

**PAYNE COUNTY YOUTH SERVICES, INC.**  
**CLIENT SERVICES SATISFACTION QUESTIONNAIRE**

Date: \_\_\_\_\_ Name (optional): \_\_\_\_\_

Circle one: Client -- Parent/Guardian

Services received (circle all that apply): Individual Counseling -- Family/Marital Counseling -- Group Counseling -- CARS

Crisis Intervention -- DUI School -- OCS -- Information and Referral -- Parent Education -- Other: (please specify): \_\_\_\_\_

In what city do you live? \_\_\_\_\_

How did you learn about Payne County Youth Services, Inc. (circle all that apply)? Family -- School -- Friend -- Telephone Book

Media -- Social Agency -- Police -- Brochure -- Other (please specify) \_\_\_\_\_

How many sessions have you attended? \_\_\_\_\_

Based on a scale of 1 to 10 with 10 being the best, how much do you feel your situation has improved? Circle your choice.

1    2    3    4    5    6    7    8    9    10

Are you currently employed? (circle one) Yes -- No

What is your marital status? (circle one) Married -- Single (never married) -- Widowed -- Divorced -- Separated

Have you used drugs since you left Payne County Youth Services, Inc.? (circle one) Yes -- No

Are you currently in a recovery program? (circle one) Yes -- No Are you currently in need of services? (circle one) Yes -- No

Has your life changed significantly in any way due to the services you received? (circle one) Yes -- No If yes, please explain: \_\_\_\_\_

On a scale of 1 to 5, please circle your response

strongly disagree    disagree    neutral    agree    strongly agree

My counselor was on time and kept my scheduled appointments.

1                      2                      3                      4                      5

I was involved in my treatment plan.

1                      2                      3                      4                      5

I felt my concerns were handled in a confidential way.

1                      2                      3                      4                      5

I have benefited from the services received

1                      2                      3                      4                      5

I would feel comfortable referring others for services.

1                      2                      3                      4                      5

Please rank the needs of our community from 1 to 5, with 1 being of the lowest need, and 5 being of the greatest need.

Divorce Adjustment	1	2	3	4	5
Step/Blended Families	1	2	3	4	5
Child Behavior Problems	1	2	3	4	5
Drug/Alcohol issues	1	2	3	4	5
Involvement in Court System	1	2	3	4	5
Legal Violations	1	2	3	4	5
Stress/Anxiety/Depression	1	2	3	4	5
Grief/Loss	1	2	3	4	5
Child Physical Abuse	1	2	3	4	5
Child Sexual Abuse	1	2	3	4	5
Financial Problems	1	2	3	4	5
Money Management Problems	1	2	3	4	5
Marital/Family Issues	1	2	3	4	5
School Related Issues	1	2	3	4	5
Parenting Issues	1	2	3	4	5
Other _____	1	2	3	4	5

Suggestions/Comments: \_\_\_\_\_

**Your comments are greatly appreciated in order for us to find ways to better serve your community. Thank you.**