

# ARMHS Client Experience and Satisfaction Survey



Client Name \_\_\_\_\_ Date of Survey \_\_\_\_\_

**Please answer the following questions about your ARMHS services. This information will be used for quality purposes to identify where we can improve our procedures and services to ensure our client's needs are being met through the delivery of quality care by our staff.**

## Section 1: Access and Communication

### QUESTIONS

### RATING SCALE

	Very easy	Somewhat easy	Neutral	Somewhat difficult	Very difficult
How easy is it for you to schedule appointments with your ARMHS worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very responsive	Somewhat responsive	Neutral	Somewhat unresponsive	Not responsive at all
How responsive is your ARMHS worker when you reach out with questions or concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Always	Usually	Sometimes	Rarely	Never
Do you feel your ARMHS worker listens to you and understands your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 2: Services and Support

### QUESTIONS

### RATING SCALE

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The services I receive from ARMHS are helping me work toward my mental health goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Always	Usually	Sometimes	Rarely	Never
My ARMHS worker involves me in decisions about my treatment and goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very helpful	Somewhat helpful	Neutral	Not very helpful	Not helpful at all
My ARMHS worker involves me in decisions about my treatment and goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No			
Do you feel the frequency of sessions is enough to support your needs?	<input type="checkbox"/>	<input type="checkbox"/>			

## Section 3: Professionalism and Respect

### QUESTIONS

### RATING SCALE

	Always	Usually	Sometimes	Rarely	Never
My ARMHS worker treats me with respect and dignity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Always	Usually	Sometimes	Rarely	Never
My ARMHS worker is knowledgeable and well-prepared for sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I feel comfortable and safe working with my ARMHS worker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4: Overall Satisfaction

### QUESTIONS

### RATING SCALE

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Overall, how satisfied are you with the ARMHS services you are receiving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you feel is working well with your services?

What improvements would you suggest for your ARMHS services?