

## SAMPLE OF ADDITIONAL (OPTIONAL) QUESTIONS FOR THE CLIENT SURVEY

Questions that could be added to the Client Survey include the following:

1. Was the <u>location</u> of the services convenient for you?	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Somewhat</b> <input type="checkbox"/>	<b>Convenient</b> <input type="checkbox"/>	<b>Very Convenient</b> <input type="checkbox"/>
2. Were the services provided <u>at a time</u> that was convenient for you?	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Somewhat</b> <input type="checkbox"/>	<b>Convenient</b> <input type="checkbox"/>	<b>Very Convenient</b> <input type="checkbox"/>
3. Did you get the kind of service you wanted?	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Somewhat</b> <input type="checkbox"/>	<b>Yes, Mostly</b> <input type="checkbox"/>	<b>Yes, Definitely</b> <input type="checkbox"/>
4. Overall, what was the quality of the services you received?	<b>Does Not Apply</b> <input type="checkbox"/>	<b>Poor</b> <input type="checkbox"/>	<b>Average</b> <input type="checkbox"/>	<b>Very Good</b> <input type="checkbox"/>	<b>Excellent</b> <input type="checkbox"/>
5. To what extent did the services meet your needs?	<b>Does Not Apply</b> <input type="checkbox"/>	<b>None</b> <input type="checkbox"/>	<b>Some</b> <input type="checkbox"/>	<b>Mostly</b> <input type="checkbox"/>	<b>Almost Entirely</b> <input type="checkbox"/>
6. If you were to seek services again, would you come back to this program?	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Maybe</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>Yes, Definitely</b> <input type="checkbox"/>
7. Would you recommend these services to a friend, family member or co-worker?	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Maybe</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>Yes, Definitely</b> <input type="checkbox"/>
8. As a result of the services I received, I deal more effectively with daily issues	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Maybe</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>Yes, Definitely</b> <input type="checkbox"/>
9. As a result of the services I received, I am able to make better choices.	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Maybe</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>Yes, Definitely</b> <input type="checkbox"/>
10. As a result of the services I received, I am better able to deal with crisis.	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Maybe</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>Yes, Definitely</b> <input type="checkbox"/>
11. As a result of the services I received, I do better in school and/or work.	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Maybe</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>Yes, Definitely</b> <input type="checkbox"/>
12. I feel more confident as a parent.	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>A Little</b> <input type="checkbox"/>	<b>Some</b> <input type="checkbox"/>	<b>A Lot</b> <input type="checkbox"/>
13. I play more with my child.	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>A Little</b> <input type="checkbox"/>	<b>Some</b> <input type="checkbox"/>	<b>A Lot</b> <input type="checkbox"/>
14. Have you been able to use what you learned from this program?	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>A Little</b> <input type="checkbox"/>	<b>Some</b> <input type="checkbox"/>	<b>A Lot</b> <input type="checkbox"/>
15. How much difference did the program make for you, your family or your work? (For example, did your or your child's ideas or behaviors change?)	<b>Does Not Apply</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>A Little</b> <input type="checkbox"/>	<b>Some</b> <input type="checkbox"/>	<b>A Lot</b> <input type="checkbox"/>
16. What did you like best about the program?					