

Kalamazoo Community Mental Health and Substance Abuse Services  
**QMR CUSTOMER SATISFACTION SURVEY**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Program / Service: \_\_\_\_\_

Other services needed: \_\_\_\_\_

Interviewer: \_\_\_\_\_

interviewed by phone       interviewed in person

**RECIPIENT RIGHTS**

	Strongly Agree <b>5</b>	Agree <b>4</b>	Neither - N/A <b>3</b>	Disagree <b>2</b>	Strongly Disagree <b>1</b>
1 Do you feel informed about what your rights are as a recipient of services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you know how to contact Recipient Rights if you feel your rights are not being met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you feel the people helping you with your mental health needs treat you with dignity and respect consistently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything that we could do to help you understand your rights better and make sure they are met properly?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUPPORTS AND SERVICES**

	Strongly Agree <b>5</b>	Agree <b>4</b>	Neither - N/A <b>3</b>	Disagree <b>2</b>	Strongly Disagree <b>1</b>
1 Do you think that your Case Manager/Supports Coordinator/Therapist/ACT worker consistently treat you with dignity and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you feel that staff respond to your needs in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you feel listened to and heard by your Case Manager/Supports Coordinator/Therapist/ACT worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Are you satisfied with your Case Manager/Supports Coordinator/Therapist/ACT worker's overall support of your care needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you feel you are getting the outcomes that you desire from the support of staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where do you see your worker at most of the time?

\_\_\_\_\_

How long on average are your visits with your worker?

\_\_\_\_\_

**PROGRAMS, SERVICES & PERSON-CENTERED PLANNING**

	Strongly Agree <b>5</b>	Agree <b>4</b>	Neither - N/A <b>3</b>	Disagree <b>2</b>	Strongly Disagree <b>1</b>
1 Were you able to work with your provider about the day and time of your person-centered planning meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you get to pick the location of your meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kalamazoo Community Mental Health and Substance Abuse Services  
**QMR CUSTOMER SATISFACTION SURVEY**

**PROGRAMS, SERVICES & PERSON-CENTERED PLANNING**

	Strongly Agree <b>5</b>	Agree <b>4</b>	Neither – N/A <b>3</b>	Disagree <b>2</b>	Strongly Disagree <b>1</b>
3 Did you get an opportunity to pick the people who would and would not be invited to your PCP meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you have a choice in what services you would receive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you get to choose who would be providing those services to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 At the end were you offered a copy of your service plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you get a chance to talk about everything that you wanted to at your person-centered planning meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What could be done differently to make your person-centered planning process feel more comfortable and supportive of your needs and wants?

---



---



---



---

**RESIDENTIAL AGENCY**

	Strongly Agree <b>5</b>	Agree <b>4</b>	Neither – N/A <b>3</b>	Disagree <b>2</b>	Strongly Disagree <b>1</b>
1 Do you have somewhere safe to be alone if you wanted some space to yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Are staff around when you need to talk to them about something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 When you talk to staff, do you feel they are really taking the time to listen to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Are you happy with the meals that are provided to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there other things that could be done to help you feel more at home in this environment?

---



---



---



---

**SAFETY**

	Strongly Agree <b>5</b>	Agree <b>4</b>	Neither – N/A <b>3</b>	Disagree <b>2</b>	Strongly Disagree <b>1</b>
1 When you have concerns about your safety do you feel comfortable talking with staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Are your concerns being listened to and addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any suggestions to help you feel safer in your environment?

---



---



---



---

Kalamazoo Community Mental Health and Substance Abuse Services  
**QMR CUSTOMER SATISFACTION SURVEY**

**COMMUNITY INCLUSION**

	Strongly Agree <b>5</b>	Agree <b>4</b>	Neither – N/A <b>3</b>	Disagree <b>2</b>	Strongly Disagree <b>1</b>
1 Do you volunteer, work, and/or go to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you get spend time with friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you get out into the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH**

	Strongly Agree <b>5</b>	Agree <b>4</b>	Neither – N/A <b>3</b>	Disagree <b>2</b>	Strongly Disagree <b>1</b>
1 Are your physical health and medical concerns being addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you feel you have the supports you need to meet your physical health concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there a way you might suggest we help you to meet your physical health care needs?

---



---



---



---

What would you like to have more of in your life? (up to three things)

---



---



---



---

What do you wish there was less of in your life?

---



---



---



---

Is there anything else that you would like to tell me or ask me about today?

---



---



---



---