardian

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_

Today's Date: \_\_\_\_\_ First Date of Service: \_\_\_\_\_

What services/resources is the consumer receiving support from WHC with?

\_\_\_ Therapy \_\_\_ Psychiatry \_\_\_ Community Support (CSW) \_\_\_ Medication/Nurse  
\_\_\_ Housing \_\_\_ Food \_\_\_ Clothing \_\_\_ Resume Assistance

Please rate your satisfaction with the following, where applicable.	1	2	3	4	5	6
	Very Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Community Support Services (CSW)						
Individual Therapy						
Psychiatry / The Doctor						
The Nurse / Vitals						
Medication Management						
Care Coordination						
Front Desk / Reception						
Scheduling Appointments						
Intake / Registration						
Customer Service						
Safety & Security						
Clinic Cleanliness						
Complaints / Grievances						
Food Program						
Housing Program						
Clothing Program						
Resume Assistance						



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Have you ever felt discriminated against by any Wellness Healthcare staff?

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What do you enjoy most about Wellness Healthcare Clinics? How can we improve?

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Would you like to shoutout a staff member that has helped you reach your treatment goals?  
If so, write their name below and how they have helped you. If not, leave blank.

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Are you homeless? \_\_\_\_ Yes \_\_\_\_ No

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

Do you currently have a Primary Care Physician? \_\_\_\_ Yes \_\_\_\_ No



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	1 Strongly Agree	2 Mostly Agree	3 Agree Disagree	4 Disagree	5 Strongly Disagree
<b>Please rate how you agree with the statements below by checking the response that best fits.</b>					
I am happy with the services that I receive from Wellness Healthcare Clinics (WHC).					
The working hours that services are provided are convenient for me (M-F, 9am – 6pm).					
I can reach WHC staff whenever I need to speak to someone.					
WHC staff are flexible to accommodate my schedule.					
WHC staff address my needs in a timely manner.					
I am able to see the psychiatrist or health professional whenever I need to.					
I participate in creating my treatment goals and know what is in my treatment plan.					
WHC staff believe my ability to achieve goals set for myself.					
WHC staff are dedicated to helping me with my treatment goals.					
I feel comfortable asking questions and sharing concerns about my services.					
I feel my complaints/grievances are heard and taken seriously.					
I feel like WHC staff respect my choices even if they do not agree with them.					
Receiving services from WHC has made a positive difference in my situation.					
WHC staff are courteous and respectful.					
I would recommend WHC to my family and friends.					