



## Grant Integrated Services Client Survey

Grant Integrated Services is committed to providing you with the highest quality services. To help us know how we are doing, your feedback is **VERY** important. We would appreciate it if you would take a minute to complete this survey below, and return it to one of our customer service representatives at the front desk. You are also welcome to return the form to your provider if you would prefer, or if you are receiving services away from our offices. ***The information you share is confidential and there is no need to sign your name; however, if you would like to be contacted regarding any topic/issue/concern please provide your name and phone number.*** Thank you for your willingness to participate in this survey.

**Please indicate the age of the person enrolled in services at Grant Integrated Services:**

0 – 12                     
  13 – 18                     
  19 – 39                     
  40 – 59                     
  60+

**Please indicated your ethnicity:**

Hispanic                     
  African American                     
  Native American                     
  Asian/Pacific Islander                     
  Caucasian/White                     
  Other

|   |                              |   |                                    |                                  |                                   |  |
|---|------------------------------|---|------------------------------------|----------------------------------|-----------------------------------|--|
| The friendliness and helpfulness of the staff when you checked in?  | <input type="checkbox"/> N/A | <input type="checkbox"/> Excellent      | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good    | <input type="checkbox"/> Fair     | <input type="checkbox"/> Poor              |
| When I try to contact my provider, I get a timely response.   | <input type="checkbox"/> N/A | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree     | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| I am able to schedule my appointments at a time that is convenient for me.                                  | <input type="checkbox"/> N/A | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree     | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| I am usually seen for my appointments within 15 minutes of the scheduled start time.                        | <input type="checkbox"/> N/A | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree     | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The location of services was in the most convenient location for me?  | <input type="checkbox"/> N/A | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree     | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| I feel that staff listen to me.   | <input type="checkbox"/> N/A | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree     | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Things were explained to me in a way I can understand.  | <input type="checkbox"/> N/A | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree     | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Staff have been sensitive to my language, race, religion, ethnicity, or culture if that is important to me. | <input type="checkbox"/> N/A | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree     | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| My ability to manage my life and my symptoms have improved since being in services at GrIS.                 | <input type="checkbox"/> N/A | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree     | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Overall, I feel that the services I am receiving are beneficial in helping me meet my treatment goals.      | <input type="checkbox"/> N/A | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree     | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Overall, I would recommend GrIS to others.  | <input type="checkbox"/> N/A | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree     | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

1. What do you find most helpful about your services?

2. What changes would you make to the services?

**PLEASE FEEL FREE TO PROVIDE COMMENTS AND FEEDBACK ON THE BACK PAGE OF THIS SURVEY**