



Client Satisfaction Report

Home Address _____

- 1. Is this your first placement with Changing Lives Center? YES NO
- 2. If YES, how did you hear about Changing Lives Center?

- 3. Do you feel that the staff at Changing Lives Center kept you well informed of treatment progress, critical incident reports, and the general well being of your child/loved one?

- 4. Please rate your satisfaction with the following areas:

	1	2	3	4	5
	Dissatisfied	Somewhat	Satisfied	Very	Exceptionally
		Dissatisfied		Satisfied	Satisfied
Staff was caring	1	2	3	4	5
Staff was professional	1	2	3	4	5
Staff was considerate	1	2	3	4	5
Staff was attentive	1	2	3	4	5

Please rate your overall satisfaction with the level of treatment provided by CCID

1 2 3 4 5

Comments: _____

Please indicate areas of improvement: _____

