



59868

CMHEI - Satisfaction with Program - Follow-up

(Please print using BLOCK letters and numbers inside boxes)

SAT
CM/CSI
pg 1/1

ID:

Date (mm/dd/yy): / /

Person Completing Form:

Indicate Period: Follow-up 1 Follow-up 3
 Follow-up 2 Follow-up 4

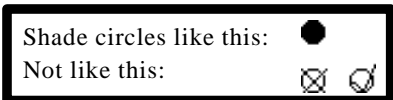
We are interested in your honest opinions, whether they are positive or negative, about your involvement with _____ (name of program). Please answer all of the questions. FILL THE APPROPRIATE CIRCLES.

- Overall, how satisfied are you with the program?
 Not at all Some of the time Quite often All of the time N/A
- To what extent is the help offered at this program relevant to your needs?
 Not at all Some of the time Quite often All of the time N/A
- Would you recommend this program to other people needing help?
 Not at all Some of the time Quite often All of the time N/A
- Do you get enough support from this program when you need it?
 Not at all Some of the time Quite often All of the time N/A
- Do you have enough say about the help you receive from this program?
 Not at all Some of the time Quite often All of the time N/A
- Do people in this program really understand what you need?
 Not at all Some of the time Quite often All of the time N/A
- Do you get too much support from this program?
 Not at all Some of the time Quite often All of the time N/A

8. What have you liked best about your experience with this program?

9. What have you liked least about your experience with this program?

10. If you could change anything about this program it would be:



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