



Customer Satisfaction Survey

Listening to customers has always been important to us. Your feedback will help us better serve people like you! Your participation is voluntary and anonymous. Your responses will not influence the services.

1. How long have you been a customer of The Mindful Health Foundation?

- Less than six months
- Six months to a year
- 1 - 2 years
- More than 2 years
- I am not a customer

2. Which of the following services have you received from The Mindful Health Foundation before? (Please select all that apply.)

- Individual Therapy
- Group Therapy
- Nutrition Counseling
- Art Therapy
- Substance Abuse Counseling
- Intensive Outpatient Program
- Day Treatment Program
- Other (please specify)

3. Overall, how satisfied are you with The Mindful Health Foundation?

- Extremely satisfied
- Very satisfied
- Somewhat satisfied
- Not so satisfied
- Not satisfied at all

4. How well does our services meet your needs?

- Extremely well
- Very well
- Somewhat well
- Not so well
- Not at all well

5. How would you rate the quality of our services?

- Very high quality
- High quality
- Neither high nor low quality
- Low quality
- Very low quality

6. How would you rate your progress in treatment?

- Excellent
- Above average
- Average
- Below average
- Poor

7. How responsive have we been to your questions or concerns?

- Extremely responsive
- Very responsive
- Somewhat responsive
- Not so responsive
- Not at all responsive
- Not applicable

8. How likely is it that you would recommend this company to a friend or colleague?

Not at all likely

Extremely likely

0 1 2 3 4 5 6 7 8 9 10

9. How easy or difficult was it to schedule your appointment at a time that was convenient for you?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

10. Overall, how satisfied or dissatisfied were you with your last visit to our office?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

11. How satisfied or dissatisfied were you with the amount of time your provider spent with you addressing your needs?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

12. The way my expressed cultural needs and preferences were met.

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

13. Accessibility and safety of the building

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- Other (please specify)