



NORTHERN MICHIGAN

Partial Hospitalization Program
Patient Satisfaction Survey

Please rate your experience at the Partial Hospitalization Program (Please circle below)

1-Very Dissatisfied 2- Dissatisfied 3-Neutral 4-Satisfied 5-Very Satisfied

- 1. The comfort and appearance of the staff. 1 2 3 4 5
2. The ease and the helpfulness of the admission process. 1 2 3 4 5
3. The overall helpfulness of the staff. 1 2 3 4 5
4. The value of the group therapy with peers. 1 2 3 4 5
5. The extent to which you had an active role in the treatment process. 1 2 3 4 5
6. The extent to which the program helped you feel better and prevented an inpatient stay. 1 2 3 4 5
7. The degree to which the program helped you to feel safe. 1 2 3 4 5
8. The degree to which the program helped your recovery process. 1 2 3 4 5
9. The extent to which the program helped you identify goals to get you back to the activities you enjoy. 1 2 3 4 5
10. The extent to which your prescribing professional addressed your medications concerns. 1 2 3 4 5
11. The extent to which the program helped you with your treatment for after discharge. 1 2 3 4 5
12. Your overall satisfaction with the program. 1 2 3 4 5

Were there specific staff members or program services that were most helpful to you? Please describe.

Are there any other suggestions you have to improve the program? If so, please list below.