

# Access To Recovery Client Survey

Today's Date   /   /

I began receiving services through the ATR program in:   /

Strongly Agree  
Agree  
I am neutral  
Disagree  
Strongly Disagree  
Not Applicable

1. I had a choice as to which providers I could go to. ....○
2. I helped to choose my treatment services. ....○
3. The locations of services were convenient. ....○
4. Services were available at times convenient for me. ....○
5. I received services that were right for me. ....○
6. I was given information about my rights. ....○
7. My care coordinator seemed genuinely interested in helping me. ....○
8. I feel that the services I received have helped me in becoming drug and / or alcohol free. ....○
9. My care coordinator contacted me monthly to see how I was doing. ....○
10. I received services that specifically addressed my language / culture. ....○
11. Overall, I am satisfied with the services I received. ....○

Services	I <u>needed</u> this service to help with my recovery.			I <u>received</u> this service.			This <u>service helped</u> me.		
	Yes	No	Not sure	Yes	No	Not sure	Yes	No	Not sure
Residential treatment-----	○	○	○	○	○	○	○	○	○
Outpatient treatment-----	○	○	○	○	○	○	○	○	○
GED-----	○	○	○	○	○	○	○	○	○
Employment coaching-----	○	○	○	○	○	○	○	○	○
Transportation-----	○	○	○	○	○	○	○	○	○
Transitional housing-----	○	○	○	○	○	○	○	○	○
Individual recovery coaching-----	○	○	○	○	○	○	○	○	○
Recovery support group-----	○	○	○	○	○	○	○	○	○
Life skills-----	○	○	○	○	○	○	○	○	○
Spiritual support-----	○	○	○	○	○	○	○	○	○
Relapse prevention-----	○	○	○	○	○	○	○	○	○
Family or marriage counseling-----	○	○	○	○	○	○	○	○	○
Child care-----	○	○	○	○	○	○	○	○	○

I was referred to ATR services by a:  Therapist  Physician  Family  Myself  Others

Age:   Gender:  Male  Female County of Residence:

What services were the most helpful to you in achieving your recovery?

What needs to be changed about this program?

--- Thank you for your feedback and participation ---