



Children's Advocacy Center Client Satisfaction Survey

Date _____

Thank you for taking the time to give us your opinion on the services you received from the Kristi House Children's Advocacy Center. Your answers will remain confidential and will be used for the purpose of improving our services and our Center. Please fill in the circle that best matches your opinion of the services received from our staff.

FRONT DESK RECEPTIONIST: _____

No interaction

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. Treated me with respect	①	②	③	④	⑤
2. Treated my child with respect	①	②	③	④	⑤
3. Assisted me to see the correct person	①	②	③	④	⑤
4. Respected my privacy	①	②	③	④	⑤

VOLUNTEER: _____

No interaction

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. Treated me with respect	①	②	③	④	⑤
2. Respected my privacy	①	②	③	④	⑤
3. Worked well with my child	①	②	③	④	⑤

FORENSIC INTERVIEWER: _____

No interaction

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. Treated me with respect	①	②	③	④	⑤
2. Treated my child with respect	①	②	③	④	⑤
3. Answered my questions	①	②	③	④	⑤
4. Was on time for the appointment	①	②	③	④	⑤

ASSISTANT STATE ATTORNEY: _____

No interaction

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. Treated me with respect	①	②	③	④	⑤
2. Treated my child with respect	①	②	③	④	⑤
3. Answered my questions	①	②	③	④	⑤
4. Was on time for the appointment	①	②	③	④	⑤

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MEDICAL Kristi House or RTC: _____ No interaction
(Please circle one)

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. Treated me with respect	①	②	③	④	⑤
2. Treated my child with respect	①	②	③	④	⑤
3. Answered my questions	①	②	③	④	⑤
4. Was on time for the appointment	①	②	③	④	⑤

CASE COORDINATOR: _____ No interaction

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. Treated me with respect	①	②	③	④	⑤
2. Treated my child with respect	①	②	③	④	⑤
3. Understood my problems	①	②	③	④	⑤
4. Answered my questions	①	②	③	④	⑤
5. Was on time for the appointment(s)	①	②	③	④	⑤
6. Based on my experience today, I will continue with services from him/her.	①	②	③	④	⑤

THERAPIST: _____ No interaction

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. Treated me with respect	①	②	③	④	⑤
2. Treated my child with respect	①	②	③	④	⑤
3. Made me feel comfortable	①	②	③	④	⑤
4. Worked well with my child	①	②	③	④	⑤
5. Answered my questions	①	②	③	④	⑤
6. Was on time for the appointment(s)	①	②	③	④	⑤
7. Based on my experience today, I will continue with services from him/her.	①	②	③	④	⑤

Over all I found the facility a welcoming, comfortable, safe environment for myself and my child

① ② ③ ④ ⑤

Comments _____

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Post Service

Now that your child(ren) have completed Therapy Case Coordination services (check one) with Kristi House, please give us your general feelings about outcomes for you and your family:

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. I am familiar with the agencies involved with my child's case.	①	②	③	④	⑤
2. I feel comfortable with my knowledge of the services available to my child and my family.	①	②	③	④	⑤
3. I still feel I need continued assistance at this time.	①	②	③	④	⑤
4. I feel my child's behavior has improved because of the services he/she received with Kristi House.	①	②	③	④	⑤
5. I feel my child's emotional health has improved because of the services he/she has received with Kristi House.	①	②	③	④	⑤
6. I feel my family's situation has improved because of the services we have received with Kristi House.	①	②	③	④	⑤

Please give us your general feelings about the Center. Use the lines below to list any person(s) that you feel deserves special recognition and add any comments you wish to for us to consider:

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. Overall, the staff at the Kristi House Children's Advocacy Center were helpful.	①	②	③	④	⑤
2. Overall, I received quality services at the Kristi House Children's Advocacy Center.	①	②	③	④	⑤
3. If a friend needed the same kind of help, I would tell him/her to come to the Kristi House Children's Advocacy Center.	①	②	③	④	⑤
4. Working with the staff at the Kristi House Children's Advocacy Center makes it easier for me to access outside services for my family.	①	②	③	④	⑤

Comments: _____

