



# Consumer Satisfaction Survey

In an effort to provide you with the best possible care we are asking that you take the time to fill out this short survey. Please rate each of the statements based on the criteria listed below.

For any statement that you disagree or strongly disagree with, please provide details in the "comments" section.

The results will be shared with our clinic staff and will be used to improve our services.

Clinic Name:		
Completed by: (optional)		Date:
<input type="checkbox"/> Biological Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Congregate Care Staff
<input type="checkbox"/> Relative Foster Parent	<input type="checkbox"/> DCF Social Worker	<input type="checkbox"/> Youth (age 12 and above) <input type="checkbox"/> Other:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A Not Applicable
			Please detail in *Comments		
I was satisfied with the scheduling process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The MDE process was explained to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appointment started on-time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic staff were respectful and polite to me and my child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic staff were helpful and answered all my/our questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall the MDE experience at the clinic was positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the evaluation conducted in a language you understood?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, were you provided with an interpreter?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you have any concerns with the MDE process at our clinic?					
What suggestions would you like to share regarding the MDE Process?					
*Comments:					

*Thank You!*