

GATEWAY
Client Satisfaction Survey
Program _____
Date _____

Thank you for the opportunity to provide services to you or your family recently. Please take a few moments to answer the following questions so that we may continue to improve our services. All surveys are confidential. CIRCLE ONLY ONE ANSWER

	Strongly Agree	Agree	Disagree	Strongly Disagree	Doesn't Apply to Me
1. I am satisfied with the services/help I received.	1	2	3	4	0
2. I am satisfied with the amount of communication I received from Gateway Staff.	1	2	3	4	0
3. Gateway Staff is available when I needed them.	1	2	3	4	0
4. I learned new skills that will help me in the future.	1	2	3	4	0
5. I have a chance to express my own ideas, and to ask questions.	1	2	3	4	0
6. I was able to help make decisions about what services received.	1	2	3	4	0
7. Information was reviewed with me about Client's Rights and Responsibilities.	1	2	3	4	0
8. I felt safe during my stay at Gateway. (Residential, Emergency, TFC, TLP, ILP)	1	2	3	4	0
9. My privacy and confidentiality were protected while I received services from Gateway.	1	2	3	4	0
10. Rules and guidelines were fair while services were received from Gateway.	1	2	3	4	0

Age _____ Gender _____ Race/Ethnicity _____

Comments: