

ATTACHMENT 3: CLIENT SURVEY

OMB NO. 0930-XXXX
Exp. Date XX/XX/XX

Cross-Site Evaluation of the Access to Recovery Program

Client Survey

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Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average .15 hours per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

GPRA ID Number _____

INSTRUCTIONS:

To help us learn about the [Grantee's ATR Program] we would like you to answer the following 11 questions. These questions ask about your provider choices and your experiences with the [Grantee's ATR Program].

These questions should take you about 6 minutes to complete.

Your answers will not be shared. Answering this survey will not affect the services you may receive through the [Grantee's ATR Program].

Please begin survey on the next page →

Clinical Treatment Services

The following questions ask about your choices of treatment providers for the clinical treatment services you may have received through the [Grantee's ATR Program].

Clinical treatment services may include [will vary based on services provided by a Grantee's ATR Program and will likely include some of the following: counseling (e.g., individual, group, family/marriage), detox (e.g., inpatient, ambulatory, residential), inpatient treatment, residential treatment, outpatient treatment, and medication for substance abuse (e.g., methadone, buprenorphine).]

1. Did you receive clinical treatment services through the [Grantee's ATR Program]?

Yes

No → **Go to Question 5 (next page)**

2. Thinking back to when you entered the [Grantee's ATR Program], were you given a choice about which clinical provider(s) you could go to?

Yes

No → **Go to Question 5 (next page)**

Not sure

3. Did you have the option of choosing a clinical provider to which you had no religious and/or cultural objection?

Yes

No

Not sure

4. Did you select your clinical treatment provider because... (Please mark all that apply)

	Yes	No
a. They were conveniently located.....	<input type="radio"/>	<input type="radio"/>
b. They had the shortest or no wait time.....	<input type="radio"/>	<input type="radio"/>
c. Their services were available at convenient times.....	<input type="radio"/>	<input type="radio"/>
d. They helped get me into the [Grantee's ATR Program].....	<input type="radio"/>	<input type="radio"/>
e. They shared my religious beliefs.....	<input type="radio"/>	<input type="radio"/>
f. They shared my cultural or traditional beliefs.....	<input type="radio"/>	<input type="radio"/>
g. My case manager or other agency staff recommended them.....	<input type="radio"/>	<input type="radio"/>
h. Friends or family recommended them.....	<input type="radio"/>	<input type="radio"/>
i. My pastor, clergy, spiritual leader, or tribal elder recommended them.....	<input type="radio"/>	<input type="radio"/>
j. They have a good reputation in the community.....	<input type="radio"/>	<input type="radio"/>
k. They have treated me in the past.....	<input type="radio"/>	<input type="radio"/>
l. They had the best services for me.....	<input type="radio"/>	<input type="radio"/>
m. They were run by the tribe.....	<input type="radio"/>	<input type="radio"/>
n. They were located on my reservation or in my village.....	<input type="radio"/>	<input type="radio"/>
o. Other, please specify _____.....	<input type="radio"/>	<input type="radio"/>

Recovery Support Services

The next questions ask about your choice of providers for the recovery support services you may have received through the [Grantee's ATR Program].

Recovery support services may include [will vary based on services provided by a Grantee's ATR Program and will likely include some of the following: case management, family services (e.g., child care), employment assistance, transportation, housing assistance, medical services (e.g., alcohol or drug testing), HIV/AIDS support and testing, aftercare services such as relapse prevention or self-help, religious or faith-based support, Native American/cultural services, peer-to-peer support, and/or support groups.]

5. Did you receive recovery support services through the [Grantee's ATR Program]?

- Yes
 No → **Go to Question 9 (next page)**

6. Thinking back to when you entered the [Grantee's ATR Program], were you given a choice about which recovery support provider(s) you could go to?

- Yes
 No → **Go to Question 9 (next page)**
 Not sure

7. Did you have the option of choosing a clinical provider to which you had no religious and/or cultural objection?

- Yes
 No
 Not sure

8. Did you select your clinical treatment provider because... (Please mark all that apply)

	Yes	No
a. They were conveniently located.....	<input type="radio"/>	<input type="radio"/>
b. They had the shortest or no wait time.....	<input type="radio"/>	<input type="radio"/>
c. Their services were available at convenient times.....	<input type="radio"/>	<input type="radio"/>
d. They helped get me into the [Grantee's ATR Program].....	<input type="radio"/>	<input type="radio"/>
e. They shared my religious beliefs.....	<input type="radio"/>	<input type="radio"/>
f. They shared my cultural or traditional beliefs.....	<input type="radio"/>	<input type="radio"/>
g. My case manager or other agency staff recommended them.....	<input type="radio"/>	<input type="radio"/>
h. Friends or family recommended them.....	<input type="radio"/>	<input type="radio"/>
i. My pastor, clergy, spiritual leader, or tribal elder recommended them.....	<input type="radio"/>	<input type="radio"/>
j. They have a good reputation in the community.....	<input type="radio"/>	<input type="radio"/>
k. They have treated me in the past.....	<input type="radio"/>	<input type="radio"/>
l. They had the best services for me.....	<input type="radio"/>	<input type="radio"/>
m. They were run by the tribe.....	<input type="radio"/>	<input type="radio"/>
n. They were located on my reservation or in my village.....	<input type="radio"/>	<input type="radio"/>
o. Other, please specify _____.....	<input type="radio"/>	<input type="radio"/>

Please continue →

Overall ATR Program Experience

The following questions ask about your experience and satisfaction getting services (either clinical or recovery support) from the [Grantee's ATR Program].

9. Please mark the choice that best describes your thoughts on your experience and satisfaction with the [Grantee's ATR Program].

MARK ONE ANSWER FOR EACH	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable
a. I had enough information to make a good choice about which provider to use.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>
b. Getting [Grantee's ATR Program] services and choosing my provider(s) was easy.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>
c. Getting answers to questions about [Grantee's ATR Program] was easy.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>
d. I would not have been able to receive services without the [Grantee's ATR Program].....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>
e. I was satisfied with choices I had for service providers.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>
f. I got services that I needed through the [Grantee's ATR Program].....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>
g. I would recommend the [Grantee's ATR Program] to others who need similar services.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>
h. Overall, I am satisfied with the [Grantee's ATR Program].....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>

10. If you were not satisfied with the [Grantee's ATR Program], please tell us why.

Please continue →

11. If you have suggestions or comments you'd like to share about the [Grantee's ATR Program], please write them below.

Thank you very much for your time and participation!