

Client Survey Questionnaire

Are you currently satisfied with the services you are receiving from your prevention counselor? YES NO

What aspects of the services you receive from the prevention case manager are the most helpful? The least helpful?

Do you have specific suggestions as to how we might improve those services?

Are you able to contact your prevention case manager when you need assistance?

YES NO

Does your prevention case manager provide information to you in a way that is understandable?

YES NO

Do you have specific suggestions on how the case manager might improve their accessibility?

YES NO

Is your prevention case manager knowledgeable about the issues you discuss?

YES NO

Is your prevention case manager knowledgeable about resources available in the community?

YES NO

If your prevention case manager does not have the information you need, does she/he seek out the information and provide it to you in a timely manner? YES NO

Does your prevention case manager work with your case manager to provide you with the care and services you need? YES NO

Has your prevention case manager been helpful in coordinating services when you need them? YES NO

Do you have any suggestions for us on how we can improve our Comprehensive Risk Counseling and Services?
