

**SAMHSA FASD Center for Excellence**  
**Form H**  
**Diagnosis and Intervention Programs**  
**End of Intervention Customer Satisfaction with Service**

This is a form used to determine customer satisfaction with the SAMHSA FASD Center for Excellence Diagnosis and Intervention Programs. To protect privacy, name and any other individually identifying information will not be collected. It is important to us to obtain this information to improve quality of services provided; however, participation is voluntary.

**To be completed by Parent/Caregiver**

**Date Completed:** \_\_\_\_\_

**Child ID:** \_\_\_\_\_

**1. How satisfied are you with the services your child received after receiving the diagnosis of an FASD?**

- a) Satisfied
- b) Somewhat Satisfied
- c) No Opinion
- d) Somewhat Dissatisfied
- e) Dissatisfied

**2. To what extent has your child's behavior improved since receiving services for an FASD?**

- a) A great deal
- b) Somewhat
- c) No opinion
- d) Not at all

**3. To what extent is your child's life better since receiving services for an FASD?**

- a) A lot better
- b) Somewhat better
- c) A little better
- d) No opinion
- e) Not at all better
- f) Worse than before

**4. How important was it to you that your child received a diagnosis of an FASD?**

- a) Very important
- b) Somewhat important
- c) No opinion
- d) Not very important
- e) Not at all important

**Additional Comments:** \_\_\_\_\_