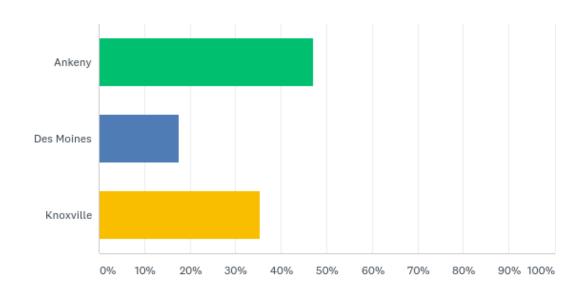
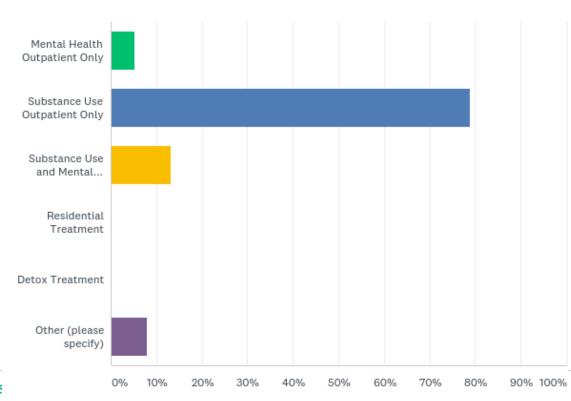
Discharge Questionnaire

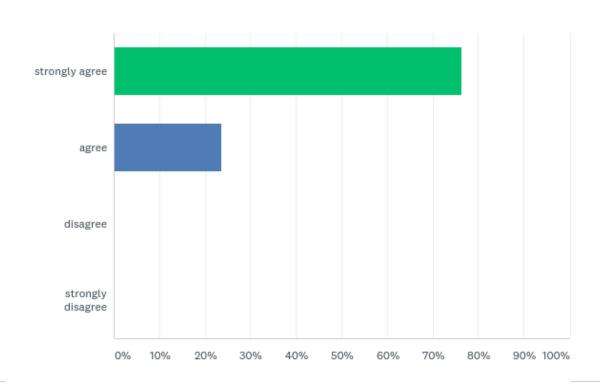
Q1: Where do you generally receive services?



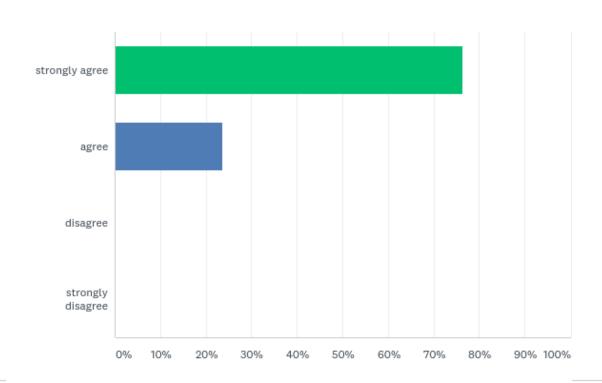
Q2: What program did you receive services in?



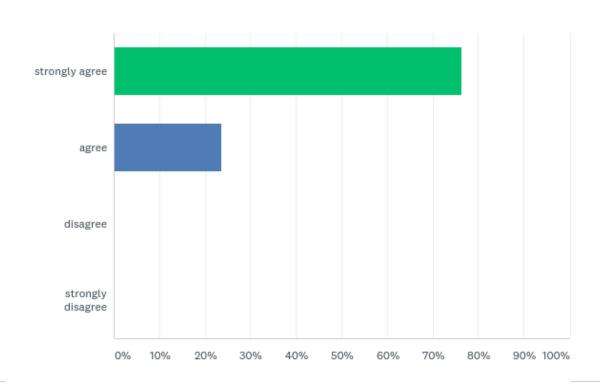
Q3: This is a confidential and private place.



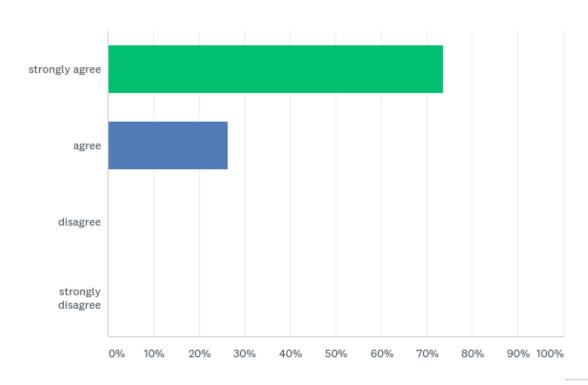
Q4: The care provider was helpful and listened to my concerns.



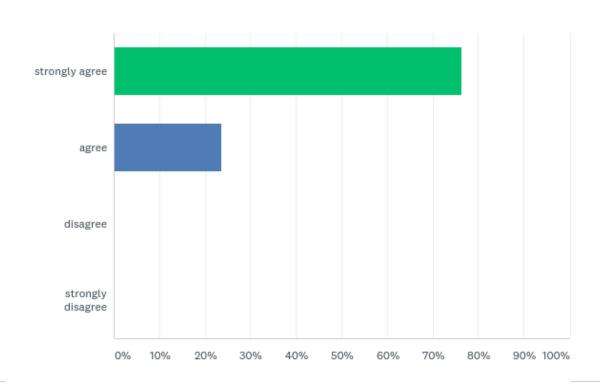
Q5: I felt comfortable sharing treatment concerns with my care provider.



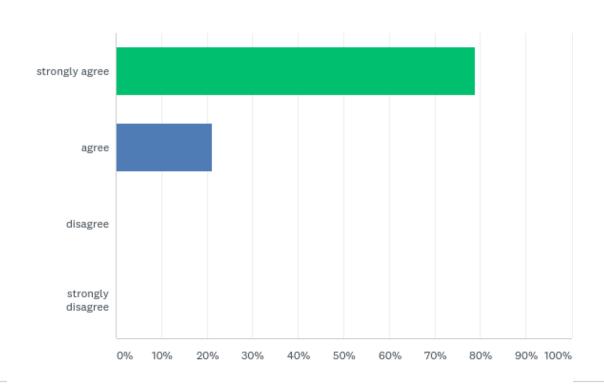
Q6: Treatment/counseling was focused on achieving my goals and fit my needs.



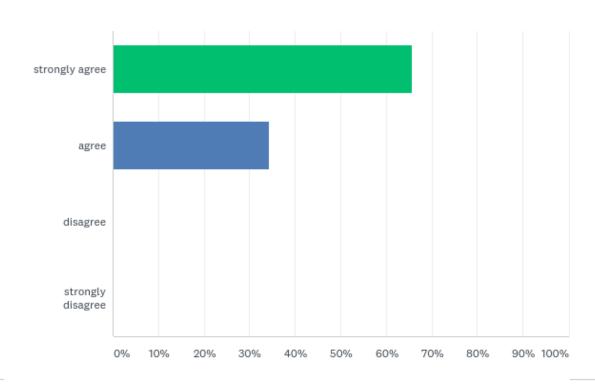
Q7: The care provider explained things in a way I understood.



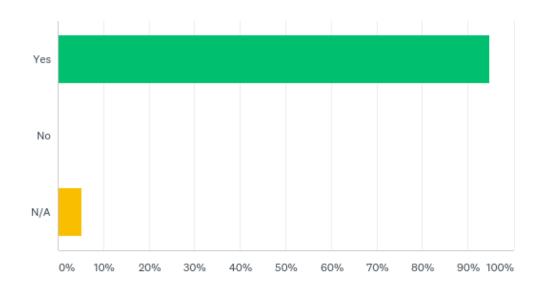
Q8: I was treated with respect by all staff.



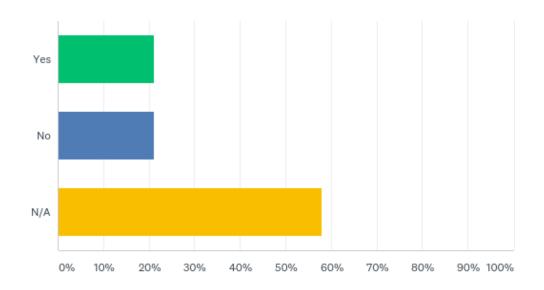
Q9: The office staff answered my questions and helped if there was a problem.



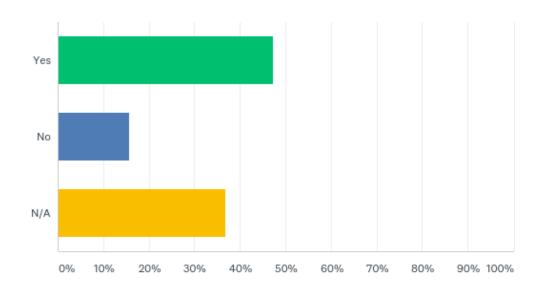
Q10: Did you and your care provider develop a discharge/continuing care plan (what you will do after you leave)?



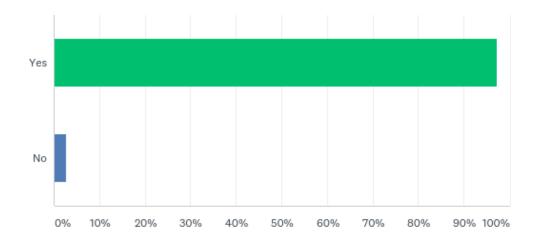
Q11: Did staff connect you with primary health care services (medical doctor)?



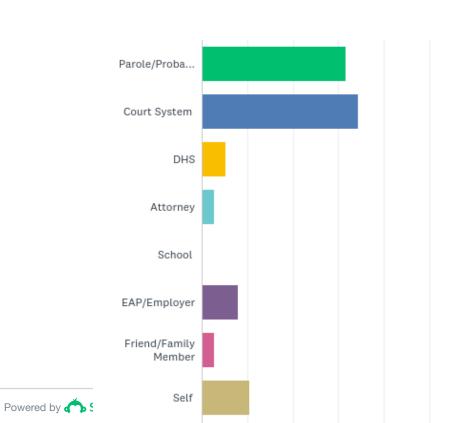
Q12: Were you given referrals for additional services, if needed?



Q13: Would you recommend our agency to friends and family?

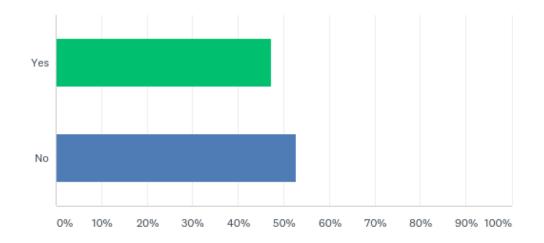


Q14: Who sent you here for services?

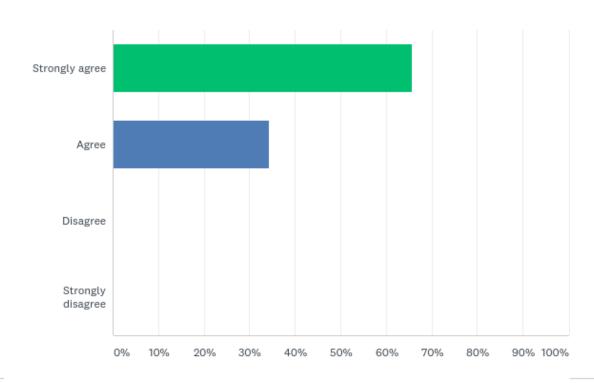




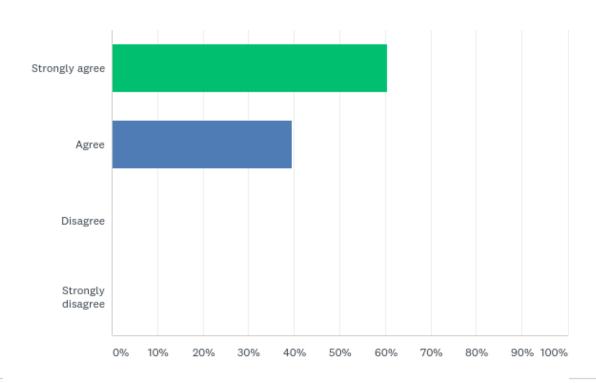
Q15: I participated in Co-Occurring Services (mental health and substance use disorder).



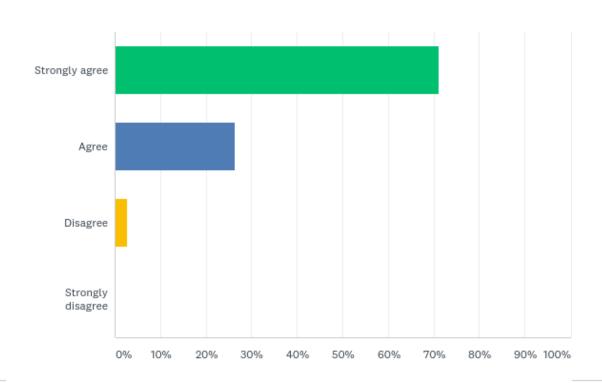
Q16: The waiting room was comfortable and neat (lighting, furniture, cleanliness)



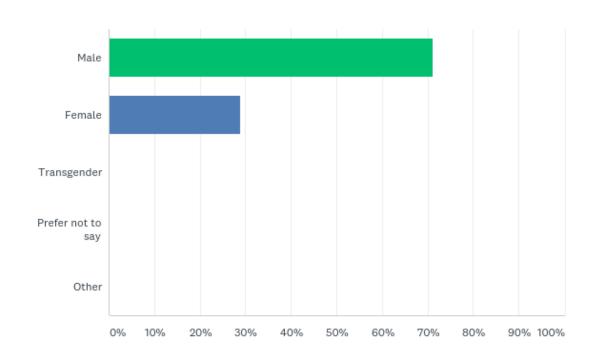
Q17: Insurance and billing were clearly explained to me, and I am clear about my financial responsibility.



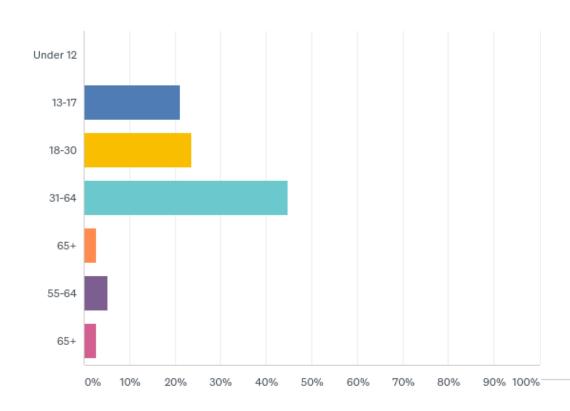
Q18: I feel safe in and around the building.



Q21: What is your gender identification?



Q22: What is your age?



Q23: Which race/ethnicity best describes you?

