

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 rate the following so that we may continue to improve our services. All surveys are confidential. PLEASE RATE THE FOLLOWING:

	Excellent	Good	Average	Poor	N/A
1. Services/help I received	1	2	3	4	0
2. Amount of communication I received from Gateway Staff	1	2	3	4	0
3. Availability of staff	1	2	3	4	0
4. New Skills learned that will help me in the future	1	2	3	4	0
5. Usefulness of the services received	1	2	3	4	0
6. Amount of time Gateway Staff allowed me to express my opinions about services needed & received	1	2	3	4	0
7. Presentation of Information about my Rights and Responsibilities as a client	1	2	3	4	0
8. How Gateway addressed my safety issues while I received services from Gateway	1	2	3	4	0
9. Protection of my privacy and confidentiality while I received services from Gateway	1	2	3	4	0
10. Convenience of Locations	1	2	3	4	0

Circle Please  
 Gender: M F

Circle Please  
 Race/Ethnicity: Black African American Caucasian Alaskan Asian Other  
 Hispanic \_\_\_ yes \_\_\_ no

AGE \_\_\_\_\_

COMMENTS: \_\_\_\_\_